

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the **2020** calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

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	C Name of organization FAMILY HEALTH INTERNATIONAL		D Employer identification number 23-7413005
	Doing business as FHI 360		E Telephone number 919-544-7040
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 766,373,538.
	359 BLACKWELL STREET	200	
	City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: RASIKA PADMAPERUMA SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I 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		H(c) Group exemption number ▶	
J Website: FHI360.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1973		M State of legal domicile: NC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1464
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	573,828,966.	688,624,181.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,271,584.	76,152,152.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	508,393.	168,993.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,707,637.	-113,820.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	672,901,306.	764,831,506.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	253,082,117.	452,640,219.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,272,337.	175,699,524.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,402,352.	151,773,945.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	675,756,806.	780,113,688.	
19 Revenue less expenses. Subtract line 18 from line 12	-2,855,500.	-15,282,182.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	279,357,979.	319,029,680.
	22 Net assets or fund balances. Subtract line 21 from line 20	176,463,315.	202,870,714.
22 Net assets or fund balances. Subtract line 21 from line 20	102,894,664.	116,158,966.	

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.

Sign Here	Signature of officer <i>[Signature]</i>	Date 08/08/2022			
	RASIKA PADMAPERUMA, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER BOGGS	Preparer's signature <i>[Signature]</i>	Date 8-5-2022	Check if self-employed <input type="checkbox"/>	PTIN P00032493
	Firm's name ERNST & YOUNG U.S. LLP	Firm's EIN 34-6565596		Phone no. 704-331-0380	
Firm's address 100 N. TRYON STREET, SUITE 3800 CHARLOTTE, NC 28202					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FAMILY HEALTH INTERNATIONAL	Taxpayer identification number (TIN) 23-7413005
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 359 BLACKWELL STREET, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RASIKA PADMAPERUMA

- The books are in the care of ▶ **359 BLACKWELL ST SUITE 200 - DURHAM, NC 27701**
Telephone No. ▶ **919-544-7040** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning OCT 1, 2020, and ending SEP 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 \$ 263,132,045. including grants of \$ 179,012,087.) (Revenue \$ 30,116,978.) 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.

4b (Code:) (Expenses \$ 232,148,901. including grants of \$ 157,933,858.) (Revenue \$ 26,570,779.) 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.

4c (Code:) (Expenses \$ 80,774,282. including grants of \$ 54,951,774.) (Revenue \$ 9,245,082.) 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 FY21, 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 \$ 89,286,137. including grants of \$ 60,742,500.) (Revenue \$ 10,219,313.)

4e Total program service expenses 665,341,365.

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. 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
5 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
6 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
7 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
8 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
9 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
10 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
11 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.		
a 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 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
c 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
d 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	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	
15 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	
16 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
17 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
18 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
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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
22 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
23 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	
24a 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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
28 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):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 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	
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. 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
37 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
38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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
2a	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 2a 1464		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	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)? 4a X	X	
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	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? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	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? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		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 (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, MA, MS, NC, NY, 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.
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

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				439,558.	0.	36,897.
(2) LISA STEVENS SCIENTIST	40.00 0.00					X		350,758.	0.	49,233.
(3) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	40.00 0.00					X		322,560.	0.	41,579.
(4) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.00 0.00			X				318,652.	0.	36,526.
(5) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.00 0.00			X				286,204.	0.	55,493.
(6) EDWARD CHAPPY SENIOR TECHNICAL ADVISOR	40.00 0.00					X		310,329.	0.	30,549.
(7) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.00 0.00				X			292,730.	0.	42,786.
(8) MICHAEL CASSELL TECHNICAL ADVISOR	40.00 0.00					X		303,175.	0.	31,371.
(9) LAURA KAYSER DEPUTY COO	40.00 0.00				X			283,142.	0.	47,483.
(10) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	40.00 0.00				X			256,455.	0.	71,407.
(11) KATHY STROKER GENERAL COUNSEL	40.00 0.00			X				270,563.	0.	56,074.
(12) HAYLEY BRYANT CHIEF OF PARTY	40.00 0.00					X		296,754.	0.	28,427.
(13) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	36.00 0.00			X				266,773.	0.	52,096.
(14) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.00 0.00			X				264,486.	0.	52,809.
(15) PAMELA MYERS CHIEF HUMAN RESOURCE OFFI	40.00 0.00			X				263,096.	0.	50,951.
(16) LANETA DORFLINGER SCIENTIST	40.00 0.00				X			254,900.	0.	53,884.
(17) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	40.00 0.00			X				240,286.	0.	43,316.

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 SOLU	40.00 0.00				X			225,928.	0.	53,010.
(19) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.00 0.00				X			235,339.	0.	42,696.
(20) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	40.00 0.00				X			230,585.	0.	42,173.
(21) WELLINGTON PAK DIRECTOR, BUSINESS STRATEG	40.00 0.00				X			217,398.	0.	47,144.
(22) RICARDO MICHEL MANAGING DIRECTOR	40.00 0.00				X			217,259.	0.	45,392.
(23) PAUL R. DE LAY JR CHAIRMAN	2.00 9.00	X						13,262.	0.	0.
(24) WARREN SIMMONS BOARD MEMBER	2.00 0.00	X						10,121.	0.	0.
(25) VIVIAN LOWERY DERRYCK VICE CHAIRMAN	2.00 0.00	X						10,013.	0.	0.
(26) PHILIP R. LOCHNER JR BOARD MEMBER	2.00 2.00	X						9,423.	0.	0.
1b Subtotal								6,189,749.	0.	1,011,296.
c Total from continuation sheets to Part VII, Section A								48,633.	0.	0.
d Total (add lines 1b and 1c)								6,238,382.	0.	1,011,296.

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 452

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
BAKER TILLY US LLP, 8219 LEESBURG PIKE, SUITE 800, TYSONS, VA 22182	TECH ADVISORY CONSULTING SERVICES	910,338.
ERNST & YOUNG U.S. LLP 200 PLAZA DRIVE, SEACAUCUS, NJ 07094	AUDIT AND TAX SERVICES	822,526.
TRANSPERFECT TRASLATIONS INTI 1250 BROADWAY, 32 FLOOR, NEW YORK, NY 10001	TRANSLATIONS SERVICES	418,730.
PAREXEL INTERNATIONAL LLC 195 WEST STREET, WALTHAM, MA 02451	HIV PREVENTION PROJECT SERVICES	374,671.
WALVIS BAY CORRIDOR GROUP WBCG, WINDHOEK, EROS, WINDHOEK, NAMIBIA	HIV PREVENTION, CARE AND TREATMENT PROJE	346,971.

