Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FAMILY HEALTH INTERNATIONAL

Doing business as
FHI 360

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
359 BLACKWELL STREET NO 200

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 27701

D Employer identification number
23-7413005

E Telephone number
(919) 544-7040

G Gross receipts $ 766,373,538

F Name and address of principal officer:
RASIKA PADMAPERUMA
359 BLACKWELL STREET NO 200
DURHAM,NC 27701

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ FHI360.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ 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 ▶☐ 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**	1,464
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	573,828,966	688,624,181
	9	Program service revenue (Part VIII, line 2g)	100,271,584	76,152,152
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	508,393	168,993
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-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
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	279,357,979	319,029,680
	21	Total liabilities (Part X, line 26)	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 — Date 2022-08-08

▶ RASIKA PADMAPERUMA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00032493
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 100 N TRYON STREET SUITE 3800 CHARLOTTE, NC 28202			Phone no. (704) 331-0380	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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** ☑ **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** ☑ **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 INDEVELOPING 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.

(Code:) (Expenses $ 89,286,137 including grants of $ 60,742,500) (Revenue $ 10,219,313)

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 FORGIRLS, 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.

4d Other program services (Describe in 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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L,* Part III	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	1a	430		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

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** 1,464			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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		**4a**	Yes	
b	account)? AF,UV,BG,UG,TZ,TH,ZI,BN,BC,BY,CB,CM, CD,CH,CO,IV,CG,DJ,DR,ES,ET,GH,GT,GV HA,HO,IN,ID,JM,JO,KE,KG,KA,KE,LT,LI, MA,MI,ML,MD,MO,MZ,BM,NP,NI,PP,PE,RP ,KZ,RW,SG,SF,OD,WZ,TI,TO,TS,VM,YM,				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," enter the name of the foreign country: ▶ZA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		**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**		No
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**		No
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**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
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? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
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**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ RASIKA PADMAPERUMA 359 BLACKWELL ST SUITE 200 DURHAM, NC 27701 (919) 544-7040

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ARON BETRU BOARD MEMBER	2.00 2.00	X						5,933	0	0
(2) CINDY Y HUANG BOARD MEMBER	2.00 0.00	X						8,027	0	0
(3) GREGORY M GUNN BOARD MEMBER	2.00 0.00	X						8,322	0	0
(4) JACQUELINE MAHAL BOARD MEMBER	2.00 0.00	X						6,457	0	0
(5) JANET R COWELL BOARD MEMBER	2.00 0.00	X						6,457	0	0
(6) JOHN E NEWSTEAD BOARD MEMBER	2.00 0.00	X						6,980	0	0
(7) PATRICK FINE CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				439,558	0	36,897
(8) PAUL R DE LAY JR CHAIRMAN	2.00 9.00	X						13,262	0	0
(9) PHILIP R LOCHNER JR BOARD MEMBER	2.00 2.00	X						9,423	0	0
(10) SHEILA W MITCHELL BOARD MEMBER	2.00 0.00	X						6,457	0	0
(11) VIVIAN LOWERY DERRYCK VICE CHAIRMAN	2.00 0.00	X						10,013	0	0
(12) WARREN SIMMONS BOARD MEMBER	2.00 0.00	X						10,121	0	0
(13) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.00 0.00			X				318,652	0	36,526
(14) KATHY STROKER GENERAL COUNSEL	40.00 0.00			X				270,563	0	56,074
(15) PAMELA MYERS CHIEF HUMAN RESOURCE OFFI	40.00 0.00			X				263,096	0	50,951
(16) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.00 0.00			X				286,204	0	55,493
(17) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.00 0.00			X				264,486	0	52,809

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	36.00 0.00			X				266,773	0	52,096
(19) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	40.00 0.00				X			230,585	0	42,173
(20) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.00 0.00				X			292,730	0	42,786
(21) LANETA DORFLINGER SCIENTIST	40.00 0.00				X			254,900	0	53,884
(22) LAURA KAYSER DEPUTY COO	40.00 0.00				X			283,142	0	47,483
(23) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.00 0.00				X			235,339	0	42,696
(24) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	40.00 0.00				X			225,928	0	53,010
(25) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	40.00 0.00				X			240,286	0	43,316
(26) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	40.00 0.00				X			256,455	0	71,407
(27) RICARDO MICHEL MANAGING DIRECTOR	40.00 0.00				X			217,259	0	45,392
(28) WELLINGTON PAK DIRECTOR, BUSINESS STRATEG	40.00 0.00				X			217,398	0	47,144
(29) EDWARD CHAPPY SENIOR TECHNICAL ADVISOR	40.00 0.00					X		310,329	0	30,549
(30) LISA STEVENS SCIENTIST	40.00 0.00					X		350,758	0	49,233
(31) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	40.00 0.00					X		322,560	0	41,579
(32) MICHAEL CASSELL TECHNICAL ADVISOR	40.00 0.00					X		303,175	0	31,371
(33) HAYLEY BRYANT CHIEF OF PARTY	40.00 0.00					X		296,754	0	28,427
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
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 or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

