

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2019, or tax year beginning OCT 1, 2019, and ending SEP 30, 2020

**2019**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization <b>FAMILY HEALTH INTERNATIONAL</b>	Employer identification number <b>23-7413005</b>
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**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

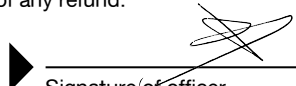
<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>672,901,306.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration of Officer**

**6** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here**  | 08/13/21 | CFO  
Signature of officer | Date | Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date <u>8-13-2021</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P01729213</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>ERNST &amp; YOUNG U.S. LLP</u> <u>100 N. TRYON STREET, SUITE 3800</u> <u>CHARLOTTE, NC 28202</u>				EIN <u>34-6565596</u> Phone no. <u>704-331-0380</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FAMILY HEALTH INTERNATIONAL</b>		<b>D</b> Employer identification number <b>23-7413005</b>
	Doing business as		<b>E</b> Telephone number <b>919-544-7040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>677,203,191.</b>
	<b>359 BLACKWELL STREET</b>	<b>200</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
City or town, state or province, country, and ZIP or foreign postal code <b>DURHAM, NC 27701</b>		<b>F</b> Name and address of principal officer: <b>RASIKA PADMAPERUMA</b> <b>SAME AS C ABOVE</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>FHI360.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1973</b>
			<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>1542</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>653,577,598.</b>	<b>573,828,966.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>127,284,292.</b>	<b>100,271,584.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,604,067.</b>	<b>508,393.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-844,923.</b>	<b>-1,707,637.</b>
		<b>781,621,034.</b>	<b>672,901,306.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>280,681,387.</b>	<b>253,082,117.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>178,556,206.</b>	<b>170,272,337.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>321,389,286.</b>	<b>252,402,352.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>780,626,879.</b>	<b>675,756,806.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>994,155.</b>	<b>-2,855,500.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>251,853,609.</b>	<b>279,357,979.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>160,496,907.</b>	<b>176,463,315.</b>
	<b>91,356,702.</b>	<b>102,894,664.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	RASIKA PADMAPERUMA, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>E. SCOTT TIDWELL</b>				<b>P01729213</b>
Firm's name ▶ <b>ERNST &amp; YOUNG U.S. LLP</b>			Firm's EIN ▶ <b>34-6565596</b>		
Firm's address ▶ <b>100 N. TRYON STREET, SUITE 3800 CHARLOTTE, NC 28202</b>			Phone no. <b>704-331-0380</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FHI 360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 145,440,781. including grants of \$ 66,917,714. ) (Revenue \$ 27,537,143. ) HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND LOCAL COMMUNITIES. PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE, PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS. IN ADDITION TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH ANTIRETROVIRAL THERAPY GLOBALLY.

4b (Code: ) (Expenses \$ 188,389,322. including grants of \$ 86,681,236. ) (Revenue \$ 35,674,453. ) SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE. GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO-ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS.

4c (Code: ) (Expenses \$ 137,025,402. including grants of \$ 60,292,068. ) (Revenue \$ 21,029,039. ) GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS. THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES. THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILDING CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. DURING FY20, CLINICAL TRIAL ACTIVITIES WERE ALSO PERFORMED FOR ANTIVIRAL AGENTS TO TREAT THE COVID-19 INFECTION FOR PATIENTS IN HOSPITAL.

4d Other program services (Describe on Schedule O.) (Expenses \$ 85,319,326. including grants of \$ 39,191,098. ) (Revenue \$ 16,030,949. )

4e Total program service expenses 556,174,831.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 1542		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>	X	
<b>b</b>	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) .....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, MA, MS, NY, NC, SC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RASIKA PADMAPERUMA - 919-544-7040
359 BLACKWELL STREET, DURHAM, NC 27701

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK FINE CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				447,626.	0.	36,252.
(2) TRAVIS GARTNER DIR., USAID CIVIL SCTY & PEACEBLDG	40.00 0.00					X		327,354.	0.	30,895.
(3) ROBERT PRICE EXEC VP/GEN COUNSEL/SECRETARY	40.00 4.00			X				273,868.	0.	65,965.
(4) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.00 0.00			X				302,979.	0.	35,906.
(5) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	40.00 0.00					X		287,574.	0.	47,570.
(6) LISA STEVENS SCIENTIST	40.00 0.00					X		303,043.	0.	28,317.
(7) MATTHEW PIETZ PROJECT DIRECTOR	40.00 0.00					X		304,250.	0.	26,669.
(8) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	37.00 0.00			X				271,566.	0.	52,610.
(9) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.00 0.00			X				271,848.	0.	52,290.
(10) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.00 0.00					X		277,942.	0.	41,578.
(11) LAURA KAYSER DEPUTY COO	40.00 0.00					X		265,600.	0.	51,485.
(12) NADIA AL ALAMI CHIEF OF PARTY	40.00 0.00					X		285,858.	0.	23,418.
(13) PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	40.00 0.00			X				250,099.	0.	49,578.
(14) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPULATION	40.00 0.00					X		240,712.	0.	49,406.
(15) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.00 0.00			X				251,298.	0.	31,943.
(16) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECON DVLP	40.00 0.00					X		238,914.	0.	43,225.
(17) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.00 0.00					X		218,076.	0.	40,386.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL MAZZA DIRECTOR, INFORMATION SOLUTIONS	40.00 0.00				X			209,688.	0.	46,236.
(19) IVAN CHARNER VP, EDUCATION WORKFORCE DVLP	40.00 0.00				X			211,057.	0.	39,320.
(20) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVERSIFICATION	40.00 0.00				X			210,192.	0.	39,418.
(21) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	40.00 0.00				X			201,624.	0.	44,615.
(22) LANETA DORFLINGER SCIENTIST	40.00 0.00				X			209,094.	0.	29,901.
(23) RICARDO MICHEL MANAGING DIRECTOR	40.00 0.00				X			202,769.	0.	18,582.
(24) THEODORE FITZGERALD DIRECTOR, GLOBAL RESEARCH SERVICES	10.00 30.00				X			173,813.	189,233.	30,962.
(26) PAUL R. DE LAY JR CHAIRMAN	2.00 9.00	X						12,884.	0.	0.
(27) PHILIP R. LOCHNER JR BOARD MEMBER	2.00 2.00	X						12,204.	0.	0.
<b>1b Subtotal</b>								6,261,932.	189,233.	956,527.
<b>c Total from continuation sheets to Part VII, Section A</b>								63,858.	0.	1,705.
<b>d Total (add lines 1b and 1c)</b>								6,325,790.	189,233.	958,232.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 421

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE, SEACAUCUS, NJ 07094	AUDIT AND TAX SERVICES	1,710,443.
BAKER TILLY VIRCHOW KRAUSE LLP, 8219 LEESBURG PIKE, SUITE 800, TYSONS, VA 22182	TECH ADVISORY CONSULTING SERVICES	811,075.
NAVANTI GROUP, LLC, 3451 CRYSTAL DRIVE, SUITE 108, ARLINGTON, VA 22041	SPECIALIZED RESEARCH	640,379.
TRANSPERFECT TRASLATIONS 1250 BROADWAY, 32 FLOOR, NEW YORK, NY 10001	TRANSLATIONS	412,082.
MEBS GLOBAL REACH, LLC, 14900 BOGLE DRIVE, SUITE 105, CHANTILLY, VA 20151	TRANSPORTATION/LOGISTICS MGMT	381,921.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 22

