

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2015

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

Form sections B through K: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission; 2. Check this box if discontinued; 3. Revenue (lines 8-12); 4. Expenses (lines 13-19); 5. Net Assets or Fund Balances (lines 20-22).

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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.

Signature and Preparer sections: Sign Here (Signature of officer, Date); Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FHI360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 92,967,304. including grants of \$ 12,150,949. ) (Revenue \$ 111,406,945. )

HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND LOCAL COMMUNITIES. PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE, PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS. IN ADDITION TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH ANTIRETROVIRAL THERAPY GLOBALLY.

4b (Code: ) (Expenses \$ 292,912,877. including grants of \$ 36,262,940. ) (Revenue \$ 349,310,843. )

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 BUILD CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. FHI FOUNDATION SUPPLEMENTS DONOR FUNDS, TO BE USED FOR RESEARCH AND INTERNAL DEVELOPMENT ACTIVITIES.

4c (Code: ) (Expenses \$ 102,309,353. including grants of \$ 13,295,747. ) (Revenue \$ 122,537,839. )

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 83,871,047. including grants of \$ 10,962,056. ) (Revenue \$ 100,506,487. )

4e Total program service expenses 572,060,581.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (9), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, MA, MS, NY, NC, SC,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 BLACKWHEEL STREET, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD W. WHITEHORNE CHAIR, BOARD OF DIRECTORS	2.00 9.00	X					15,870.	89,172.	0.	
(2) PAUL R DE LAY JR VICE CHAIR, BOARD OF DIRECTORS	2.00 0.	X					13,674.	0.	0.	
(3) VIVIAN LOWERY DERRYCK BOARD MEMBER	2.00 0.	X					13,920.	0.	0.	
(4) PHILIP R LOCHNER JR BOARD MEMBER	2.00 0.	X					7,776.	0.	0.	
(5) SHEILA W. MITCHELL BOARD MEMBER	2.00 0.	X					10,692.	0.	0.	
(6) MARTIN MITTAG-LENKHEYM BOARD MEMBER	2.00 0.	X					11,340.	5,172.	0.	
(7) SANDRA LYNE THURMAN BOARD MEMBER	2.00 0.	X					11,334.	0.	0.	
(8) HOLLY WISE BOARD MEMBER	2.00 0.	X					13,767.	0.	0.	
(9) HELGA YING BOARD MEMBER	2.00 0.	X					8,748.	0.	0.	
(10) WARREN SIMMONS BOARD MEMBER	2.00 0.	X					2,592.	0.	0.	
(11) DR. WILLARD CATES JR DIS STST, PRES-EMRTS (THRU 3/16)	11.00 0.			X			105,878.	0.	31,081.	
(12) PATRICK C. FINE CHIEF EXECUTIVE OFFICER	40.00 0.			X			402,300.	0.	33,152.	
(13) DEBORAH KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	40.00 0.			X			274,323.	0.	27,772.	
(14) DR. PETER R. LAMPTEY DIST SCNTST, PRES-EMERITUS	20.00 0.			X			179,013.	0.	28,311.	