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 23

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	9,820,673.				
	e Government grants (contributions)	1e	607,450,962.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,352,546.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 11,452.				
	h Total. Add lines 1a-1f			688,624,181.			
Program Service Revenue	2 a USAID	Business Code	541700	50,547,701.	50,547,701.		
	b DHHS		541700	15,907,216.	15,907,216.		
	c UK FOREIGN&COMMONWEALT		541700	2,401,286.	2,401,286.		
	d JOHNSON & JOHNSON		541700	1,751,100.	1,751,100.		
	e CFPB		541700	955,523.	955,523.		
	f All other program service revenue		541700	4,589,326.	4,589,326.		
	g Total. Add lines 2a-2f			76,152,152.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			167,516.		167,516.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			44,167.		44,167.	
	6 a Gross rents	6a	(i) Real	1,101,426.			
			(ii) Personal				
	b Less: rental expenses	6b		1,542,032.			
	c Rental income or (loss)	6c		-440,606.			
	d Net rental income or (loss)			-440,606.		-440,606.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,477.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
c Gain or (loss)	7c		1,477.				
d Net gain or (loss)			1,477.		1,477.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INTERCOMPANY REVENUE	Business Code	900099	282,619.		282,619.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			282,619.			
12 Total revenue. See instructions			764,831,506.	76,152,152.	0.	55,173.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	144,273,193.	144,273,193.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	308,367,026.	308,367,026.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,920,773.	2,804,289.	3,116,484.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	141,330,467.	86,046,192.	55,284,275.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,169,782.	7,661,811.	5,507,971.	
9 Other employee benefits	6,606,570.	4,490,152.	2,116,418.	
10 Payroll taxes	8,671,932.	5,045,088.	3,626,844.	
11 Fees for services (nonemployees):				
a Management				
b Legal	720,333.	318,114.	402,219.	
c Accounting	1,888,147.	150,272.	1,737,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	42,262,889.	35,030,941.	7,231,948.	
12 Advertising and promotion	112,743.	92,880.	19,863.	
13 Office expenses	31,899,727.	26,987,606.	4,912,121.	
14 Information technology	8,681,765.	2,642,616.	6,039,149.	
15 Royalties				
16 Occupancy	26,489,437.	10,888,894.	15,600,543.	
17 Travel	13,892,122.	13,532,283.	359,839.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,275,525.	11,050,559.	224,966.	
20 Interest	18,972.		18,972.	
21 Payments to affiliates	377,632.	37,374.	340,258.	
22 Depreciation, depletion, and amortization	1,428,409.		1,428,409.	
23 Insurance	1,420,359.	438,743.	981,616.	
24 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.)				
a FIELD OFFICE EXPENSES	96,394,797.	92,404,148.	3,990,649.	
b PARTICIPANT/PASS THROUG	15,859,118.	15,859,118.		
c _____				
d _____				
e All other expenses _____	-100,948,030.	-102,779,934.	1,831,904.	
25 Total functional expenses. Add lines 1 through 24e	780,113,688.	665,341,365.	114,772,323.	0.
26 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
Assets	1 Cash - non-interest-bearing	84,301,310.	1	106,111,985.
	2 Savings and temporary cash investments	57,750,888.	2	65,003,701.
	3 Pledges and grants receivable, net	5,000,000.	3	4,000,000.
	4 Accounts receivable, net	98,206,440.	4	92,539,179.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,693,587.	9	7,480,503.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,232,289.		
	b Less: accumulated depreciation	10b 21,244,052.	10,508,088.	10c 8,988,237.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	12,722,813.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,897,666.	15	22,183,262.
16 Total assets. Add lines 1 through 15 (must equal line 33)	279,357,979.	16	319,029,680.	
Liabilities	17 Accounts payable and accrued expenses	92,092,926.	17	104,836,522.
	18 Grants payable		18	
	19 Deferred revenue	74,185,989.	19	88,036,490.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	10,184,400.	25	9,997,702.
	26 Total liabilities. Add lines 17 through 25	176,463,315.	26	202,870,714.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	102,894,664.	27	116,158,966.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	102,894,664.	32	116,158,966.
33 Total liabilities and net assets/fund balances	279,357,979.	33	319,029,680.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	764,831,506.
2	Total expenses (must equal Part IX, column (A), line 25)	2	780,113,688.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,282,182.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	102,894,664.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	28,546,484.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,158,966.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____	X	
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 _____	X	

Form 990 (2020)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 stop here. 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 10% -facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	751,826,554.	813,431,046.	653,577,598.	573,828,966.	688,624,181.	3481288345.
2 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	13,070,115.	15,445,238.	127,284,293.	100,271,584.	76,152,152.	332,223,382.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	764,896,669.	828,876,284.	780,861,891.	674,100,550.	764,776,333.	3813511727.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	1,977,600.	4,435,581.	79,624,549.	76,512,026.	43,511,090.	206,060,846.
c Add lines 7a and 7b	1,977,600.	4,435,581.	79,624,549.	76,512,026.	43,511,090.	206,060,846.
8 Public support. (Subtract line 7c from line 6.)						3607450881.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	764,896,669.	828,876,284.	780,861,891.	674,100,550.	764,776,333.	3813511727.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	642,575.	858,256.	65,728.	-1,374,075.	-228,923.	-36,439.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	642,575.	858,256.	65,728.	-1,374,075.	-228,923.	-36,439.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,543,912.		721,620.	4,106,347.	282,619.	7,654,498.
13 Total support. (Add lines 9, 10c, 11, and 12.)	768,083,156.	829,734,540.	781,649,239.	676,832,822.	764,830,029.	3821129786.

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	94.41 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	95.30 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.11 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2 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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
1		
2 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>		
2		
3 By reason of the relationship described in line 2, above, 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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>	Yes	No
2a		
b Did the activities described in line 2a, above, 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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 0.85 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	Distributable Amount. 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) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 2,543,912.

2018 AMOUNT: \$ 721,620.

2019 AMOUNT: \$ 4,106,347.

2020 AMOUNT: \$ 282,619.

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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 FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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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	_____ _____ _____	\$ 462,965,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 104,491,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 22,865,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 14,006,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

2020
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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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? <input type="checkbox"/> | 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		16,371,214.	10,187,326.	6,183,888.
d Equipment		13,198,136.	11,056,726.	2,141,410.
e Other		662,939.		662,939.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,988,237.

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)		
Total. (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)		
Total. (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	18,354,699.
(2) 457(B) DEFERRED COMPENSATION PLAN ASSETS	3,735,134.
(3) OTHER ASSETS	93,429.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,183,262.

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	4,527,522.
(3) 457(B) DEFERRED COMP PLAN LIABILITY	3,735,134.
(4) OTHER LIABILITIES	1,735,046.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,997,702.

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.

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

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.

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

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, 2021 AND 2020, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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

- 1 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**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 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	5	85	GRANTMAKING		19,914,952.
EAST ASIA AND THE PACIFIC	15	330	GRANTMAKING		84,396,137.
EUROPE	1	4	GRANTMAKING		368,093.
MIDDLE EAST AND NORTH AFRICA	12	46	GRANTMAKING		25,718,346.
NORTH AMERICA	1	5	GRANTMAKING		401,008.
RUSSIA	3	41	GRANTMAKING		9,324,262.
SOUTH ASIA	6	236	GRANTMAKING		25,598,412.
SUB-SAHARAN AFRICA	70	1134	GRANTMAKING		398,695,354.
3 a Subtotal	113	1881			564,416,564.
b Total from continuation sheets to Part I	0	0			518,190.
c Totals (add lines 3a and 3b)	113	1881			564,934,754.