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) KATHY STROKER GENERAL COUNSEL	40.00 0.00			X				10,000.	0.	1,705.
(29) WARREN SIMMONS BOARD MEMBER	2.00 0.00	X						11,524.	0.	0.
(30) CINDY Y. HUANG BOARD MEMBER	2.00 0.00	X						9,824.	0.	0.
(31) SHEILA W. MITCHELL BOARD MEMBER	2.00 0.00	X						9,824.	0.	0.
(32) JOHN E. NEWSTEAD BOARD MEMBER	2.00 0.00	X						8,813.	0.	0.
(33) JANET R. COWELL BOARD MEMBER	2.00 0.00	X						8,129.	0.	0.
(34) GREGORY M. GUNN BOARD MEMBER	2.00 0.00	X						5,744.	0.	0.
(35) ARON BETRU BOARD MEMBER (BEGAN 10/19)	2.00 2.00	X						0.	0.	0.
(36) JACQUELINE MAHAL BOARD MEMBER (BEGAN 10/19)	2.00 0.00	X						0.	0.	0.
(37) VIVIAN LOWERY DERRYCK VICE CHAIRMAN	2.00 0.00	X						0.	0.	0.
(38) LOUISE (HOLLY) WISE BOAR MEMBER (ENDED 10/19)	2.00 0.00	X						0.	0.	0.
(39) HELGA YING BOAR MEMBER (ENDED 10/19)	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....								63,858.		1,705.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	6,000,001.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	488,312,870.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	79,516,095.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			573,828,966.			
Program Service Revenue	<b>2 a</b> USAID	<b>Business Code</b>	541700	70,766,089.	70,766,089.		
	<b>b</b> DHHS		541700	12,514,265.	12,514,265.		
	<b>c</b> MILL. CHALLENGE CORP		541700	5,336,126.	5,336,126.		
	<b>d</b> JOHNSON & JOHNSON		541700	3,513,479.	3,513,479.		
	<b>e</b> UK FOREIGN & COMMONWEA		541700	1,651,421.	1,651,421.		
	<b>f</b> All other program service revenue		541700	6,490,204.	6,490,204.		
	<b>g Total.</b> Add lines 2a-2f			100,271,584.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			508,393.		508,393.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			44,597.		44,597.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	2,374,820.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		4,301,885.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-1,927,065.			
	<b>d</b> Net rental income or (loss)			-1,927,065.		-1,927,065.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> INTERCOMPANY REVENUE	<b>Business Code</b>	900099	174,831.		174,831.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			174,831.			
<b>12 Total revenue.</b> See instructions			672,901,306.	100,271,584.	0.	-1,199,244.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	93,364,697.	93,364,697.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	159,717,420.	159,717,420.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	6,283,151.	3,148,731.	3,134,420.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	135,935,766.	78,770,211.	57,165,555.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,090,455.	6,188,246.	5,902,209.	
<b>9</b> Other employee benefits .....	7,620,121.	5,381,641.	2,238,480.	
<b>10</b> Payroll taxes .....	8,342,844.	4,270,110.	4,072,734.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	877,558.	368,897.	508,661.	
<b>c</b> Accounting .....	1,795,918.	274,360.	1,521,558.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	26,833,467.	21,400,618.	5,432,849.	
<b>12</b> Advertising and promotion .....	121,431.	108,519.	12,912.	
<b>13</b> Office expenses .....	25,672,493.	22,005,329.	3,667,164.	
<b>14</b> Information technology .....	4,645,334.	2,174,527.	2,470,807.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	27,455,055.	10,154,133.	17,300,922.	
<b>17</b> Travel .....	16,410,703.	14,960,771.	1,449,932.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	8,765,825.	8,556,629.	209,196.	
<b>20</b> Interest .....	25,388.		25,388.	
<b>21</b> Payments to affiliates .....	265,991.	28,915.	237,076.	
<b>22</b> Depreciation, depletion, and amortization .....	1,359,845.		1,359,845.	
<b>23</b> Insurance .....	1,287,288.	465,926.	821,362.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FIELD OFFICE EXPENSES	88,220,555.	84,807,840.	3,412,715.	
<b>b</b> PARTICIPANT/PASS THROUG	21,563,971.	21,563,971.		
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	27,101,530.	18,463,340.	8,638,190.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	675,756,806.	556,174,831.	119,581,975.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	81,370,354.	<b>1</b>	84,301,310.
	<b>2</b> Savings and temporary cash investments .....	41,857,352.	<b>2</b>	57,750,888.
	<b>3</b> Pledges and grants receivable, net .....	10,750,000.	<b>3</b>	5,000,000.
	<b>4</b> Accounts receivable, net .....	94,297,753.	<b>4</b>	98,206,440.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,582,229.	<b>9</b>	8,693,587.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,242,632.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,734,544.	12,051,922.	<b>10c</b> 10,508,088.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,943,999.	<b>15</b>	14,897,666.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	251,853,609.	<b>16</b>	279,357,979.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,772,589.	<b>17</b>	92,092,926.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	70,354,616.	<b>19</b>	74,185,989.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,369,702.	<b>25</b>	10,184,400.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	160,496,907.	<b>26</b>	176,463,315.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	91,356,702.	<b>27</b>	102,894,664.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	91,356,702.	<b>32</b>	102,894,664.
<b>33</b> Total liabilities and net assets/fund balances .....	251,853,609.	<b>33</b>	279,357,979.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	672,901,306.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	675,756,806.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,855,500.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	91,356,702.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	14,393,462.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	102,894,664.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <b>FAMILY HEALTH INTERNATIONAL</b>	Employer identification number <b>23-7413005</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	683,624,390.	751,826,554.	813,431,046.	653,577,598.	573,828,966.	3476288554.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	11,773,155.	13,070,115.	15,445,238.	127,284,293.	100,271,584.	267,844,385.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	695,397,545.	764,896,669.	828,876,284.	780,861,891.	674,100,550.	3744132939.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	1,991,730.	1,977,600.	4,435,581.	79,624,549.	76,512,026.	164,541,486.
<b>c</b> Add lines 7a and 7b .....	1,991,730.	1,977,600.	4,435,581.	79,624,549.	76,512,026.	164,541,486.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3579591453.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	695,397,545.	764,896,669.	828,876,284.	780,861,891.	674,100,550.	3744132939.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,940,790.	642,575.	858,256.	65,728.	-1,374,075.	4,133,274.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	3,940,790.	642,575.	858,256.	65,728.	-1,374,075.	4,133,274.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	665,984.	2,543,912.		721,620.	4,106,347.	8,037,863.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	700,004,319.	768,083,156.	829,734,540.	781,649,239.	676,832,822.	3756304076.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	95.30 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	97.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.11 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	.26 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

2015 AMOUNT: \$ 665,984.

2016 AMOUNT: \$ 2,543,912.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 721,620.

2019 AMOUNT: \$ 4,106,347.

**Schedule A**

**Excess Payments from Non-Disqualified Persons  
Included on Part III, Line 7b**

**2019**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
	1,991,730.	1,977,600.	4,435,581.	79,624,549.	76,512,026.
Total to Schedule A, Part III, Line 7b .....	1,991,730.	1,977,600.	4,435,581.	79,624,549.	76,512,026.

**Schedule A**

**Identification of Excess Support Payments  
Included on Part III, Line 7b, column (e)**

**2019**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Payer's Name	Amount Received in 2019	2019 Excess Payments
	83,280,354.	76,512,026.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e) .....		76,512,026.



# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>FAMILY HEALTH INTERNATIONAL</b>	<b>Employer identification number</b>  23-7413005
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 390,489,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 32,634,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 23,306,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 6,000,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FAMILY HEALTH INTERNATIONAL</b>	<b>Employer identification number</b>  23-7413005
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>FAMILY HEALTH INTERNATIONAL</b>	Employer identification number  23-7413005
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: FAMILY HEALTH INTERNATIONAL; Employer identification number: 23-7413005

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,381,049.	9,342,712.	7,038,337.
d Equipment		13,861,583.	10,391,832.	3,469,751.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,508,088.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN SUBSIDIARIES	12,098,688.
(2) 457(B) DEFERRED COMPENSATION PLAN ASSETS	2,767,093.
(3) OTHER ASSETS	31,885.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	14,897,666.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	4,606,037.
(3) 457(B) DEFERRED COMP PLAN LIABILITY	2,767,093.
(4) OTHER LIABILITIES	2,811,270.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,184,400.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FHI 360 IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX

UNDER SECTION 501(A) OF

THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION

501(C)(3), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION

512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 AND CONCLUDED

THAT AS OF SEPTEMBER 30, 2020 AND 2019, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN.