**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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ROBERT R. PRICE ----- EXEC VP/ GEN COUNSEL/SECRETARY	36.00 4.00			X				286,878.	24,000.	64,228.
( 16) MANISHA BHARTI ----- CHIEF STRATEGY OFFICER	40.00 0.			X				247,592.	0.	63,105.
( 17) ROBERT SCOTT MURPHY ----- CHIEF FIN OFFICER (THRU 10/15)	40.00 0.			X				213,931.	0.	40,411.
( 18) SEAN TEMEEMI ----- CHIEF COMPLIANCE OFFICER	40.00 0.			X				221,409.	0.	42,755.
( 19) PAMELA MYERS ----- CHIEF HUMAN RESOURCE OFFICER	40.00 0.			X				230,910.	0.	44,382.
( 20) RASIKA PADMAPERUMA ----- CHIEF FIN OFFICER (BEG 10/15)	40.00 0.			X				217,827.	0.	42,691.
( 21) ANTHONY D. BONDURANT ----- DIRECTOR APRO	40.00 0.				X			257,144.	0.	29,508.
( 22) IVAN CHARNER ----- DIRECTOR NATIONAL INSTITUTES	40.00 0.				X			198,959.	0.	35,097.
( 23) HAYLEY BRYANT ----- PROJECT DIRECTOR	40.00 0.				X			309,230.	0.	24,648.
( 24) NADRA C. FRANKLIN ----- DIR SOC & ECO DEVELOPMENT	40.00 0.				X			208,786.	0.	36,172.
( 25) JOHN A. GILLIES ----- DIRECTOR GLOBAL LEARNING	40.00 0.				X			241,009.	0.	52,800.
<b>1b Sub-total</b> . . . . .								1,071,227.	94,344.	120,316.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								7,866,992.	24,000.	1,135,733.
<b>d Total (add lines 1b and 1c)</b> . . . . .								8,938,219.	118,344.	1,256,049.