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTMAKING		518,190.
Totals					518,190.

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	HIV/AIDS	3,913,117.		0.		
		CENTRAL AMERICA/ CARRIBEAN	GLOBAL HEALTH	2,108,576.		0.		
		CENTRAL AMERICA/ CARRIBEAN	SOCIO-ECONOMIC	1,908,361.		0.		
		CENTRAL AMERICA/ CARRIBEAN	GLOBAL EDUCATION	1,437,948.		0.		
		CENTRAL AMERICA/ CARRIBEAN	REPRODUCTIVE HEALTH	372,249.		0.		
		EAST ASIA AND THE PACIFIC	HIV/AIDS	21,550,487.		0.		
		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH	10,644,181.		0.		
		EAST ASIA AND THE PACIFIC	SOCIO-ECONOMIC	6,166,964.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **39**

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 AND THE PACIFIC	GLOBAL EDUCATION	619,730.		0.		
		EUROPE	GLOBAL HEALTH	156,166.		0.		
		EUROPE	SOCIO-ECONOMIC	1,637,591.		0.		
		EUROPE	GLOBAL EDUCATION	197,058.		0.		
		MIDDLE EAST AND NORTH AFRICA	HIV/AIDS	5,631,940.		0.		
		MIDDLE EAST AND NORTH AFRICA	GLOBAL HEALTH	589,246.		0.		
		MIDDLE EAST AND NORTH AFRICA	SOCIO-ECONOMIC	282,690.		0.		
		MIDDLE EAST AND NORTH AFRICA	GLOBAL EDUCATION	38,652.		0.		
		MIDDLE EAST AND NORTH AFRICA	REPRODUCTIVE HEALTH	868,091.		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)
		NORTH AMERICA	HIV/AIDS	2,036,697.		0.		
		NORTH AMERICA	GLOBAL HEALTH	215,236.		0.		
		NORTH AMERICA	SOCIO-ECONOMIC	186,917.		0.		
		NORTH AMERICA	GLOBAL EDUCATION	49,327.		0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH	313,927.		0.		
		RUSSIA AND NEIGHBORING STATES	HIV/AIDS	176.		0.		
		RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH	15,460.		0.		
		RUSSIA AND NEIGHBORING STATES	SOCIO-ECONOMIC	4,060,709.		0.		
		RUSSIA AND NEIGHBORING STATES	GLOBAL EDUCATION	254,455.		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)
		SOUTH AMERICA	HIV/AIDS	2,108,595.		0.		
		SOUTH AMERICA	SOCIO-ECONOMIC	8,467,834.		0.		
		SOUTH AMERICA	GLOBAL EDUCATION	1,197,929.		0.		
		SOUTH ASIA	HIV/AIDS	7,064,458.		0.		
		SOUTH ASIA	GLOBAL HEALTH	298,739.		0.		
		SOUTH ASIA	SOCIO-ECONOMIC	3,187,096.		0.		
		SOUTH ASIA	GLOBAL EDUCATION	437,181.		0.		
		SOUTH ASIA	REPRODUCTIVE HEALTH	43,800.		0.		
		SUB SAHARAN AFRICA	HIV/AIDS	138,536,516.		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)
		SUB SAHARAN AFRICA	GLOBAL HEALTH	11,256,728.		0.		
		SUB SAHARAN AFRICA	SOCIO-ECONOMIC	32,755,284.		0.		
		SUB SAHARAN AFRICA	GLOBAL EDUCATION	43,444,427.		0.		
		SUB SAHARAN AFRICA	REPRODUCTIVE HEALTH	724,528.		0.		

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.

PART II, LINE 1 (ACCOUNTING METHOD):

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

PART III, (ACCOUNTING METHOD):

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

**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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
ON POINT LEADERSHIP LLC 225 W 106 ST., #11A NEW YORK, NY 10025	30-0556931		93,094.	0.			INTEGRATED DEVELOPMENT
PUBLIC HEALTH INSTITUTE 555 12TH STREET OAKLAND, CA 94607	94-1646278	501(C)(3)	45,320.	0.			MATERNAL HEALTH AND NUTRITION
UNIVERSITY OF MARYLAND, BALTIMORE 4300 TERRAPIN TRAIL COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	726,175.	0.			HIV RELATED RESEARCH
FORUM ONE COMMUNICATIONS CORP 15954 JACKSON CREEK PARKWAY MONUMENT, CO 80132	94-3261569		510,627.	0.			SOCIO-ECONOMIC DEVELOPMENT
JHU CENTER FOR COMMUNICATION PROGRAMS - 111 MARKET PLACE SUITE 310 - BALTIMORE, MD 21205	52-0595110	501(C)(3)	3,439,400.	0.			HIV/ AIDS PREVENTION
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 SECOND AVE. SOUTH - BIRMINGHAM, AL 35294-0007	63-6005396	GOVERNMENT	52,520.	0.			HIV/ AIDS PREVENTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 139.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 34.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CARE INC 151 ELLIS STREET, NE ATLANTA, GA 30303-2440	13-1685039	501(C)(3)	1,268,367.	0.			HIV/ AIDS PREVENTION
THE REGENTS OF THE UC 9500 GILMAN DR MAILCODE 0009 LA JOLLA, CA 92093-0009	95-6006144	GOVERNMENT	8,141,047.	0.			HIV RELATED RESEARCH
SOCIAL IMPACT 2300 CLARENDON BLVD ARLINGTON, VA 22201	54-1795186	501(C)(3)	22,282.	0.			SOCIO-ECONOMIC DEVELOPMENT
TRUSTEES OF COLUMBIA UNIVERSITY 615 W 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	6,932,224.	0.			HIV/ AIDS PREVENTION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST. - PHILADELPHIA, PA 19101-6205	23-1352685	501(C)(3)	417,378.	0.			HIV RELATED RESEARCH
HEALTH SCIENCES LIBRARY 450 WEST DRIVE CHAPEL HILL, NC 27599-7295	56-6001393	501(C)(3)	5,723,221.	0.			HIV/ AIDS PREVENTION
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVE - NASHVILLE, TN 37203	35-2528741	501(C)(3)	271,152.	0.			SOCIO-ECONOMIC DEVELOPMENT
RESEARCH TRIANGLE INSTITUTE P.O.BOX 900002 RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	171,344.	0.			HIV/ AIDS PREVENTION
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SF - 3333 CALIFORNIA ST, SUITE 315 - SAN FRANCISCO, CA 94541	94-6036493	GOVERNMENT	130,963.	0.			HIV/ AIDS PREVENTION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GEORGE WASHINGTON UNIVERSITY 2100-W PENNSYLVANIA AVE NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	2,224,054.	0.			HIV/ AIDS PREVENTION
SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE NW WASHINGTON, DC 22036	52-1257425	501(C)(3)	179,978.	0.			EDUCATIONAL DEVELOPMENT
UNIVERSITY OF MINNESOTA 222-21ST AVENUE SOUTH MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENT	226,233.	0.			EDUCATIONAL DEVELOPMENT
NATIONAL FOUNDATION FOR THE CENTERS OF DISEASE CONTROL AND PREVENTION - PO BOX 15580 - ATLANTA, GA 30333	58-2106707	501(C)(3)	490,272.	0.			GLOBAL HEALTH
TULANE UNIVERSITY LA CATS CLINICAL TRANSLATIONAL UNIT #847 1440 CANAL STREET STE 1720 - NEW OR	72-0423889	501(C)(3)	4,152,754.	0.			HIV RELATED RESEARCH
WORLD VISION INC 330 I STREET, N. E. WASHINGTON, DC 20002-4373	95-1922279	501(C)(3)	731,179.	0.			SOCIO-ECONOMIC DEVELOPMENT
POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	13-1687001	501(C)(3)	51,358.	0.			MATERNAL HEALTH AND NUTRITION
HARVARD UNIVERSITY 23 EVERETT STE 327 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	333,729.	0.			HIV RELATED RESEARCH
HELEN KELLER INTERNATIONAL 352 PARK AVENUE, S. NEW YORK, NY 10010	13-5562162	501(C)(3)	14,784,575.	0.			CANCER PREVENTION TECH DEVELOPMENT