**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>FAMILY HEALTH INTERNATIONAL</b>	Employer identification number <b>23-7413005</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	6	176	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	27,775,767.
EAST ASIA AND THE PACIFIC	11	595	PROGRAM SERVICES	HEALTH PROGRAM MGMT	72,239,818.
MIDDLE EAST AND NORTH AFRICA	7	194	PROGRAM SERVICES	HEALTH PROGRAM MGMT	18,642,081.
RUSSIA AND NEIGHBORING STATES	2	34	PROGRAM SERVICES	HEALTH PROGRAM MGMT	1,691,020.
SOUTH ASIA	8	346	PROGRAM SERVICES	HEALTH PROGRAM MGMT	39,566,845.
SUB-SAHARAN AFRICA	55	2417	PROGRAM SERVICES	HEALTH PROGRAM MGMT	354,503,384.
<b>3 a Subtotal</b> .....	89	3762			\$14,418,915.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	89	3762			\$14,418,915.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA/ CARRIBEAN	GLOBAL HEALTH	366,600.		0.		
		CENTRAL AMERICA/ CARRIBEAN	GLOBAL EDUCATION	4,273,155.		0.		
		CENTRAL AMERICA/ CARRIBEAN	SOCIAL ECON. ENVIRO. DEV	1,330,824.		0.		
		CENTRAL AMERICA/ CARRIBEAN	HIV/AIDS PREVENTION	2,983,213.		0.		
		EAST ASIA/PACIFIC	GLOBAL HEALTH	4,933,580.		0.		
		EAST ASIA/PACIFIC	GLOBAL EDUCATION	28,637.		0.		
		EAST ASIA/PACIFIC	REPRODUCTIVE HEALTH	40,162.		0.		
		EAST ASIA/PACIFIC	SOCIAL ECON. ENVIRO. DEV	4,750,864.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **28**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA/PACIFIC	HIV/AIDS PREVENTION	5,030,880.		0.		
		EUROPE/ICELAND/GREENLAND	GLOBAL EDUCATION	411,076.		0.		
		EUROPE/ICELAND/GREENLAND	SOCIAL ECON. ENVIRO. DEV	1,478,729.		0.		
		MIDDLE EAST/NORTH AFRICA	GLOBAL HEALTH	440,223.		0.		
		MIDDLE EAST/NORTH AFRICA	GLOBAL EDUCATION	384,146.		0.		
		MIDDLE EAST/NORTH AFRICA	SOCIAL ECON. ENVIRO. DEV	1,141,081.		0.		
		NORTH AMERICA	HIV/AIDS PREVENTION	83,179.		0.		
		RUSSIA AND NEIGHBORING STATES	SOCIAL ECON. ENVIRO. DEV	118,798.		0.		
		RUSSIA AND NEIGHBORING STATES	HIV/AIDS PREVENTION	43,876.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	GLOBAL EDUCATION	9,358,019.		0.		
		SOUTH ASIA	GLOBAL HEALTH	10,508,197.		0.		
		SOUTH ASIA	GLOBAL EDUCATION	1,402,774.		0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	309,513.		0.		
		SOUTH ASIA	SOCIAL ECON. ENVIRO. DEV	2,783,074.		0.		
		SOUTH ASIA	HIV/AIDS PREVENTION	820,437.		0.		
		SUB-SAHARAN AFRICA	GLOBAL HEALTH	17,111,590.		0.		
		SUB-SAHARAN AFRICA	GLOBAL EDUCATION	8,908,916.		0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	7,046,378.		0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOCIAL ECON. ENVIRO. DEV	13,425,164.		0.		
		SUB-SAHARAN AFRICA	HIV/AIDS PREVENTION	60,200,355.		0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANTS

FHI 360 UTILIZES A VARIETY OF TOOLS TO ENSURE PROGRAMS ARE IMPLEMENTED AT

APPLICABLE REQUIREMENTS AND FOLLOWING SOUND FINANCIAL PRACTICES. THESE

TOOLS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL SITE VISITS TO GRANTEE

OFFICES, ATTENDANCE AT GRANTEE EVENTS TO MEASURE SUCCESS, FINANCIAL

MONITORING AND AUDITS, REGULAR TECHNICAL AND FINANCIAL REPORTING, REVIEW

OF PROCUREMENT DOCUMENTS AND REVIEWS OF BUDGET VERSUS ACTUAL EXPENSES.

MOST GRANTS ARE FUNDED FOR ONE YEAR OR LESS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **FAMILY HEALTH INTERNATIONAL** Employer identification number **23-7413005**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
522 PRODUCTIONS, LLC 711 KING STREET, 2ND FLOOR ALEXANDRIA, VA 22314	20-0564214		397,442.	0.			SOCIO-ECONOMIC DEVELOPMENT
ABT ASSOCIATES, INC P. O. BOX 84-5586 BOSTON, MA 02284-5586	04-2347643	501(C)(3)	161,536.	0.			HIV/ AIDS PREVENTION
AFTON BLOOM GROUP LLC 138 MESEROLE AVENUE #3R BROOKLYN, NY 11222	84-4684648		130,000.	0.			GLOBAL HEALTH RESEARCH
ALAN NEWMAN RESEARCH 1025 BOULDERS PARKWAY, SUITE 401 RICHMOND, VA 23225	54-1090609		408,895.	0.			SOCIO-ECONOMIC DEVELOPMENT
AMERICAN LEPROSY MISSIONS 1 ALM WAU GREENVILLE, SC 29601	13-5562163	501(C)(3)	194,005.	0.			GLOBAL HEALTH
AMERICARES FOUNDATION, INC 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	123,796.	0.			GLOBAL HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **127.**
- 3** Enter total number of other organizations listed in the line 1 table **36.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITY CENTERPOINT, 660 S MILL AVE, SUITE TEMPE, AZ 85287-6011	86-0196696	GOVT	231,538.	0.			EDUCATIONAL DEVELOPMENT
ATMA CONNECT 4200 PARK BLVD, #546 OAKLAND, CA 94602	81-2938272	501(C)(3)	50,486.	0.			CIVIL SOCIETY & GOVERNANCE
AVAC 423 WEST 127TH STREET, 4TH FL NEW YORK, NY 10027	94-3240841	501(C)(3)	350,639.	0.			HIV RELATED RESEARCH
AVENIR HEALTH, INC 41-A NEW LONDON TURNPIKE GLASTONBURY, CT 06033-4241	20-4816286	501(C)(3)	206,175.	0.			HIV/ AIDS PREVENTION
BALTIMORE CITY MAYORS OFFICE 417 EAST FAYETTE STREET, SUITE 468 BALTIMORE, MD 21202	52-6000769	GOVT	189,720.	0.			YOUTH WORKFORCE AND EDUCATION
BANK STREET COLLEGE OF EDUCATION 610 W. 112 STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	23,100.	0.			SOCIO-ECONOMIC DEVELOPMENT
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE BR-109 - BOSTON, MA 02215	04-2103881	501(C)(3)	304,783.	0.			HIV RELATED RESEARCH
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	23,373.	0.			CLINICAL TRIALS RESEARCH
CARE, INC 151 ELLIS STREET, NE ATLANTA, GA 30303-2440	13-1685039	501(C)(3)	1,205,221.	0.			HIV/ AIDS PREVENTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	240,837.	0.			HIV RELATED RESEARCH
CATHOLIC RELIEF SERVICES USCCB 228 WEST LEXINGTON STREET BALTIMORE, MD 21201-3443	13-5563422	501(C)(3)	139,774.	0.			SOCIO-ECONOMIC DEVELOPMENT
CAYEN SYSTEMS 7100 W.CENTER STREET MILWAUKEE, WI 53210	47-5313048	501(C)(3)	17,400.	0.			SOCIO-ECONOMIC DEVELOPMENT
CENTER FOR APPLIED LINGUISTICS 4646 40TH STREET NW WASHINGTON, DC 20016	52-0807619	501(C)(3)	110,776.	0.			YOUTH EDUCATION
CENTER FOR LAW AND SOCIAL JUSTICE 1200 18TH STREET NW, SUITE 200 WASHINGTON, DC 20036	23-7000150	501(C)(3)	14,200.	0.			YOUTH WORKFORCE AND EDUCATION
CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST SUITE 423A SAN FRANCISCO, CA 94103	94-6000417	GOVT	15,662.	0.			HIV/ AIDS PREVENTION
CITY OF ALBANY 24 EAGLE STREET ALBANY, NY 12207	14-6002058	GOVT	188,400.	0.			YOUTH WORKFORCE AND EDUCATION
CITY OF LOS ANGELES 1200 W. 7TH STREET, 6TH FLOOR LOS ANGELES, CA 90017	95-6000735	GOVT	480,222.	0.			SOCIO-ECONOMIC DEVELOPMENT
CITY OF ST. LOUIS 1520 MARKET STREET, STE 3050 ST LOUIS, MO 63103	43-6003231	GOVT	240,570.	0.			SOCIO-ECONOMIC DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAI DEVELOPMENT ALTERNATIVE 7600 WISCONSIN AVE, STE 200 BETHESDA, MD 20814	52-0904808		256,528.	0.			CIVIL SOCIETY & GOVERNANCE
DELOITTE CONSULTING PO BOX 844717 DALLAS, TX 75284-4717	06-1454513		2,087,086.	0.			HIV/ AIDS PREVENTION
DENVERWORKS INC 6000 E EVANS AVE. DENVER, CO 80222	84-1349649	501(C)(3)	151,247.	0.			YOUTH WORKFORCE AND EDUCATION
DIMAGI INC 585 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	83-0343298	501(C)(3)	482,611.	0.			GLOBAL HEALTH
DUKE UNIVERSITY P.O. BOX 90110 DURHAM, NC 27708	56-0532129	501(C)(3)	5,913.	0.			TB RELATED RESEARCH
EASTERN VIRGINIA MEDICAL CENTER P.O. BOX 1980 740 W OLNEY RD NORFOLK, VA 23501-1980	54-6055378	501(C)(3)	6,258.	0.			HIV RELATED RESEARCH
ECONOMIC DEVELOPMENT 43 HAWKINS STREET BOSTON, MA 02114	04-2519577	GOVT	297,546.	0.			YOUTH WORKFORCE AND EDUCATION
EDUCATION FOR EMPLOYMENT 1612 K STREET NW, SUITE 800 WASHINGTON, DC 20006	82-0578781	501(C)(3)	338,228.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 30322	58-0566256	501(C)(3)	1,331,595.	0.			HIV RELATED RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENCOMPASS LLC 1451 ROCKWILLE PIKE, SUITE 600 ROCKVILLE, MD 20852	52-2228651		233,143.	0.			MATERNAL HEALTH AND NUTRITION
EQUAL ACCESS INTERNATIONAL 271 AUSTIN STREET SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	564,002.	0.			SOCIO-ECONOMIC DEVELOPMENT
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET, 8TH FLOOR BOSTON, MA 02215-4302	04-2510564	501(C)(3)	65,536.	0.			GLOBAL HEALTH
FLG ENTERPRISES LLC 6711F WASHINGTON BLVD WASHINGTON, DC 22213	50-0787605		84,268.	0.			EDUCATIONAL DEVELOPMENT
FORUM ONE COMMUNICATIONS 15954 JACKSON CREEK PARKWAY, SUITE MONUMENT, CO 80132	94-3261569	501(C)(3)	461,423.	0.			SOCIO-ECONOMIC DEVELOPMENT
FSG INC 123 MISSION STREET 8TH FLOOR SAN FRANCISCO, CA 94105	20-2776974	501(C)(3)	352,000.	0.			MANAGEMENT & TECHNICAL ASSISTANCE
FUN BRICKS LLC ARPIT VARMA 15 VENUS ROAD SYOSSET, NY 11791	46-5412547		16,200.	0.			SOCIO-ECONOMIC DEVELOPMENT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MSN 4C6 FAIRFAX, VA 22030-4422	54-0836354	GOVT	192,500.	0.			EDUCATIONAL DEVELOPMENT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE, 2ND FLOOR ASHBURN, VA 20147	53-0196584	501(C)(3)	1,423,308.	0.			HIV RELATED RESEARCH