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 ► 348

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 26



**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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA	40.00 0.				X			351,333.	0.	24,002.
27) LAURA C. KAYSER DEPUTY TO THE COO	40.00 0.				X			250,184.	0.	46,748.
28) TIMOTHY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	40.00 0.				X			259,136.	0.	32,091.
29) MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	40.00 0.				X			195,467.	0.	42,287.
30) PATRICK MONTESANO DIRECTOR, US PROGRAMS	40.00 0.				X			251,344.	0.	36,917.
31) LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	40.00 0.				X			196,518.	0.	30,203.
32) CHRISTIAAN JOHANNES VAN DAM DIR, PRGM SCIENCES	40.00 0.				X			209,142.	0.	36,368.
33) NZAPFURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	40.00 0.				X			209,127.	0.	6,821.
34) SUSAN VOSKUIL DIR, CONTRACT MGMT SERVICES	40.00 0.				X			150,861.	0.	24,758.
35) TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	40.00 0.				X			183,254.	0.	28,572.
36) REED RAMLOW COUNTRY DIRECTOR - VIETNAM	40.00 0.				X			220,471.	0.	29,005.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 **348**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) STEPHEN J. MILLS DIR, PROJ PORTFOLIO	40.00 0.					X		262,039.	0.	44,622.
( 38) JANET ROBINSON DIR RSCH & LAB SCI	40.00 0.					X		250,129.	0.	25,715.
( 39) MICHAEL J. WELSH DIRECTOR, ZAMBIA	40.00 0.					X		283,188.	0.	28,416.
( 40) DOUGLAS TREADWELL COUNTRY DIRECTOR	40.00 0.					X		271,279.	0.	18,680.
( 41) ELIZABETH OLIVERAS COUNTRY DIRECTOR	40.00 0.					X		399,657.	0.	22,750.
( 42) DAVID G. MEIN CHIEF ADMIN OFFICER	40.00 0.						X	250,851.	0.	44,114.
( 43) PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	40.00 0.						X	179,194.	0.	31,122.
( 44) ANGEL PADILLA DIR, CONTRACT MGMT	40.00 0.						X	141,046.	0.	19,753.
( 45) MELISSA PANAGIDES-BUSCH DIRECTOR, PROJ MGMT	40.00 0.						X	156,880.	0.	34,287.
( 46) SUSAN ZIMICKI DIR, INFECTIOUS DISEASES	40.00 0.						X	120,187.	0.	16,965.
( 47) WILLIAM O'CALLAGHAN DIR NIGERIA FIN	40.00 0.						X	227,500.	0.	21,080.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 **348**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	10,224,848.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,410,583.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			11,635,431.				
<b>Program Service Revenue</b>		<b>Business Code</b>						
	<b>2a</b> <u>AGENCY FOR INTERNATIONAL DEVELOPMENT</u> . . . . .		541700	449,588,689.	449,588,689.			
	<b>b</b> <u>OTHER U.S. GOVERNMENT</u> . . . . .		541700	76,692,138.	76,692,138.			
	<b>c</b> <u>NATIONAL INSTITUTES OF HEALTH</u> . . . . .		541700	39,288,874.	39,288,874.			
	<b>d</b> <u>DEPARTMENT OF STATE</u> . . . . .		541700	21,532,396.	21,532,396.			
	<b>e</b> <u>CENTERS FOR DISEASE CONTROL</u> . . . . .		541700	10,593,321.	10,593,321.			
	<b>f</b> All other program service revenue . . . . .			86,066,696.	86,066,696.			
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			683,762,114.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			175,546.			175,546.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			115,146.			115,146.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
				3,650,098.				
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		3,650,098.				
	<b>d</b> Net rental income or (loss) . . . . . ▶			3,650,098.			3,650,098.	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . . ▶			0.				
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b> Less: direct expenses . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>								
	<b>b</b> Less: direct expenses . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>								
	<b>b</b> Less: cost of goods sold . . . . . <b>b</b>							
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> <u>MISCELLANEOUS INCOME</u> . . . . .		900099	665,984.			665,984.		
<b>b</b> _____ . . . . .								
<b>c</b> _____ . . . . .								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			665,984.					
<b>12 Total revenue.</b> See instructions. . . . . ▶			700,004,319.	683,762,114.		4,606,774.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	72,515,237.	72,515,237.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	156,455.	156,455.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	9,518,553.	5,737,677.	3,780,876.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	95,514,733.	60,692,321.	34,822,412.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,249,440.	6,733,714.	4,515,726.	
9 Other employee benefits . . . . .	36,130,753.	21,721,747.	14,409,006.	
10 Payroll taxes . . . . .	8,171,446.	4,867,287.	3,304,159.	
11 Fees for services (non-employees):				
a Management . . . . .	166,370.	54,518.	111,852.	
b Legal . . . . .	498,072.	275,801.	222,271.	
c Accounting . . . . .	1,679,918.	322,107.	1,357,811.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	24,759,749.	19,618,476.	5,141,273.	
12 Advertising and promotion . . . . .	495,848.	356,765.	139,083.	
13 Office expenses . . . . .	24,551,461.	20,413,292.	4,138,169.	
14 Information technology . . . . .	4,113,826.	3,416,885.	696,941.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	34,894,365.	11,236,065.	23,658,300.	
17 Travel . . . . .	33,615,451.	30,033,811.	3,581,640.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	17,474,208.	16,727,507.	746,701.	
20 Interest . . . . .	339,380.		339,380.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,261,774.		2,261,774.	
23 Insurance . . . . .	1,402,595.	592,283.	810,312.	
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 <u>SUB AWARD CONTRACT PAYMENTS</u> . . . . .	148,957,779.	148,957,779.		
b <u>FIELD OFFICE EXPENSES</u> . . . . .	98,320,871.	94,967,125.	3,353,746.	
c <u>PARTICIPANT EXPENSES</u> . . . . .	30,430,463.	30,430,463.		
d <u>EQUIPMENT</u> . . . . .	10,698,234.	9,520,426.	1,177,808.	
e All other expenses . . . . .	25,380,277.	12,712,840.	12,667,437.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	693,297,258.	572,060,581.	121,236,677.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	102,686,832.	<b>1</b>	106,735,995.
	<b>2</b> Savings and temporary cash investments . . . . .	13,354,408.	<b>2</b>	13,374,350.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	5,250,000.
	<b>4</b> Accounts receivable, net . . . . .	113,646,136.	<b>4</b>	109,433,986.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,576,889.	<b>9</b>	8,445,779.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 32,492,469.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 17,512,605.	17,074,817.	<b>10c</b> 14,979,864.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,825,979.	<b>15</b>	1,204,045.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	256,165,061.	<b>16</b>	259,424,019.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	71,555,107.	<b>17</b>	72,453,515.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	94,613,368.	<b>19</b>	84,314,415.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	10,165,944.	<b>23</b>	8,689,758.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	940,385.	<b>25</b>	8,369,013.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	177,274,804.	<b>26</b>	173,826,701.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	78,890,257.	<b>27</b>	85,597,318.
	<b>28</b> Temporarily restricted net assets . . . . .	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	78,890,257.	<b>33</b>	85,597,318.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	256,165,061.	<b>34</b>	259,424,019.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	700,004,319.
2	Total expenses (must equal Part IX, column (A), line 25)	2	693,297,258.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,707,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,890,257.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,597,318.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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? .....
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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 [X] 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.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes rows (A) through (E) and a Total row.