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ICNL 1126 16TH STREET, N. W. WASHINGTON, DC 20036	52-1818273	501(C)(3)	628,270.	0.			EDUCATIONAL DEVELOPMENT
INTERNATIONAL RESEARCH & EXCHANGE BOARD - EXCHANGE BOARD 1275 K STREET, NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	549,465.	0.			SOCIO-ECONOMIC DEVELOPMENT
PSI SUDAN JUBA HEAD OFFICE SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	3,521,925.	0.			MATERNAL HEALTH AND NUTRITION
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	519,629.	0.			SOCIO-ECONOMIC DEVELOPMENT
EQUAL ACCESS INTERNATIONAL 271 AUSTIN STREET SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	455,226.	0.			SOCIO-ECONOMIC DEVELOPMENT
PATH 2201 WESTLAKE AVE. SEATTLE, WA 98107	91-1157127	501(C)(3)	793,253.	0.			HIV/ AIDS PREVENTION
DAI DEVELOPMENT ALTERNATIVES INC 7600 WISCONSIN AVE STE 200 BETHESDA, MD 20814	52-0904808	501(C)(3)	324,418.	0.			CIVIL SOCIETY & GOVERNANCE
GEORGETOWN UNIVERSITY 37TH & O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	16,596.	0.			HIV/ AIDS PREVENTION
RESULTS FOR DEVELOPMENT INSTITUTE 1111 19TH ST WASHINGTON, DC 20036	20-8530747	501(C)(3)	273,253.	0.			MEDICAL ACCESS

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 703 19TH STREET SOUTH - BIRMINGHAM, AL 35294-0007	63-6005396	GOVERNMENT	306,730.	0.			HIV RELATED RESEARCH
THE VANDERBILT UNIVERSITY 3319 WEST END AVE. NASHVILLE, TN 37203	62-0476822	501(C)(3)	358,620.	0.			HIV/ AIDS PREVENTION
PACT INC 1828 L STREET, NW, SUITE 300 WASHINGTON, DC 20036	13-2702768	501(C)(3)	5,018,743.	0.			HIV/ AIDS PREVENTION
UNIV. OF NEBRASKA MEDICAL CTR. SPONSORED PROGRAMS ACCOUNTING BOX 9 OMAHA, NE 68198-5100	47-0785575	501(C)(3)	38,685.	0.			HIV/ AIDS PREVENTION
PPD DEVELOPMENT LLC 2244 DABNEY ROAD RICHMOND, VA 23230	74-2325267		25,935.	0.			GLOBAL HEALTH
SCHOOL TO SCHOOL INTERNATIONAL 1625 PALMETTO AVENUE PACIFICA, CA 94044	02-0600889	501(C)(3)	173,019.	0.			EDUCATIONAL DEVELOPMENT
UNIVERSITY OF CINCINNATI ACCOUNTS RECEIVABLE P.O. BOX 691031 CINCINNATI, OH 45269-1031	31-6000989	GOVERNMENT	2,315,717.	0.			HIV/ AIDS PREVENTION
OKLAHOMA STATE UNIVERSITY OKLAHOMA STATE UNIVERSITY CENTER 1111 W. 17TH STREET - TULSA, OK 74107	73-6017987	GOVERNMENT	15,623.	0.			HIV/ AIDS PREVENTION
BLACK AIDS INSTITUTE 1833 WEST 8TH STREET SUITE 200 LOS ANGELES, CA 90057	95-4742741	501(C)(3)	60,471.	0.			HIV/ AIDS PREVENTION

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VIRGINIA COMMONWEALTH UNIVERSITY 924 WEST FRANKLIN STREET RICHMOND, VA 23284	54-6001758	GOVERNMENT	167,811.	0.			CLINICAL TRIALS RESEARCH
COLUMBIA UNIVERSITY HEALTH SCIENCES LIBRARY - 615 W 131 ST STREET - NEW YORK, NY 10032	13-5598093	501(C)(3)	2,492,177.	0.			HIV/ AIDS PREVENTION
JSI RESEARCH AND TRAINING INSTITUTE INC - 1616 FORT MYER DRIVE - ARLINGTON, VA 22209	04-2679824	501(C)(3)	5,264,621.	0.			HIV/ AIDS PREVENTION
MASSACHUSETTS GENERAL HOSPITAL 55 FRUITE STREET BOSTON, MA 02114	04-2697983	GOVERNMENT	435,813.	0.			HIV RELATED RESEARCH
AVAC 423 WEST 127TH STREET, 4TH FLOOR NEW YORK, NY 10027	94-3240841	501(C)(3)	228,066.	0.			HIV RELATED RESEARCH
GRETCHEN SWANSON CENTER FOR NUTRITION - RM 1024, 8401 WEST DODGE ROAD, SUITE 100 - OMAHA, NE 68114	27-4313546	501(C)(3)	26,908.	0.			NUTRITION DEVELOPMENT
INSTITUTE FOR CLINICAL RESEARCH INC. - PO BOX 29545 - WASHINGTON, DC 20017-0745	52-1336656	501(C)(3)	43,896.	0.			GLOBAL HEALTH
PHILADELPHIA EDUCATION FUND 718 ARCH ST. PHILADELPHIA, PA 19106	22-2567982	501(C)(3)	11,500.	0.			YOUTH DEVELOPMENT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-1096584	501(C)(3)	1,157,588.	0.			HIV RELATED RESEARCH