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GEORGIA SOUTHERN UNIVERSITY 261 FOREST DRIVE, VEAZEY HALL STATESBORO, GA 30458	58-2354256	GOVT	13,169.	0.			HIV RELATED RESEARCH
GEORGIA STATE UNI RES FDN P.O. BOX 3999 ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	46,685.	0.			ENGLISH LANGUAGE
GEORGIA TECH RESEARCH CORPORATION 505 10TH ST. NW, SUITE 300 ATLANTA, GA 30332	58-0603146	501(C)(3)	1,047,253.	0.			HIV RELATED RESEARCH
GOBEE GROUP LLC 2323 BROADWAY OAKLAND, CA 94612	27-2767701		97,744.	0.			HIV RELATED RESEARCH
GRETCHEN SWANSON CENTER FOR NUTRITION - 8401 WEST DODGE ROAD, SUITE 100 - OMAHA, NE 68114	27-4313546	501(C)(3)	36,972.	0.			NUTRITION DEVELOPMENT
HARVARD UNIVERSITY 23 EVERETT, STE 327 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	435,933.	0.			HIV RELATED RESEARCH
HDI, INC 318 SETH PLACE ROCKVILLE, MD 20850	30-0207842	501(C)(3)	881,328.	0.			HIV/ AIDS PREVENTION
HEKTOEN INSTITUTE FOR ACHL 2240 W. OGDEN AVE, FL 2 CHICAGO, IL 60612-4882	36-2244897	501(C)(3)	691,912.	0.			HIV/ AIDS PREVENTION
HELEN KELLER INTERNATIONAL 352 PARK AVENUE S, SUITE 1200 NEW YORK, NY 10010	13-5562162	501(C)(3)	10,830,077.	0.			CANCER PREVENTION TECH DEVELOPMENT

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HOUGHTON MIFFLIN HARCOURT 1900 SOUTH BATAVIA AVENUE GENEVA, IL 60134	04-1456030		61,200.	0.			YOUTH EDUCATION
HOWARD DELAFIELD INTERNATIONAL 1101 30TH STREET, SUITE 500 WASHINGTON, DC 20007	20-4466234		28,135.	0.			GLOBAL HEALTH RESEARCH
HOWARD UNIVERSITY RESEARCH ADMINISTRATIVE SERVICES 525 BRYANT STREET NW SUITE 137 - WASHINGTON	53-0204707	501(C)(3)	1,572,663.	0.			HIV/ AIDS PREVENTION
HUMANITY AND INCLUSION 8757 GEORGIA AVENUE SUITE 420 SILVER SPRINGS, MD 20910	55-0914744	501(C)(3)	288,590.	0.			YOUTH EDUCATION
ICNL 1126 16TH STREET NW, #400 WASHINGTON, DC 20036	52-1818273	501(C)(3)	699,987.	0.			EDUCATIONAL DEVELOPMENT
INDIANA UNIVERSITY 400 E 7TH STREET POPLARS, RM 501 INDIANAPOLIS, IN 46206-6212	35-6001673	GOVT	86,158.	0.			ENGLISH LANGUAGE
INDUCTIVEHEALTH INFORMATI 2870 PEACHTREE RD NW 915-3304 ATLANTA, GA 30305	46-1190970		546,069.	0.			HIV/ AIDS PREVENTION
INSTITUTE FOR CLINICAL RESEARCH PO BOX 29545 WASHINGTON, DC 20017-0745	52-1336656	501(C)(3)	58,910.	0.			GLOBAL HEALTH RESEARCH
INSTITUTE FOR HEALTHCARE 53 STATE STREET, 19TH FLOOR BOSTON, MA 02109	38-3017223	501(C)(3)	292,183.	0.			TECHNICAL SUPPORT

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INTERNATIONAL AIDS VACCINE INITIATIVE - 125 BROAD STREET, 9TH FLOOR - NEW YORK, NY 10004	13-3870223	501(C)(3)	1,308,205.	0.			HIV/ AIDS PREVENTION
INTERNATIONAL CITY/COUNTY MGMT ASSOC - 777 N. CAPITOL ST. NE, SUITE 500 - WASHINGTON, DC 20002	36-2167755	501(C)(3)	14,623.	0.			SOCIO-ECONOMIC DEVELOPMENT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	1,034,414.	0.			SOCIO-ECONOMIC DEVELOPMENT
INTERNATIONAL RESEARCH EXCHANGE BOARD - 1275 K STREET NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	418,052.	0.			SOCIO-ECONOMIC DEVELOPMENT
INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	11,063,400.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DR, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	144,933.	0.			HIV/ AIDS PREVENTION
IONA COLLEGE 715 NORTH AVENUE NEW ROCHELLE, NY 10801	13-3508093	501(C)(3)	38,004.	0.			HIV RELATED RESEARCH
IOWA STATE UNIVERSITY OF SCIENCE AND TECH - 1138 PEARSON HALL, 505 MORRILL ROAD - AMES, IA 50011-2207	42-6004224	GOVT	280,274.	0.			SOCIO-ECONOMIC DEVELOPMENT
IPSOS PUBLIC AFFAIRS LLC 301 MERRITT ST, 4TH FLOOR NORWALK, CT 06851	36-2061602		95,149.	0.			SOCIO-ECONOMIC DEVELOPMENT