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 US 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 WA	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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a 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	Business Code					
2a USAID	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.			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
	(i) Real	(ii) Personal				
6a Gross rents 6a	1,101,426					
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
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory 7a	1,477					
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
8a 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 . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a						
b Less: direct expenses 9b						
c Net income or (loss) from gaming activities . . ▶						
10a 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	Business Code					
11a INTERCOMPANY REVENUE	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 (non-employees):				
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 Schedule 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 in 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 IX . . . . . ☐

				(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 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			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 ▶ ☑ 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 ▶ ☐ 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 Reconcilliation 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 in 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	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: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

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

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 **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 failed 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 grant.") . .						
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** . . . . . ▶☐

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 for 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 . . . . . ▶☐

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 . . . . . ▶☐

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 . . . . . ▶☐

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 . . . . . ▶☐

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 . . . . . ▶☐

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	3,481,288,345
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	3,813,511,727
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.)						3,607,450,881

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	3,813,511,727
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	3,821,129,786

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	94.410 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	95.300 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	0.110 %

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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
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? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**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? *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.*	**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)? *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).*	**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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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? *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.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**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? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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):	1		
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 (*explain in detail in **Part VI***):			
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 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 e			
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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is 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.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER REVENUE - 2016 AMOUNT: $ 2,543,912. 2018 AMOUNT: $ 721,620. 2019 AMOUNT: $ 4,106,347. 2020 AMOUNT: $ 282,619.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

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

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

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

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

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

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

(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

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 information once. See instructions.) ▶ $ _____**

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

Additional Data

Return to Form

Software ID:

Software Version:

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Preservation of an 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 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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 ▶ $ _____

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 are a 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 programs

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 in 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 3a(ii), are the related organizations listed as required on Schedule R?	**3b**	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,371,214	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 10(c).)* . . ▶				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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (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)	
(10)	
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	
(4)	
(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 FIN 48 (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.

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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

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 Activites 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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	5	85	GRANTMAKING		19,914,952
(2) EAST ASIA AND THE PACIFIC	15	330	GRANTMAKING		84,396,137
(3) EUROPE	1	4	GRANTMAKING		368,093
(4) MIDDLE EAST AND NORTH AFRICA	12	46	GRANTMAKING		25,718,346
(5) NORTH AMERICA	1	5	GRANTMAKING		401,008
(6) RUSSIA	3	41	GRANTMAKING		9,324,262
(7) SOUTH ASIA	6	236	GRANTMAKING		25,598,412
(8) SUB-SAHARAN AFRICA	70	1,134	GRANTMAKING		398,695,354
(9) SOUTH AMERICA	0	0	GRANTMAKING		518,190
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	113	1,881			564,416,564
b Total from continuation sheets to Part I . . .	0	0			518,190
c Totals (add lines 3a and 3b)	113	1,881			564,934,754