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EMORY UNIVERSITY 1518 CLIFTON RD, 7TH FL ATLANTA, GA 30322	58-0566256	501(C)(3)	164,191.	0.			HIV/ AIDS PREVENTION
PUBLIC FOUNDATION ENTERPRISES, INC. - 12801 CROSSROADS PARKWAY SOUTH - CITY OF INDUSTRY, CA 91746-3505	95-2557063	501(C)(3)	697,992.	0.			GLOBAL HEALTH
NEW YORK UNIVERSITY 105 E 17TH STREET NEW YORK, NY 10003	13-5562308	501(C)(3)	21,083.	0.			HIV/ AIDS PREVENTION
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)(3)	2,848,630.	0.			HIV RELATED RESEARCH
DELOITTE CONSULTING LLP P O BOX 844717 DALLAS, TX 75284-4717	06-1454513		1,418,575.	0.			HIV/ AIDS PREVENTION
HDI INC 121 S. TEJON STREET COLORADO SPRINGS, CO 80903	30-0207842	501(C)(3)	1,511,658.	0.			HIV/ AIDS PREVENTION
MERIDIAN GROUP INTERNATIONAL INC 1250 24TH STREET NW WASHINGTON, DC 20037	54-1832764		247,556.	0.			GLOBAL HEALTH
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY - GRANT CONTRACTS 33 KNIGHTSBRIDGE RD 2ND FLR - PISCATAWAY, NJ 08854	22-6001086	GOVERNMENT	1,660,368.	0.			HIV/ AIDS PREVENTION
DIMAGI, INC. 585 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	83-0343298	501(C)(3)	410,779.	0.			GLOBAL HEALTH

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TUFTS UNIVERSITY HIRSH HEALTH SCIENCES - TUFTS UNIVERSITY, HNRCA 711 WASHINGTON STREET, B11 - BOSTON, MA 02111	04-2103634	501(C)(3)	20,344.	0.			HIV/ AIDS PREVENTION
THE OHIO STATE UNIVERSITY DIVISION OF INFECTIOUS DISEASES N1145 DOAN HALL - COLUMBUS, OH 43210-1240	31-6025986	GOVERNMENT	1,680,640.	0.			HIV/ AIDS PREVENTION
CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST SAN FRANCISCO, CA 94103	94-6000417	GOVERNMENT	42,975.	0.			HIV/ AIDS PREVENTION
INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DR SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	10,128.	0.			HIV/ AIDS PREVENTION
JHU CENTER FOR COMMUNICATION PROGRAMS - 733 NORTH BROADWAY - BALTIMORE, MD 21205-1832	52-0595110	501(C)(3)	190,102.	0.			HIV RELATED RESEARCH
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501(C)(3)	102,090.	0.			GLOBAL HEALTH
UNIVERSITY OF WASHINGTON CAMPUS BOX 353600 SEATTLE, WA 98195	91-6001537	GOVERNMENT	470,852.	0.			HIV RELATED RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	1,299,996.	0.			HIV/ AIDS PREVENTION
HEALTH SCIENCES LIBRARY CAMPUS BOX # 1220 CHAPEL HILL, NC 27599-1220	56-6001393	GOVERNMENT	2,512,026.	0.			HIV/ AIDS PREVENTION

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FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVENUE N J6-300 - SEATTLE, WA 98109	23-7156071	501(C)(3)	1,424,915.	0.			HIV RELATED RESEARCH
HOWARD UNIVERSITY RESEARCH ADMINISTRATIVE SERVICES 525 BRYANT STREET NW - WASHINGTON, DC 2005	53-0204707	501(C)(3)	1,148,040.	0.			HIV/ AIDS PREVENTION
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE FAIRFIELD, CT 06825	60-7264870	501(C)(3)	2,336,260.	0.			HIV/ AIDS PREVENTION
INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	9,503,336.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY SUITE 201 HADLEY, MA 01035	04-3167352	GOVERNMENT	26,490.	0.			EDUCATIONAL DEVELOPMENT
BRIGHAM & WOMEN'S HOSPITAL RESEARCH - BANK OF AMERICA NA PO BOX 3887 - BOSTON, MA 02241-3887	04-2312909	501(C)(3)	112,770.	0.			HIV/ AIDS PREVENTION
YALE UNIVERSITY P.O. BOX 208260 NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	338,697.	0.			HIV RELATED RESEARCH
PUBLIC INTERNATIONAL LAW AND POLICY GROUP - 888 16TH ST NW - WASHINGTON, DC 20006	04-3309296	501(C)(3)	278,395.	0.			SOCIO-ECONOMIC DEVELOPMENT
EMORY UNIVERSITY OFFICE OF SPONSORED PROGRAMS 1599 C ATLANTA, GA 30322	58-0566256	501(C)(3)	989,974.	0.			HIV RELATED RESEARCH

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WORLD LEARNING 1015 15TH ST. NW WASHINGTON, DC 20005	03-0179592	501(C)(3)	644,030.	0.			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
THE RESEARCH FOUNDATION FOR STATE OF NY - 1400 WASHINGTON AVENUE MSC 312 - ALBANY, NY 12222	14-1368361	501(C)(3)	21,291.	0.			HIV/ AIDS PREVENTION
BETH ISRAEL DEACONESS 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	167,749.	0.			HIV RELATED RESEARCH
AVENIR HEALTH INC 41-A NEW LONDON TURNPIKE GLASTONBURY, CT 06033-4241	20-4816286	501(C)(3)	492,664.	0.			HIV/ AIDS PREVENTION
MCCANN GLOBAL HEALTH MCCANN-ERICKSON USA INC 13801 FNB P OMAHA, NE 68154	13-1938691		20,438.	0.			HIV RELATED RESEARCH
UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	52,611.	0.			EDUCATIONAL DEVELOPMENT
GEORGIA TECH RESEARCH CORPORATION OFFICE SPONSORED PROGRAMS SUITE 300, 505 10TH ST. NW - ATLANTA, GA 30332	58-0603146	501(C)(3)	762,702.	0.			HIV RELATED RESEARCH
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH - 2240 W. OGDEN AVE - CHICAGO, IL 60612-4882	36-2244897	501(C)(3)	3,243,214.	0.			HIV/ AIDS PREVENTION
THE UNIVERSITY OF NEBRASKA LINCOLN 985045 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-5045	47-0049123	GOVERNMENT	11,550.	0.			HIV/ AIDS PREVENTION