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JOHNS HOPKINS UNIVERSITY 1809 ASHLAND AVENUE, DEERING HALL, BALTIMORE, MD 21205	52-0595110	501(C)(3)	2,313,557.	0.			HIV/ AIDS PREVENTION
JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY BALTIMORE, MD 21205-1832	52-0595110	501(C)(3)	69,445.	0.			HIV RELATED RESEARCH
JSI RESEARCH AND TRAINING 1616 FORT MYER DRIVE, 11TH FLOOR ARLINGTON, VA 22209	04-2679824	501(C)(3)	5,257,350.	0.			HIV/ AIDS PREVENTION
KANSAS STATE UNIVERSITY 1601 VATTIER STREET, 2 FAIRCHILD HA MANHATTAN, KS 665061103	48-0771751	GOVT	18,541.	0.			ENGLISH LANGUAGE
KAUFFMAN AND ASSOCIATES I 165 S. HOWARD STREET, SUITE 200 SPOKANE, WA 99201	52-1700375		28,500.	0.			YOUTH EDUCATION
KENTUCKIANAWORKS 410 W CHESTNUT STREET, SUITE 200 LOUISVILLE, KY 40242	46-4856936	501(C)(3)	398,575.	0.			YOUTH EDUCATION
KHULISA MANAGEMENT SERVIC 4550 MONTGOMERY AVENUE, SUITE 220 BETHESDA, MD 20814	25-1900325		21,468.	0.			HIV/ AIDS PREVENTION
LITERACY SUPPORT SYSTEMS 70 PARKSIDE DR POINT LOOKOUT, NY 11569	11-3384203		46,800.	0.			SOCIO-ECONOMIC DEVELOPMENT
MANAGEMENT SCIENCES FOR HEALTH 784 MEMORIAL DRIVE CAMBRIDGE, MA 02139-4613	04-2482188	501(C)(3)	447,649.	0.			HIV/ AIDS PREVENTION

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MASSACHUSETTS GENERAL HOSPITAL 55 FRUITE STREET BOSTON, MA 02114	04-2697983	GOVT	47,204.	0.			HIV RELATED RESEARCH
MCCANN GLOBAL HEALTH 13801 FNB PARKWAY OMAHA, NE 68154	13-1938691		325,286.	0.			HIV RELATED RESEARCH
MCCMAHON CONSULTING GROUP 5 MELVIN AVENUE CATONSVILLE, MD 21228	27-2953125		16,399.	0.			YOUTH DEVELOPMENT
MEDICINES360 353 SACRAMENTO STREET, SUITE 300 SAN FRANCISCO, CA 94111	26-4443340	501(C)(3)	20,000.	0.			GLOBAL HEALTH RESEARCH
MENNONITE ECONOMIC DEVELOPMENT 1891 SANTA BARBARA DR, STE 201 LANCASTER, PA 17601-4106	23-7398678	501(C)(3)	14,550.	0.			SOCIO-ECONOMIC DEVELOPMENT
MERIDIAN GROUP INTERNATIONAL 2101 L ST. NW, SUITE 400 WASHINGTON, DC 20037	54-1832764		294,838.	0.			GLOBAL HEALTH
MIDDLEBURY COLLEGE 152 MAPLE STREET MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	7,261.	0.			EDUCATIONAL DEVELOPMENT
MISSION METRICS LLC 200 N. LASALLE STREET SUITE 2650 CHICAGO, IL 60601	46-2670478		134,778.	0.			SOCIO-ECONOMIC DEVELOPMENT
MPACT 436 14TH STREET, SUITE 100 OAKLAND, CA 94612	47-1065461	501(C)(3)	156,274.	0.			HIV/ AIDS PREVENTION

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NEW YORK UNIVERSITY 105 E 17TH STREET NEW YORK, NY 10003	13-5562308	GOVT	68,714.	0.			HIV/ AIDS PREVENTION
NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PLACE #900 MCLEAN, VA 22102	46-4183160	501(C)(3)	117,000.	0.			HIV/ AIDS PREVENTION
OHIO UNIVERSITY 10 CHUBB HALL PO BOX 960 ATHENS, OH 45701	31-6402113	GOVT	62,313.	0.			ENGLISH LANGUAGE
OHIO UNIVERSITY GRANTS AND CONTRACT ACCOUNTING HDL CENTER 280 - ATHENS, OH 45701-2979	31-6402269	501(C)(3)	34,830.	0.			ENGLISH LANGUAGE
ON POINT LEADERSHIP LLC 225 W 106 ST., #11A NEW YORK, NY 10025	30-0556931		39,050.	0.			INTEGRATED DEVELOPMENT
OUR PIECE OF THE PIE, INC 20-28 SARGEANT STREET, 2ND FLOOR HARTFORD, CT 06105	06-0939659	501(C)(3)	392,765.	0.			SOCIO-ECONOMIC DEVELOPMENT
OVERSEAS STRATEGIC CONSULTING 1500 WALNUT STREET, SUITE 1300 PHILADELPHIA, PA 19102	23-2720769		101,475.	0.			YOUTH EDUCATION
PACT, INC 1828 L STREET NW, SUITE 300 WASHINGTON, DC 20036	13-2702768	501(C)(3)	4,102,917.	0.			HIV/ AIDS PREVENTION
PALLADIUM INTERNATIONAL 1331 PENNSYLVANIA AVENUE NW, SUITE WASHINGTON, DC 20004	26-1509671	501(C)(3)	395,379.	0.			HIV/ AIDS PREVENTION

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PATH 2201 WESTLAKE AVE, SUITE 200 SEATTLE, WA 98107	91-1157127	501(C)(3)	447,681.	0.			HIV/ AIDS PREVENTION
PHOENIX YOUTH AND FAMILY 310 NORTH ALABAMA STREET CROSSETT, AR 71635	71-0778516	501(C)(3)	140,537.	0.			YOUTH WORKFORCE AND EDUCATION
PLAN INTERNATIONAL USA, INC. 155 PLAN WAY WARWICK, RI 02886	13-5661832	GOVT	196,102.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
POPULATION COUNCIL I ACHL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	78,731.	0.			REPRODUCTIVE HEALTH
POPULATION SERVICES INTERNATIONAL 1120 19TH ST NW, SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	1,883,742.	0.			REPRODUCTIVE HEALTH
PPD DEVELOPMENT LLC 2244 DABNEY ROAD RICHMOND, VA 23230	74-2325267		16,470.	0.			GLOBAL HEALTH
PRONTO INTERNATIONAL 5419 GREENWOOD AVE N SEATTLE, WA 98103	46-1318242	501(C)(3)	405,982.	0.			TECHNICAL SUPPORT
PUBLIC FOUNDATION ENTERPRISES 12801 CROSSROADS PARKWAY SOUTH, SUITE 200 - CITY OF INDUSTRY, CA 91746-350	95-2557063	501(C)(3)	584,182.	0.			PUBLIC HEALTH PROGRAM
PUBLIC INTERNATIONAL LAW AND POLICY GROUP - 888 16TH ST NW, SUITE 831 - WASHINGTON, DC 20006	04-3309296	501(C)(3)	364,640.	0.			SOCIO-ECONOMIC DEVELOPMENT

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PURDUE UNIVERSITY HOVDE HALL, 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	GOVT	25,461.	0.			EDUCATIONAL DEVELOPMENT
REGENTS OF THE UNIV OF CALIFORNIA, IRVINE - 5171 CALIFORNIA AVE, SUITE 150 - IRVINE, CA 92796-7600	95-2226406	GOVT	11,062.	0.			HIV/ AIDS PREVENTION
REGENTS OF THE UNIVERSITY OF CA, SAN FRAN - 3333 CALIFORNIA ST, SUITE 315 - SAN FRANCISCO, CA 94541	94-6036493	GOVT	89,431.	0.			HIV/ AIDS PREVENTION
RESONANCE 1 MILL STREET SUITE 201 BURLINGTON, VT 05401	27-1226648		6,827.	0.			SOCIO-ECONOMIC DEVELOPMENT
RESTLESS DEVELOPMENT USA 636 6TH AVENUE SUITE 410 NEW YORK, NY 10011	04-3561445	501(C)(3)	52,619.	0.			SOCIO-ECONOMIC DEVELOPMENT
RESULTS FOR DEVELOPMENT INSTITUTE 1875 CONNECTICUT AVE NW, SUITE 121 WASHINGTON, DC 20009	20-8530747	501(C)(3)	310,579.	0.			MEDICAL ACCESS
RTI INTINTERNATIONAL P.O. BOX 900002 RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	26,611.	0.			HIV/ AIDS PREVENTION
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY - 169 COLLEGE AVENUE - NEW BRUNSWICK, NJ 08901	22-6001086	GOVT	26,156.	0.			HIV/ AIDS PREVENTION
SAN FRANCISCO STATE UNIVERSITY 1600 HOLLOWAY AVE, HUM 101 SAN FRANCISCO, CA 94132	93-1137247	GOVT	131,944.	0.			EDUCATIONAL DEVELOPMENT