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)
(1)		CENTRAL AMERICA/ CARRIBEAN	HIV/AIDS	3,913,117				
(2)		CENTRAL AMERICA/ CARRIBEAN	GLOBAL HEALTH	2,108,576				
(3)		CENTRAL AMERICA/ CARRIBEAN	SOCIO-ECONCOMIC	1,908,361				
(4)		CENTRAL AMERICA/ CARRIBEAN	GLOBAL EDUCATION	1,437,948				
(5)		CENTRAL AMERICA/ CARRIBEAN	REPRODUCTIVE HEALTH	372,249				
(6)		EAST ASIA AND THE PACIFIC	HIV/AIDS	21,550,487				
(7)		EAST ASIA AND THE PACIFIC	GLOBAL HEALTH	10,644,181				
(8)		EAST ASIA AND THE PACIFIC	SOCIO-ECONCOMIC	6,166,964				
(9)		EAST ASIA AND THE PACIFIC	GLOBAL EDUCATION	619,730				
(10)		EUROPE	GLOBAL HEALTH	156,166				
(11)		EUROPE	SOCIO-ECONCOMIC	1,637,591				
(12)		EUROPE	GLOBAL EDUCATION	197,058				
(13)		MIDDLE EAST AND NORTH AFRICA	HIV/AIDS	5,631,940				
(14)		MIDDLE EAST AND NORTH AFRICA	GLOBAL HEALTH	589,246				
(15)		MIDDLE EAST AND NORTH AFRICA	SOCIO-ECONCOMIC	282,690				
(16)		MIDDLE EAST AND NORTH AFRICA	GLOBAL EDUCATION	38,652				
(17)		MIDDLE EAST AND NORTH AFRICA	REPRODUCTIVE HEALTH	868,091				
(18)		NORTH AMERICA	HIV/AIDS	2,036,697				
(19)		NORTH AMERICA	GLOBAL HEALTH	215,236				
(20)		NORTH AMERICA	SOCIO-ECONCOMIC	186,917				
(21)		NORTH AMERICA	GLOBAL EDUCATION	49,327				
(22)		NORTH AMERICA	REPRODUCTIVE HEALTH	313,927				
(23)		RUSSIA AND NEIGHBORING STATES	HIV/AIDS	176				
(24)		RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH	15,460				
(25)		RUSSIA AND NEIGHBORING STATES	SOCIO-ECONCOMIC	4,060,709				
(26)		RUSSIA AND NEIGHBORING STATES	GLOBAL EDUCATION	254,455				
(27)		SOUTH AMERICA	HIV/AIDS	2,108,595				
(28)		SOUTH AMERICA	SOCIO-ECONCOMIC	8,467,834				
(29)		SOUTH AMERICA	GLOBAL EDUCATION	1,197,929				
(30)		SOUTH ASIA	HIV/AIDS	7,064,458				
(31)		SOUTH ASIA	GLOBAL HEALTH	298,739				
(32)		SOUTH ASIA	SOCIO-ECONCOMIC	3,187,096				
(33)		SOUTH ASIA	GLOBAL EDUCATION	437,181				
(34)		SOUTH ASIA	REPRODUCTIVE HEALTH	43,800				
(35)		SUB SAHARAN AFRICA	HIV/AIDS	138,536,516				
(36)		SUB SAHARAN AFRICA	GLOBAL HEALTH	11,256,728				
(37)		SUB SAHARAN AFRICA	SOCIO-ECONCOMIC	32,755,284				
(38)		SUB SAHARAN AFRICA	GLOBAL EDUCATION	43,444,427				
(39)		SUB SAHARAN AFRICA	REPRODUCTIVE HEALTH	724,528				

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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.

ReturnReference	Explanation
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.

Additional Data

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule F (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes" to 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: THE CHARLES STEWART MOTT FOUNDATION

Employer identification number: 38-6052777

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 ☑ Yes ☐ No

2 Describe the organization's procedures for monitoring the use of grant or assistance funds to ensure compliance with conditions imposed by the grantee or assistance, and the grantee's ongoing eligibility for the grant or assistance, if applicable: THE FOUNDATION MONITORS THE USE OF FUNDS THROUGH REPORTS FROM GRANTEES AND SITE VISITS.

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. Enter the total number of recipients 1,000 and enter the total amount of grants and assistance $ 1,000,000,000