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UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403-5219	46-4727800	GOVERNMENT	97,796.	0.			SOCIO-ECONOMIC DEVELOPMENT
SCHOLASTIC INC 557 BROADWAY NEW YORK, NY 10012	13-1824190		90,937.	0.			YOUTH DEVELOPMENT
UNIVERSITY OF COLORADO 19 UCB BOULDER, CO 80309	84-6000555	GOVERNMENT	2,463,349.	0.			HIV RELATED RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	347,562.	0.			HIV RELATED RESEARCH
IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011-2207	42-6004224	GOVERNMENT	385,988.	0.			SOCIO-ECONOMIC DEVELOPMENT
UNIVERSITY OF MIAMI CITI PROGRAM 1320 SOUTH DIXIE HIGHWAY, SUITE 650 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	7,434.	0.			HIV RELATED RESEARCH
UNIVERSITY OF ILLINOIS 1207 S OAK ST CHAMPAIGN, IL 61820	37-6000511	GOVERNMENT	5,798,623.	0.			HIV RELATED RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET PITTSBURGH, PA 15260	25-0965591	501(C)(3)	2,807,349.	0.			HIV RELATED RESEARCH
PALLADIUM INTERNATIONAL LLC 1331 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	26-1509671	501(C)(3)	1,013,630.	0.			HIV/ AIDS PREVENTION

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MPACT 436 14TH STREET OAKLAND, CA 94612	47-1065461	501(C)(3)	230,534.	0.			HIV/ AIDS PREVENTION
STAYING ALIVE FOUNDATION 1540 BROADWAY NEW YORK, NY 10036	20-0957052	501(C)(3)	10,000.	0.			HIV/ AIDS PREVENTION
ARIZONA STATE UNIVERSITY CENTERPOINT, SUITE 312 TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	357,709.	0.			EDUCATIONAL DEVELOPMENT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030-4422	54-0836354	GOVERNMENT	369,500.	0.			EDUCATIONAL DEVELOPMENT
CAYEN SYSTEMS 7100 W.CENTER STREET MILWAUKEE, WI 53210	47-5313048		24,756.	0.			SOCIO-ECONOMIC DEVELOPMENT
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	501(C)(3)	352,686.	0.			SOCIO-ECONOMIC DEVELOPMENT
CITY OF ST LOUIS 1520 MARKET STREET ST LOUIS, MO 63103	43-6003231	GOVERNMENT	20,375.	0.			SOCIO-ECONOMIC DEVELOPMENT
INTERNATIONAL AIDS VACCINE INITIATIVE - 125 BROAD STREET - NEW YORK, NY 10004	13-3870223	501(C)(3)	1,195,416.	0.			HIV/ AIDS PREVENTION
CITY OF LOS ANGELES 1200 W. 7TH STREET LOS ANGELES, CA 90017	95-6000735	GOVERNMENT	130,126.	0.			SOCIO-ECONOMIC DEVELOPMENT

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THE GLOBAL HEALTH IMPACT GROUP LLC 1678 GLENCOVE AVE SE ATLANTA, GA 30317	47-2488624		6,300.	0.			GLOBAL HEALTH
WCG 12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130	46-3226871	501(C)(3)	12,260.	0.			GLOBAL HEALTH
WI HER LLC 8212 OLD COURTHOUSE RD VIENNA, VA 22182	26-3355555		103,904.	0.			HIV/ AIDS PREVENTION
FLG ENTERPRISES LLC SUITE 278 / 2020 PENNSYLVANIA AVE N WASHINGTON, DC 20006	80-0440090		16,358.	0.			EDUCATIONAL DEVELOPMENT
ECONOMIC DEVELOPMENT INDUSTRIAL CORPORATION - 43 HAWKINS STREET - BOSTON, MA 02114	04-2519577		189,763.	0.			YOUTH DEVELOPMENT
PHOENIX YOUTH AND FAMILY SERVICES INC - 310 NORTH ALABAMA STREET - CROSSETT, AR 71635	71-0778516	501(C)(3)	136,199.	0.			YOUTH DEVELOPMENT
BALTIMORE CITY MAYORS OFFIE OF EMPLOYMENT - 417 EAST FAYETTE STREET - BALTIMORE, MD 21202	52-6000769	GOVERNMENT	212,439.	0.			YOUTH DEVELOPMENT
CITY OF ALBANY 175 CENTRAL AVENUE ALBANY, NY 12205	14-6002058	GOVERNMENT	33,724.	0.			YOUTH DEVELOPMENT
KENTUCKIANAWORKS 410 W CHESTNUT STREET LOUISVILLE, KY 40242	46-4856936	501(C)(3)	365,774.	0.			YOUTH DEVELOPMENT