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SAVE THE CHILDREN 501 KINGS HIGHWAY E, SUITE 400 FAIRFIELD, CT 06825	60-7264870	501(C)(3)	3,029,565.	0.			HIV/ AIDS PREVENTION
SCHOLASTIC INC 557 BROADWAY NEW YORK, NY 10012	13-1824190		53,858.	0.			YOUTH DEVELOPMENT
SCHOOL TO SCHOOL INTERNATIONAL 1005 TERRA NOVA BLVD, SUITE 1 PACIFICA, CA 94044	02-0600889	501(C)(3)	173,059.	0.			EDUCATIONAL DEVELOPMENT
SEARCH FOR COMMON GROUND 1601 CONNECTICUT AVENUE NW, SUITE 200 WASHINGTON	52-1257425	501(C)(3)	1,609,433.	0.			EDUCATIONAL DEVELOPMENT
SEATTLE CHILDRENS HOSPITAL PO BOX 5371, M/S RC-507 SEATTLE, WA 98145-5005	91-0564748	501(C)(3)	22,203.	0.			YOUTH HEALTH RESEARCH
SHELTERING ARMS CHILDREN 305 7TH AVENUE, 4TH FL NEW YORK, NY 10001	13-3709095	501(C)(3)	83,852.	0.			SOCIO-ECONOMIC DEVELOPMENT
SIREN COVE STUDIOS 24 ROY STREET, #453 SEATTLE, WA 98109	54-2064531		43,041.	0.			YOUTH BOOKS
SOCIAL IMPACT 2300 CLARENDON BLVD, STE 1000 ARLINGTON, VA 22201	54-1795186	501(C)(3)	240,171.	0.			SOCIO-ECONOMIC DEVELOPMENT
STAYING ALIVE FOUNDATION 1540 BROADWAY NEW YORK, NY 10036	20-0957052	501(C)(3)	23,269.	0.			HIV/ AIDS PREVENTION

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THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD EWING, NJ 08628	22-2797398		16,567.	0.			YOUTH WORKFORCE AND EDUCATION
THE GLOBAL HEALTH IMPACT 1678 GLENCOVE AVE SE ATLANTA, GA 30317	47-2488624		18,900.	0.			GLOBAL HEALTH
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	GOVT	6,975.	0.			HIV/ AIDS PREVENTION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LA - P.O. BOX 748872 - LOS ANGELES, CA 90074-4872	95-6006144	GOVT	3,796,450.	0.			HIV RELATED RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - 630 WEST 168TH STREET BOX 49 - NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	2,244,447.	0.			HIV/ AIDS PREVENTION
THE UNIVERSITY OF NEBRASKA 151 PREM S. PAUL RESEARCH CENTER, 2200 VINE STREET - LINCOLN, NE 68583	47-0049123	GOVT	54,206.	0.			GLOBAL EDUCATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, ROOM P-221, FRANKLIN BUILDING - PHILADELPHIA, PA 19101-6205	23-1352685	501(C)(3)	597,410.	0.			HIV RELATED RESEARCH
TULANE UNIVERSITY 800 EAST COMMERCE RD, STE 203 HARAHAN, LA 70123	72-0423889	501(C)(3)	960,028.	0.			HIV RELATED RESEARCH
UNIVERSITY OF ALABAMA 703 19TH STREET SOUTH ZRB 242 BIRMINGHAM, AL 35294-0007	63-6005396	GOVT	348,045.	0.			HIV RELATED RESEARCH

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UNIVERSITY OF COLORADO PO BOX 173364 CAMPUS BOX 142 DENVER , CO 80217-3364	84-6000555	GOVT	736,211.	0.			HIV RELATED RESEARCH
UNIVERSITY OF ILLINOIS 304 AOB M/C 672 1737 WEST POLK ST CHICAGO, IL 60612-7227	37-6000511	GOVT	755,735.	0.			HIV RELATED RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE OFFICE OF THE COMPTROLLER, ROOM 4101 - COLLEGE PARK, MD 20741-3141	52-6002033	GOVT	631,444.	0.			HIV RELATED RESEARCH
UNIVERSITY OF MASSACHUSETTS, LOWELL - 600 SUFFOLD STREET, SUITE 212 - LOWELL, MA 01854	04-3167352	GOVT	244,103.	0.			ENGLISH LANGUAGE
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES , FL 33124-2912	59-0624458	501(C)(3)	5,272.	0.			HIV RELATED RESEARCH
UNIVERSITY OF NORTH CAROLINA 450 WEST DRIVE, CB 7295 CHAPEL HILL, NC 27599-7295	56-6001393	GOVT	1,646,064.	0.			HIV/ AIDS PREVENTION
UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	20,000.	0.			EDUCATIONAL DEVELOPMENT
UNIVERSITY OF OREGON SPONSORED PROJECTS SERVICES 5219 EUGENE, OR 97403-5219	46-4727800	GOVT	10,208.	0.			SOCIO-ECONOMIC DEVELOPMENT
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201 PITTSBURGH, PA 15260	25-0965591	GOVT	264,509.	0.			HIV RELATED RESEARCH

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UNIVERSITY OF UNC AT CHAPEL HILL CAMPUS BOX #1220 CHAPEL HILL, NC 27599-1220	56-6001393	GOVT	1,662,733.	0.			HIV/ AIDS PREVENTION
UNIVERSITY OF WASHINGTON 325 9TH AVE, BOX 359927 SEATTLE, WA 98104	91-6001537	GOVT	1,921,521.	0.			HIV RELATED RESEARCH
UNIVERSITY RESEARCH CO., LLC 5404 WISCONSIN AVENUE, SUITE 800 CHEVY CHASE, MD 20815	52-0939806		452,592.	0.			HIV RELATED RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVE, STE 100 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	122,897.	0.			SOCIO-ECONOMIC DEVELOPMENT
VIAMO PBC 1250 CONNECTICUT AVENUE, SUITE 200 WASHINGTON, DC 20036	82-0825124		1,090,007.	0.			GLOBAL HEALTH
VIRGINIA COMMONWEALTH UNIVERSITY 817 W FRANKLIN ST, P.O. BOX 843035 RICHMOND, VA 23284-3043	54-6001758	GOVT	155,349.	0.			CLINICAL TRIALS RESEARCH
WCG 12400 HIGH BLUFF DRIVE, SUITE 600 SAN DIEGO, CA 92130	46-3226871	501(C)(3)	26,101.	0.			GLOBAL HEALTH
WEILL MEDICAL COLLEGE 1300 YORK AVENUE, BOX 89 NEW YORK, NY 10065	13-1623978	501(C)(3)	444,509.	0.			HIV RELATED RESEARCH
WI-HER LLC 8212 OLD COURTHOUSE RD, SUITE A VIENNA, VA 22182	26-3355555		130,104.	0.			HIV/ AIDS PREVENTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDAID INC 333 PINE ST, SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	17,675.	0.			WILD LIFE CONSERVATION
WORLD LEARNING 1015 15TH ST. NW, 7TH FLOOR WASHINGTON, DC 20005	03-0179592	501(C)(3)	1,074,294.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
WORLD VISION, INC. 330 I STREET NE, SUITE 270 WASHINGTON, DC 20002-4373	95-1922279	501(C)(3)	1,543,862.	0.			SOCIO-ECONOMIC DEVELOPMENT
YALE UNIVERSITY P.O. BOX 208260 NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	368,536.	0.			HIV RELATED RESEARCH
CLINISPACE WORLDWIDE 3800 PARAMOUNT PARKWAY, SUITE 100 MORRISVILLE, NC 27560	30-0266681		84,398.	0.			GLOBAL HEALTH RESEARCH
ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD, SUITE 600 LOS ANGELES, CA 90010	95-2564024	501(C)(3)	75,338.	0.			GLOBAL HEALTH RESEARCH
HEALTH DECISIONS, INC. 2510 MERIDIAN PARKWAY DURHAM, NC 27713	56-1637045		279,328.	0.			GLOBAL HEALTH RESEARCH
IDE GLOBAL 1031 33RD ST, SUITE 270 DENVER, CO 80205	23-2220051	501(C)(3)	5,498.	0.			GLOBAL EDUCATION
MAGEE-WOMENS RESEARCH INSTITUTE 339 WARD STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	49,021.	0.			GLOBAL HEALTH RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PH SCIENCE HOLDINGS, INC 15022 35TH AVE W LYNWOOD, WA 98087	91-2181922		298,299.	0.			GLOBAL HEALTH RESEARCH
PLANNED PARENTHOOD FED AMERICA 123 WILLIAM STREET, 10TH FL NEW YORK, NY 10038	13-1644147	501(C)(3)	95,549.	0.			GLOBAL HEALTH RESEARCH
SMASHING BOXES LLC 506 RAMSEUR ST, SUITE 1 DURHAM, NC 27701	27-2832487		45,000.	0.			GLOBAL HEALTH RESEARCH
WCCT GLOBAL 5630 CERRITOS AVE CYPRESS, CA 90630	73-1732951		145,422.	0.			GLOBAL HEALTH RESEARCH

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE U.S.