(a) Name and address (city, state or country, if applicable) of organization or government	(b) EIN (if applicable)	(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 cash grant/non-cash assistance	(h) Purpose of grant or assistance
1 (1) THE MOTT FOUNDATION COMMUNITIES LOCAL 1 ONE MOTT FOUNDATION PLAZA 503 SOUTH SAGINAW STREET FLINT, MI 48502	32-0350431	501(C)(3)	75,000.				INITIATIVES/ OPPORTUNITIES
2 (1) THE CHARLES STEWART MOTT FOUNDATION 503 SOUTH SAGINAW STREET FLINT, MI 48502	38-6052777	501(C)(3)	20,000.				MATERIAL DONATION/ GIFT-IN-KIND
3 (1) ACADEMY OF PEDIATRIC DENTISTRY 211 EAST CHICAGO AVENUE SUITE 1940 CHICAGO, IL 60611	52-1652123	501(C)(6)	100,000.				PUBLIC AFFAIRS/ PROMOTION
4 (1) ACCESS HEALTH CONNECTICUT 1 CORPORATE DRIVE SUITE 1 SHELTON, CT 06484	52-2056124	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
5 (1) ACCESS HEALTH CT 1 CORPORATE DRIVE SUITE 1 SHELTON, CT 06484	52-2056124	501(C)(3)	1,000,000.				PUBLIC AFFAIRS/ PROMOTION
6 (1) ACHIEVABLE 2 NORTH LA SALLE STREET SUITE 1300 CHICAGO, IL 60602	36-4230889	501(C)(3)	50,000.				PUBLIC AFFAIRS/ PROMOTION
7 (1) ACTION FOR HEALTHY KIDS 1 THE GROVE 2nd FLOOR WILTON, CT 06897	27-1853747	501(C)(3)	1,000,000.				PUBLIC AFFAIRS/ PROMOTION
8 (1) ADVOCATES FOR HUMAN POTENTIAL, INC. 1 CORPORATE DRIVE SUITE 1 SHELTON, CT 06484	52-2056124	501(C)(3)	1,000,000.				PUBLIC AFFAIRS/ PROMOTION
9 (1) AFFORDABLE HOUSING FINANCE 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	50,000.				PUBLIC AFFAIRS/ PROMOTION
10 (1) AFRICAN AMERICAN MEN AND BOYS OF HARTFORD 1 CORPORATE DRIVE SUITE 1 SHELTON, CT 06484	27-1853747	501(C)(3)	1,000,000.				PUBLIC AFFAIRS/ PROMOTION
11 (1) AGING IN COMMUNITY 1 CORPORATE DRIVE SUITE 1 SHELTON, CT 06484	52-2056124	501(C)(3)	1,000,000.				PUBLIC AFFAIRS/ PROMOTION
12 (1) ALBERTA HEALTH SERVICES 10101 - 113 STREET EDMONTON, AB T5H 3B7 CANADA	98-0551277	501(C)(3)	250,000.				MATERIAL DONATION/ GIFT-IN-KIND
13 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
14 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
15 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
16 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
17 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
18 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
19 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
20 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
21 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
22 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
23 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
24 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
25 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
26 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
27 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
28 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
29 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
30 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
31 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
32 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
33 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
34 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
35 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
36 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
37 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
38 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
39 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
40 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
41 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
42 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
43 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
44 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
45 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
46 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
47 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
48 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
49 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
50 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
51 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
52 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
53 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
54 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
55 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
56 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
57 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
58 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
59 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
60 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
61 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
62 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
63 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
64 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
65 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
66 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
67 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
68 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
69 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
70 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
71 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
72 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
73 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
74 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
75 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
76 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
77 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
78 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
79 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
80 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
81 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
82 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
83 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
84 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
85 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
86 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
87 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
88 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
89 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
90 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
91 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
92 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
93 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
94 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
95 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
96 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
97 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
98 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
99 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
100 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
101 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
102 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
103 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
104 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
105 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
106 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
107 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
108 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
109 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
110 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
111 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
112 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
113 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
114 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
115 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
116 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
117 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
118 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
119 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
120 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
121 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
122 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
123 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
124 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
125 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
126 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
127 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
128 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
129 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
130 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
131 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
132 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
133 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
134 (1) ALLIANCE FOR HEALTHY CITIES 1 NORTH LA SALLE STREET SUITE 2000 CHICAGO, IL 60602	36-4230889	501(C)(3)	100,000.				PUBLIC AFFAIRS/ PROMOTION
135 (1) ALLIANCE FOR HEALTHY CITIES

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 SUMBIT A SINGLE AUDIT REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS OF HOW FINDINGS ARE TO BE CORRECTED. REPORTS ARE OBTAINED AS TO HOW FUNDS ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED. FHI 360 MAINTAINS INTERNAL CONTROLS REGARDING ENGAGING WITH A RECIPIENT AND MONITORING HOW FUNDS ARE MANAGED CONSISTENT WITH ALL APPLICABLE REGULATORY BODIES.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., 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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing 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.			
	☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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
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

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.

Return Reference	Explanation
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.

Additional Data

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Software ID:

Software Version:

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

Return Reference	Explanation
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 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 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 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 AVAIALBLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS 28,546,484.

Additional Data

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Software ID:

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 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 **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
(1) FHI SOLUTIONS LLC 359 BLACKWELL STREET DURHAM, NC 27701 45-2462813	NUTRITION	NC	22,552,370	20,335,789	FHI 360
(2) FHI PARTNERS LLC 359 BLACKWELL STREET DURHAM, NC 27701 82-5145951	HEALTH, EDUCATION	NC	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
(1)FAMILY HEALTH INTERNATIONAL FOUNDATION 359 BLACKWELL STREET DURHAM, NC 27701 56-1719871	SUPPORT FHI 360	NC	501(C)(3)	12A	FHI 360	Yes	
(2)FHI DISASTER RELIEF FUND 359 BLACKWELL STREET 200 DURHAM, NC 27701 45-3735754	DISASTER RELIEF	NC	501(C)(3)	7	FHI 360	Yes	
(3)FAMILY HEALTH INDIA H-5 GROUND FLOOR GREEN PARK E NEW DELHI, DELHI 110016 IN	LOCAL HEALTH	IN	N/A	N/A	FHI 360	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)FHI VENTURES INC 359 BLACKWELL STREET SUITE 200 DURHAM, NC 22701 82-3688587	IMPACT INVESTING	NC	FHI 360	C	42,407	1,010,187	100.000 %		No
(2)FHI CLINICAL INC 359 BLACKWELL STREET DURHAM, NC 22701 83-2853562	CLINICAL RESEARCH	DE	FHI 360	C	31,073,317	15,865,596	100.000 %		No
(3)KONUNG INTERNATIONAL 3 MORE LONDON RIVERSIDE LONDON SE1 2RE UK	SUSTAINABLE GOVERNANCE	UK	FHI 360	C	1,122,087	763,722	100.000 %		No

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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
(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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data

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Software ID:

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