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VIAMO PBC 1250 CONNECTICUT AVENUE WASHINGTON, DC 20036	82-0825124		858,789.	0.			GLOBAL HEALTH
IONA COLLEGE 715 NORTH AVENUE NEW ROCHELLE, NY 10801	13-3508093	501(C)(3)	43,611.	0.			HIV RELATED RESEARCH
UNIVERSITY RESEARCH CO., LLC 5404 WISCONSIN AVENUE CHEVY CHASE, MD 20815	52-0939806		319,280.	0.			HIV RELATED RESEARCH
HUMANITY AND INCLUSION SUITE 420 SILVER SPRING, MD 20910	55-0914744	501(C)(3)	259,172.	0.			YOUTH DEVELOPMENT
SIREN COVE STUDIOS 24 ROY STREET, #453 SEATTLE, WA 98109			26,150.	0.			YOUTH DEVELOPMENT
GEORGIA SOUTHERN UNIVERSITY 261 FOREST DRIVE, VEAZEY HALL STATESBORO, GA 30460-8005	58-2354256	GOVERNMENT	101,375.	0.			HIV RELATED RESEARCH
OHIO UNIVERSITY 160 WEST UNION STREET OFFICE CENTER ATHENS, OH 46701	31-6402113	GOVERNMENT	244,607.	0.			ENGLISH LANGUAGE
AMERICAN LEPROSY MISSIONS INC 1 ALM WAU GREENVILLE, SC 29601	13-5562163	501(C)(3)	264,018.	0.			GLOBAL HEALTH
IPSOS PUBLIC AFFAIRS LLC 301 MERRITT 7 NORWALK, CT 06851	36-2061602		15,750.	0.			SOCIO-ECONOMIC DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OVERSEAS STRATEGIC CONSULTING LTD OSC - 1500 WALNUT STREET - PHILADELPHIA, PA 19102	23-2720769		172,280.	0.			YOUTH DEVELOPMENT
CENTER FOR APPLIED LINGUISTICS 4646 40TH STREET NW WASHINGTON, DC 20016	52-0807619	501(C)(3)	58,912.	0.			YOUTH DEVELOPMENT
DENVERWORKS INC 6000 E EVANS AVE. DENVER, CO 80222	84-1349649	501(C)(3)	213,490.	0.			YOUTH DEVELOPMENT
GOBEE GROUP LLC 2323 BROADWAY OAKLAND, CA 94612	27-2767701		28,886.	0.			HIV RELATED RESEARCH
ENCOMPASS LLC 1451 ROCKWILLE PIKED ROCKVILLE, MD 20852	52-2228651		481,692.	0.			MATERNAL HEALTH AND NUTRITION
PRONTO INTERNATIONAL 5419 GREENWOOD AVE N SEATTLE, WA 98103	46-1318242	501(C)(3)	86,629.	0.			TECHNICAL SUPPORT
INSTITUTE FOR HEALTHCARE IMPROVEMENT - 53 STATE STREET - BOSTON, MA 02109	38-3017223	501(C)(3)	560,124.	0.			TECHNICAL SUPPORT
INDUCTIVEHEALTH INFORMATICS INC 2870 PEACHTREE RD NW ATLANTA, GA 30305	46-1190970		482,023.	0.			HIV/ AIDS PREVENTION
NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PLACE #900 MCLEAN, VA 22102	46-4183160	501(C)(3)	78,000.	0.			HIV/ AIDS PREVENTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CRDF GLOBAL FOUNDATION 1776 WILSON BLVD ARLINGTON, VA 22209	23-7413005	501(C)(3)	80,447.	0.			GLOBAL HEALTH
AFTON BLOOM GROUP LLC 138 MESEROLE AVENUE BROOKLYN, NY 11222	84-4684648		180,000.	0.			GLOBAL HEALTH
KHULISA MANAGEMENT SERVICES INC 4550 MONTGOMERY AVENUE BETHESDA, MD 20814	25-1900325		76,387.	0.			HIV/ AIDS PREVENTION
ATMA CONNECT 4200 PARK BLVD OAKLAND, CA 94602	81-2938272	501(C)(3)	241,294.	0.			CIVIL SOCIETY & GOVERNANCE
KANSAS STATE UNIVERSITY KANSAS STATE UNIVERSITY MANHATTAN, KS 66506-1103	48-0771751	GOVERNMENT	87,044.	0.			ENGLISH LANGUAGE
ST JUDE CHILDRENS RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38015	62-0646012	501(C)(3)	2,067,486.	0.			HIV/ AIDS PREVENTION
HOWARD DELAFIELD INTERNATIONAL LLP 1101 30TH STREET WASHINGTON, DC 20007	20-4466234		234,483.	0.			GLOBAL HEALTH
NATIONAL CENTER ON INSTITUTIONS AND ALTERNATIVES INC - 7130 RUTHERFORD RD. - BALTIMORE, MD 21244	52-1094078	501(C)(3)	90,639.	0.			YOUTH DEVELOPMENT
THE RIGHTWAY FOUNDATION 3650 W MARTIN LUTHER KING JR BLVD LOS ANGELES, CA 90008	90-0761009	501(C)(3)	34,291.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SUTTER BAY 475 BRANNAN STREET SAN FRANCISCO, CA 94107-5419	94-0562680	501(C)(3)	997,515.	0.			HIV/ AIDS PREVENTION
BOSTON MEDICAL CENTER HEALTH SYSTEM INC - 660 HARRISON AVE, GAMBRO 236 - BOSTON, MA 02118	04-3314093	501(C)(3)	299,213.	0.			HIV/ AIDS PREVENTION
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	87,912.	0.			MATERNAL HEALTH AND NUTRITION
VIRGINIA POLYTECHNIC INSTITUTE AND STATE - 300 TURNER STREET NW SUITE 4200 - MC0170 - BLACKSBURG, VA 24061	54-6001805	GOVERNMENT	86,139.	0.			EDUCATIONAL DEVELOPMENT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	157,882.	0.			GLOBAL HEALTH
BRAC USA INC 110 WILLIAM STREET NEW YORK, NY 10038	20-8456741	501(C)(3)	277,197.	0.			EDUCATIONAL DEVELOPMENT
DEMOCRACY INTERNATIONAL INC 7600 WISCONSIN AVENUE BETHESDA, MD 20814	71-0943640		182,265.	0.			EDUCATIONAL DEVELOPMENT
UNIVERSITY OF COLORADO MAIL STOP B168, ANSCHUTZ MEDICAL CA AURORA, CO 80045	84-6000555	GOVERNMENT	15,504.	0.			HIV/ AIDS PREVENTION
FOR ALL HUMANS 1604 WEST BERWYN AVE #GDN CHICAGO, IL 60640	85-2958981		78,250.	0.			PUBLIC HEALTH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - DALLAS, TX 75303	74-1761309	GOVERNMENT	1,835,332.	0.			HIV/ AIDS PREVENTION
UNIVERSITY OF ROCHESTER MEDICAL CENTER - 500 JOSEPH C WILSON BLVD - ROCHESTER, NY 14627	16-0743209	501(C)(3)	6,089.	0.			HIV/ AIDS PREVENTION
OPEN DEVELOPMENT 642 PICKFORD PL NE WASHINGTON, DC 20002	47-2658640		86,292.	0.			GLOBAL HEALTH
FSVC 10 EAST 53RD STREET 36TH FLOOR NEW YORK, NY, NY 10022	13-3568629	501(C)(3)	170,239.	0.			CIVIL SOCIETY & GOVERNANCE
SALIENT ARCHITECTS LLC 325 N.10TH STREET SUITE 400 PMB 198 LEWISBURG, PA 17837	41-2029696		127,159.	0.			EDUCATIONAL DEVELOPMENT
MORGAN STATE UNIVERSITY 7809 REGENTS DR. COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	21,143.	0.			PUBLIC HEALTH PROGRAM
COMMUNITIES IN SCHOOLS 6261 DUPONT STATION COURT E JACKSONVILLE, FL 32217	59-3027895	501(C)(3)	11,500.	0.			SOCIO-ECONOMIC DEVELOPMENT
NATIONAL FOUNDATION FOR THE CENTERS OF D - 600 PEACHTREE ST NE, SUITE 1000 - ATLANTA, GA 30308	58-2106707	GOVERNMENT	39,648.	0.			HIV/ AIDS PREVENTION
SOUTHERN RESEARCH INSTITUTE 2000 9TH AVE SOUTH BIRMINGHAM, AL 35205	63-0288868	501(C)(3)	54,645.	0.			GLOBAL HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALTASCIENCES CLINICAL LA 5630 CERRITOS AVE CYPRESS, CA 90630	73-1732951		450,406.	0.			GLOBAL HEALTH
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P O BOX 785541 - PHILADELPHIA, PA 19178	23-1352685	GOVERNMENT	215,824.	0.			PUBLIC HEALTH PROGRAM
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM STREET - NEW YORK, NY 10038	13-1644147	501(C)(3)	5,480.	0.			GLOBAL HEALTH
PPD GLOBAL CENTRAL LABS LLC 929 NORTH FRONT STREET WILMINGTON, NC 28401	45-3806478		18,696.	0.			GLOBAL HEALTH
SMASHING BOXES LLC 506 RAMSEUR ST DURHAM, NC 27701	27-2832487		55,000.	0.			GLOBAL HEALTH
YALE UNIVERSITY P.O. BOX 20837 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	217,115.	0.			GLOBAL HEALTH
PH SCIENCE HOLDINGS INC 15022 35TH AVE W LYNWOOD, WA 98087	91-2181922		329,718.	0.			GLOBAL HEALTH
CLINIPACE WORLDWIDE 3800 PARAMOUNT PARKWAY MORRISVILLE, NC 27560	30-0266681		14,038.	0.			PUBLIC HEALTH PROGRAM
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET NW ATLANTA, GA 30384	58-0603146	501(C)(3)	444,458.	0.			GLOBAL HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEALTH DECISIONS INC 2510 MERIDIAN PARKWAY DURHAM, NC 27713	56-1637045		360,320.	0.			GLOBAL HEALTH
ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD LOS ANGELES, CA 90010	95-2564024	501(C)(3)	78,958.	0.			GLOBAL HEALTH
MAGEE WOMENS RESEARCH INSTITUTE FOUNDATION - 339 WARD STREET - PITTSBURGH, PA 15213	25-1462312	501(C)(3)	38,137.	0.			GLOBAL HEALTH
PLANNED PARENTHOOD OF NYC INC 26 BLEECKER STREET NEW YORK, NY 10012	13-2621497	501(C)(3)	55,975.	0.			GLOBAL HEALTH
PLANNED PARENTHOOD OF MASSACHUSETTS, INC - 1055 COMMONWEALTH AVENUE - BOSTON, MA 02215	04-2698497	501(C)(3)	59,475.	0.			GLOBAL HEALTH

