

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

2019

**Open to Public
Inspection**

Name of the organization

The Family Healthcare Foundation Inc

Employer identification number

59-3517416

Form 990, Part VI, Section B, Line 11b - Prior to filing, the Form 990 is presented to the Board for review, approval, and clarification of any questions.

Form 990, Part VI, Section B, Line 12c - Each employee, independent contractor, and Board member must provide a full written disclosure of all direct and indirect financial interest that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated annually and as needed. After disclosure, this individual will not be permitted to participate in the conflict of interest transaction or decision.

Form 990, Part VI, Section B, Line 15 - Every year, latest being 2019, the compensation of the Executive Director and other key employees is evaluated using a market comparability salary guide provided for the size and type of the organization.

Form 990, Part VI, Section C, Line 19 - The organization makes its governing documents, conflict of interest policy, and financial statements available for public inspection upon request.



Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other programs that further the Organization's mission.	122,156	11,796	0
Total:		122,156	11,796	0

FINAL