FHI360 REQUIRES GRANTEEES WITH MORE THAN \$750,000 IN FEDERAL FUNDING TO

SUMBIT A SINGLE AUDIT REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS

OF HOW FINDINGS ARE TO BE CORRECTED. REPORTS ARE OBTAINED AS TO HOW FUNDS

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **FAMILY HEALTH INTERNATIONAL** Employer identification number **23-7413005**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK FINE CHIEF EXECUTIVE OFFICER	(i)	436,426.	10,000.	1,200.	33,611.	2,641.	483,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRAVIS GARTNER DIR., USAID CIVIL SCTY & PEACEBLDG	(i)	184,962.	1,925.	140,467.	22,427.	8,468.	358,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT PRICE EXEC VP/GEN COUNSEL/SECRETARY	(i)	268,868.	5,000.	0.	51,864.	14,101.	339,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	(i)	297,779.	4,000.	1,200.	33,602.	2,304.	338,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	(i)	185,230.	1,830.	100,514.	40,947.	6,623.	335,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LISA STEVENS SCIENTIST	(i)	165,870.	0.	137,173.	19,905.	8,412.	331,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW PIETZ PROJECT DIRECTOR	(i)	152,431.	0.	151,819.	18,292.	8,377.	330,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	(i)	267,366.	3,000.	1,200.	51,588.	1,022.	324,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	(i)	266,848.	5,000.	0.	32,622.	19,668.	324,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JACQUELINE MCPHERSON REGIONAL DIRECTOR	(i)	228,785.	3,400.	45,757.	33,000.	8,578.	319,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LAURA KAYSER DEPUTY COO	(i)	263,600.	2,000.	0.	31,872.	19,613.	317,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) NADIA AL ALAMI CHIEF OF PARTY	(i)	178,635.	5,000.	102,223.	14,975.	8,443.	309,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	(i)	247,099.	3,000.	0.	30,012.	19,566.	299,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPULATION	(i)	239,212.	1,500.	0.	28,886.	20,520.	290,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	248,298.	3,000.	0.	30,156.	1,787.	283,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECON DVLP	(i)	237,164.	1,750.	0.	28,670.	14,555.	282,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) LEILA ABU-GHEIDA REGIONAL DIRECTOR	(i)	218,076.	0.	0.	26,169.	14,217.	258,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MICHAEL MAZZA DIRECTOR, INFORMATION SOLUTIONS	(i)	206,488.	2,000.	1,200.	44,163.	2,073.	255,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) IVAN CHARNER VP, EDUCATION WORKFORCE DVLP	(i)	205,557.	5,500.	0.	25,327.	13,993.	250,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVERSIFICATION	(i)	210,192.	0.	0.	25,223.	14,195.	249,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	(i)	201,624.	0.	0.	24,195.	20,420.	246,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) LANETA DORFLINGER SCIENTIST	(i)	205,557.	2,337.	1,200.	28,664.	1,237.	238,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) RICARDO MICHEL MANAGING DIRECTOR	(i)	202,769.	0.	0.	16,948.	1,634.	221,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) THEODORE FITZGERALD DIRECTOR, GLOBAL RESEARCH SERVICES	(i)	71,308.	0.	102,505.	27,555.	3,407.	204,775.	0.
	(ii)	189,233.	0.	0.	0.	0.	189,233.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SCHEDULE J, PART I, LINE 1A

EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL

HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND

POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENT.

PART I, LINE 3:

SCHEDULE J, PART I, LINE 3

FHI 360'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE

COMPENSATION COMMITTEE AND SETS THE CEO'S COMPENSATION BASED ON

PERFORMANCE REVIEW AND COMPARABILITY DATA FOR BOTH NOT-FOR-PROFIT AND

FOR-PROFIT ORGANIZATIONS. FURTHER DETAILS OF THE COMMITTEE'S ACTIVITIES

ARE RECORDED AS FHI 360'S RESPONSE TO FORM 990, PART VI, LINE 15B.

PART I, LINE 4B:

SCHEDULE J, PART I, LINE 4B

A 457(B) VOLUNTARY SALARY DEFERRAL PLAN IS MADE AVAILABLE TO THE EXTENT

ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FHI 360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING  
MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH  
AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED  
COMMUNITIES THROUGHOUT THE WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION - FHI360'S EXPERTS USE INNOVATIVE METHODS TO IMPROVE TEACHING  
AND LEARNING IN THE U.S. AND AROUND THE WORLD. PROGRAMS ADVANCE  
EDUCATIONAL ACCESS AND PROMOTE FULL PARTICIPATION FOR GIRLS, NEW  
IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH DISABILITIES.  
ACTIVITIES FACILITATE DECISION MAKING BY PROVIDING RESEARCH,  
EVALUATION, DATA ANALYSIS AND TECHNICAL RESOURCES GLOBALLY. FHI360 ALSO  
WORKS TO STRENGTHEN EDUCATION IN FRAGILE STATES AND SUPPORT REFORM OF  
POLICIES AND SYSTEMS.

EXPENSES \$ 85,319,326. INCL GRANTS OF \$ 39,191,098. REVENUE \$ 16,030,949

REPRODUCTIVE HEALTH - FHI360'S EXPERTS SUPPORT MATERNAL AND CHILD  
HEALTH, INCREASE ACCESS TO HIGH-QUALITY REPRODUCTIVE HEALTH CARE FOR  
MEN AND WOMEN AND EVALUATE HEALTH PROGRAM OUTCOMES. FHI360 HAS WORKED  
FOR MORE THAN THIRTY YEARS TO IMPROVE THE AVAILABILITY, SAFETY, AND  
ACCEPTANCE AND USE OF MODERN CONTRACEPTIVE METHODS TO IMPROVE MATERNAL  
AND CHILD HEALTH, AND TO PREVENT SEXUALLY-TRANSMITTED INFECTIONS,  
INCLUDING HIV/AIDS, WORKING WITH LOCAL, NATIONAL AND INTERNATIONAL  
ORGANIZATIONS IN MORE THAN 70 COUNTRIES AROUND THE WORLD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

COVID-19 - FHI 360 WAS ENGAGED TO PROVIDE COVID-19 SUPPORT ACROSS ALL SERVICE AREAS. ACTIVITIES WERE UNDERTAKEN TO MITIGATE THE IMPACT OF THE COVID-19 PANDEMIC TO PROTECT STAFF AND MAINTAIN EXECUTION OF PROGRAM ACTIVITIES INCLUDING DEVELOPING COMMUNICATION PATHWAYS, PROCUREMENT OF PPE, VENTILATOR INSTALLATION AND TRAINING FOR STAFF AND MANAGEMENT REGARDING USE OF VENTILATORS AND HOW TO PROPERLY CARE FOR COVID-19 POSITIVE PATIENTS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