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.: FHI 360

REQUIRES GRANTEES WITH MORE THAN \$750,000 IN FEDERAL FUNDING TO SUBMIT 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. FHI 360 MAINTAINS

INTERNAL CONTROLS REGARDING ENGAGING WITH A RECIPIENT AND MONITORING HOW

FUNDS ARE MANAGED CONSISTENT WITH ALL APPLICABLE REGULATORY BODIES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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)	439,558.	0.	0.	34,200.	2,697.	476,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA STEVENS SCIENTIST	(i)	350,758.	0.	0.	40,809.	8,424.	399,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	(i)	322,560.	0.	0.	34,947.	6,632.	364,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	(i)	318,652.	0.	0.	34,200.	2,326.	355,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	(i)	286,204.	0.	0.	34,200.	21,293.	341,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) EDWARD CHAPPY SENIOR TECHNICAL ADVISOR	(i)	309,329.	1,000.	0.	26,653.	3,896.	340,878.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JACQUELINE MCPHERSON REGIONAL DIRECTOR	(i)	292,730.	0.	0.	34,200.	8,586.	335,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL CASSELL TECHNICAL ADVISOR	(i)	303,175.	0.	0.	22,916.	8,455.	334,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAURA KAYSER DEPUTY COO	(i)	279,942.	3,200.	0.	33,740.	13,743.	330,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	(i)	253,955.	2,500.	0.	50,192.	21,215.	327,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KATHY STROKER GENERAL COUNSEL	(i)	260,563.	10,000.	0.	35,100.	20,974.	326,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) HAYLEY BRYANT CHIEF OF PARTY	(i)	0.	296,754.	0.	20,028.	8,399.	325,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	(i)	266,773.	0.	0.	51,056.	1,040.	318,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	264,486.	0.	0.	31,569.	21,240.	317,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAMELA MYERS CHIEF HUMAN RESOURCE OFFI	(i)	263,096.	0.	0.	31,417.	19,534.	314,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LANETA DORFLINGER SCIENTIST	(i)	252,539.	2,361.	0.	40,131.	13,753.	308,784.	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) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	(i)	240,286.	0.	0.	28,680.	14,636.	283,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	(i)	224,928.	1,000.	0.	46,125.	6,885.	278,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LEILA ABU-GHEIDA REGIONAL DIRECTOR	(i)	235,339.	0.	0.	28,086.	14,610.	278,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	(i)	230,585.	0.	0.	27,580.	14,593.	272,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) WELLINGTON PAK DIRECTOR, BUSINESS STRATEG	(i)	216,398.	1,000.	0.	26,026.	21,118.	264,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) RICARDO MICHEL MANAGING DIRECTOR	(i)	217,259.	0.	0.	25,976.	19,416.	262,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

FORM 990, PART I, LINE 1

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 \$ 89,286,137. INCL GRANTS OF \$ 60,742,500. REVENUE \$ 10,219,313

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

AFGHANISTAN, BURKINA FASO, BANGLADESH, UGANDA,

TANZANIA, THAILAND, ZIMBABWE, BENIN,

BOTSWANA, BURUNDI, CAMBODIA, CAMEROON,

CHAD, CHINA, COLOMBIA, COTE D IVOIRE,

CONGO, DEM REP, DJIBOUTI, DOMINICAN REPUBLIC, EL SALVADOR,

ETHIOPIA, GHANA, GUATEMALA, GUINEA,

HAITI, HONDURAS, INDIA, INDONESIA,

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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JAMAICA, JORDAN, KENYA, KYRGYZSTAN,
 LAOS, LEBANON, LESOTHO, LIBERIA,
 MADAGASCAR, MALAWI, MALI, MOLDOVA,
 MOROCCO, MOZAMBIQUE, BURMA, NEPAL,
 NIGERIA, PAPUA-NEW GUINEA, PERU, PHILIPPINES,
 KAZAKHSTAN, RWANDA, SENEGAL,
 SOUTH AFRICA, SOUTH SUDAN, SWAZILAND, TAJIKISTAN,
 TOGO, TUNISIA, VIETNAM, YEMEN (ADEN),
 ZAMBIA

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

NON-VOTING BOARD MEMBER

PATRICK FINE, LISTED AS A DIRECTOR ON PART VII, IS A NON-VOTING BOARD 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. THE FORM 990 GETS A FINAL REVIEW BY MANAGEMENT. THE FORM 990 IS SHARED WITH THE BOARD AND COPIES ARE MADE AVAILABLE FOR REVIEW.

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

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

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

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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.

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 XI, LINE 9, CHANGES IN NET ASSETS:
INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS 28,546,484.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization <p style="text-align: center;">FAMILY HEALTH INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">23-7413005</p>
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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	22,552,370.	20,335,789.	FHI 360
FHI PARTNERS LLC - 82-5145951 359 BLACKWELL STREET DURHAM, NC 27701	HEALTH, EDUCATION	NORTH CAROLINA	15,602,016.	26,376,918.	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	
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) 2020

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	9,800,000.	FMV
(2) FHI VENTURES	B	700,000.	FMV
(3) FHI CLINICAL	B	5,000,000.	FMV
(4) KONUNG INTERNATIONAL	B	519,306.	FMV
(5) FHI CLINICAL	J	143,833.	FMV
(6) FHI CLINICAL	P	68,019.	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) KONUNG INTERNATIONAL	P	393,684.	FMV
(8) FHI VENTURES	Q	145,216.	FMV
(9) FHI CLINICAL	Q	3,572,877.	FMV
(10) KONUNG INTERNATIONAL	Q	393,684.	FMV
(11) FHI VENTURES	O	154,603.	FMV
(12) FHI CLINICAL	O	1,088,570.	FMV
(13) KONUNG INTERNATIONAL	O	185,823.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