- AFGHANISTAN, BANGLADESH, BOTSWANA, BURKINA FASO,
- BURUNDI, CAMBODIA, CHINA, COTE D IVOIRE,
- DJIBOUTI, DOMINICAN REPUBLIC, CONGO (BRAZZAVILLE), EGYPT,
- EL SALVADOR, EQUATORIAL GUINEA, ETHIOPIA, GHANA,
- GUATEMALA, GUINEA, HAITI, HONDURAS,
- INDIA, INDONESIA, IRAQ, JAMAICA,
- JORDAN, KENYA, KYRGYZSTAN, LAOS,
- LIBERIA, MALAWI, MALI, MOLDOVA,
- MOROCCO, MOZAMBIQUE, BURMA, NEPAL,
- NIGERIA, PAPUA-NEW GUINEA, PHILIPPINES, RWANDA,
- SENEGAL, SOUTH AFRICA, SWAZILAND, TANZANIA,
- THAILAND, TOGO, TUNISIA, UGANDA,
- VIETNAM, YEMEN (ADEN), ZAMBIA,
- ZIMBABWE

FORM 990, PART VI, SECTION A, LINE 1:

NON-VOTING BOARD MEMBER

PARTRICK FINE, LISTED AS A TRUSTEE ON PART VII, IS A NON-VOTING BOARD

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
---	--

MEMBER AND IS NOT INCLUDED IN THE TOTAL FOR PART VI, LINE 1A.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. AFTER A

FINAL REVIEW BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL

COUNSEL, AND CHIEF EXECUTIVE OFFICER, FORM 990 IS SHARED WITH THE BOARD OF

DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH MEMBER OF THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTEREST", ADOPTED BY THE

RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD MEMBER

AND TO EACH OF THE ORGANIZATION'S EMPLOYEES. A DISCLOSURE FORM IS

COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY

EMPLOYEE AT THE INITIATION OF EMPLOYMENT. STATEMENTS COMPLETED BY BOARD

MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CHAIR'S STATEMENT IS

FILED WITH THE VICE CHAIR OF THE BOARD. STATEMENTS BY US EMPLOYEES ARE

FILED WITH THE HUMAN RESOURCES DEPARTMENT. STATEMENTS BY NON-US BASED

EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE.

THE POLICY REQUIRES DISCLOSURE ON AN ONGOING BASIS OF ANY CONFLICTS AS

THEY ARISE. ADDITIONALLY, IN THE MONTH OF JULY EACH YEAR, THE

CORPORATION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM

EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR. DISCLOSURE STATEMENTS

ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND

ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS REGARDING CONDUCT, AND ETHICAL STANDARDS, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. EACH MEMBER AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES WITH THE CODE OF ETHICS AND CONDUCT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW FOR OFFICERS AND KEY EMPLOYEES

THE ORGANIZATION'S BYLAWS PROVIDE THAT THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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FORM 990, PART VI, SECTION C, LINE 19:

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FHI 360'S ORGANIZATIONAL CHARTER IS AVAILABLE THROUGH THE WEBSITE OF THE

NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS

ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI

360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILBLE UPON

REQUEST.

FORM 990, PART VI, LINE 10B

LOCAL BRANCHES AND AFFILIATES

EACH AFFILIATE BRANCH HAS A 'COUNTRY OFFICE MANUAL' AND IS SUBJECT TO

FHI 360'S CENTRALIZED POLICIES AND PROCEDURES AND STANDARD OPERATING

PROCEDURES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS	14,393,462.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <b>FAMILY HEALTH INTERNATIONAL</b>	Employer identification number <b>23-7413005</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FHI SOLUTIONS LLC - 45-2462813 359 BLACKWELL STREET DURHAM, NC 27701	NUTRITION	NORTH CAROLINA	26,025,220.	20,055,650.	FHI 360
FHI PARTNERS LLC - 82-5145951 359 BLACKWELL STREET DURHAM, NC 27701	HEALTH, EDUCATION	NORTH CAROLINA	9,052,991.	17,976,585.	FHI 360

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FAMILY HEALTH INTERNATIONAL FOUNDATION - 56-1719871, 359 BLACKWELL STREET, DURHAM, NC 27701	SUPPORT FHI 360	NORTH CAROLINA	501(C)(3)	12A	FHI 360	X	
FHI DISASTER RELIEF FUND - 45-3735754 359 BLACKWELL STREET, 200 DURHAM, NC 27701	DISASTER RELIEF	NORTH CAROLINA	501(C)(3)	7	FHI 360	X	
ACHIEVING HEALTH NIGERIA 3RD FLOOR, COSCHARIS PLAZA ABUJA, GARKI AREA, NIGERIA 900	LOCAL HEALTH	NIGERIA	N/A	N/A	FHI 360	X	
FAMILY HEALTH INDIA H-5 GROUND FLOOR, GREEN PARK E NEW DELHI, DELHI, INDIA 110016	LOCAL HEALTH	INDIA	N/A	N/A	FHI 360	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FHI VENTURES, INC - 82-3688587 359 BLACKWELL STREET, SUITE 200 DURHAM, NC 22701	IMPACT INVESTING	NC	FHI 360	C CORP	108,530.	1,044,060.	100%		X
FHI CLINICAL, INC - 83-2853562 359 BLACKWELL STREET DURHAM, NC 22701	CLINICAL RESEARCH	DE	FHI 360	C CORP	12,778,428.	8,493,756.	100%		X
KONUNG INTERNATIONAL 3 MORE LONDON, RIVERSIDE LONDON, UNITED KINGDOM SE1 2RE	SUSTAINABLE GOVERNANCE	UNITED KINGDOM	FHI 360	C CORP	382,757.	575,263.	100%		X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION	C	6,000,001.	FMV
(2) ACHIEVING HEALTH NIGERIA	B	3,119,158.	FMV
(3) FHI VENTURES	B	163,690.	FMV
(4) FHI CLINICAL	B	6,000,000.	FMV
(5) KONUNG INTERNATIONAL	B	397,286.	FMV
(6) FHI CLINICAL	J	146,870.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) FHI CLINICAL	P	155,841.	FMV
(8) FHI VENTURES	Q	288,855.	FMV
(9) FHI CLINICAL	Q	3,990,623.	FMV
(10) ACHIEVING HEALTH NIGERIA	Q	306,745.	FMV
(11) FHI CLINICAL	D	1,500,000.	FMV
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

[Lined area for supplemental information]

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2019

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>FAMILY HEALTH INTERNATIONAL</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>359 BLACKWELL STREET, NO. 200</b> City or town, state or province, country, and ZIP or foreign postal code <b>DURHAM, NC 27701</b>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <b>23-7413005</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
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**C** Book value of all assets at end of year 279,357,979.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ RASIKA PADMAPERUMA Telephone number ▶ 919-544-7040

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	0.	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	0.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	0.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	0.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>SEE STATEMENT 1</b>	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	CFO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	E. SCOTT TIDWELL				P01729213
	Firm's name <b>ERNST &amp; YOUNG U.S. LLP</b>	Firm's EIN <b>34-656596</b>		Firm's address <b>100 N. TRYON STREET, SUITE 3800 CHARLOTTE, NC 28202</b>	
				Phone no. <b>704-331-0380</b>	

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

AFGHANISTAN  
BANGLADESH  
BOTSWANA  
BURKINA FASO  
BURUNDI  
CAMBODIA  
CHINA  
COTE D IVOIRE  
DJIBOUTI  
DOMINICAN REPUBLIC  
CONGO (BRAZZAVILLE)  
EGYPT  
EL SALVADOR  
EQUATORIAL GUINEA  
ETHIOPIA  
GHANA  
GUATEMALA  
GUINEA  
HAITI  
HONDURAS  
INDIA  
INDONESIA  
IRAQ  
JAMAICA  
JORDAN  
KENYA  
KYRGYZSTAN  
LAOS  
LIBERIA  
MALAWI  
MALI  
MOLDOVA  
MOROCCO  
MOZAMBIQUE  
BURMA  
NEPAL  
NIGERIA  
PAPUA-NEW GUINEA  
PHILIPPINES  
RWANDA  
SENEGAL  
SOUTH AFRICA  
SWAZILAND  
TANZANIA  
THAILAND  
TOGO  
TUNISIA  
UGANDA  
VIETNAM  
YEMEN (ADEN)  
ZAMBIA





Electronic Filing PDF Attachment

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2019, or tax year beginning OCT 1, 2019, and ending SEP 30, 2020

**2019**

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization <p align="center">FAMILY HEALTH INTERNATIONAL</p>	Employer identification number <p align="center">23-7413005</p>
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**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>672,901,306.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration of Officer**

**6** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b>		08/13/21	CFO
	Signature of officer	Date	Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date 8-13-2021	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01729213
	Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG U.S. LLP 100 N. TRYON STREET, SUITE 3800 CHARLOTTE, NC 28202	EIN 34-6565596	Phone no. 704-331-0380		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			