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

Schedule A (Form 990 or 990-EZ) 2015



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,309,714.	10,883,471.	3,385,217.	7,567,149.	11,635,431.	41,780,982.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	682,823,725.	651,710,017.	649,995,605.	599,891,504.	683,762,114.	3,268,182,965.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5 . . . . .	691,133,439.	662,593,488.	653,380,822.	607,458,653.	695,397,545.	3,309,963,947.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0.
<b>c</b> Add lines 7a and 7b. . . . .						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						3,309,963,947.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6. . . . .	691,133,439.	662,593,488.	653,380,822.	607,458,653.	695,397,545.	3,309,963,947.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,475,125.	4,159,780.	4,713,216.	4,013,577.	3,940,790.	21,302,488.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	4,475,125.	4,159,780.	4,713,216.	4,013,577.	3,940,790.	21,302,488.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>ATCH 1</b> . . . . .		28,357.	-45,137.	52,063.	665,984.	701,267.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	695,608,564.	666,781,625.	658,048,901.	611,524,293.	700,004,319.	3,331,967,702.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.34 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.42 %

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.64 %
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.58 %

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
OTHER REVENUE		28,357.	-45,137.	52,063.	665,984.	701,267.
TOTALS		<u>28,357.</u>	<u>-45,137.</u>	<u>52,063.</u>	<u>665,984.</u>	<u>701,267.</u>

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



<b>Name of organization</b> FAMILY HEALTH INTERNATIONAL	<b>Employer identification number</b> 23-7413005
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 10,234,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 1,269,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 9,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

FAMILY HEALTH INTERNATIONAL

23-7413005

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Temporarily restricted 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:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) DUE TO FHI 360, (3) DEFERRED RENT, (4) SUB-TENANT SECURITY DEPOSIT, (5) SUBLEASE INCENTIVES PAYABLE, (6) SUBLEASE TERMINATION DUES, (7), (8), (9), and Total.

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 [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 700,004,319.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 693,297,258.

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.

SEE PAGE 5



**Part XIII** Supplemental Information (continued)

SCHEDULE D, 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 HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2016 AND 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B

DISREGARDED ENTITY REVENUE           \$17,529,666

SCHEDULE D, PART XII, LINE 4B

DISREGARDED ENTITY EXPENSES       \$17,529,667

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

FAMILY HEALTH INTERNATIONAL

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 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
<b>(1)</b> EAST ASIA AND THE PACIFIC	28.	496.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	63,860,148.
<b>(2)</b> EUROPE	2.	191.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	39,477,933.
<b>(3)</b> CENTRAL AMERICA/CARIBBEAN	6.	79.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	20,330,758.
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	9.	115.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	294,571,781.
<b>(5)</b> SUB-SAHARAN AFRICA	84.	2,820.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	232,533,118.
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	129.	3,701.			650,773,738.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	129.	3,701.			650,773,738.

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

Schedule F (Form 990) 2015

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	GLOBAL LEARNING	66,981.	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	GLOBAL HEALTH	62,891.	WIRE TRANSFER			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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. . . . . 1.

3 Enter total number of other organizations or entities. . . . . 1.

**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 non-cash assistance	(g) Description of non-cash 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; do not 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; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to 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).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

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.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include HELEN KELLER INTERNATIONAL, HOWARD UNIVERSITY, UNIVERSITY OF MASSACHUSETTS, UNIV OF NORTH CAROLINA AT CHAPEL HILL, CARE INC, PACT INC, ABT ASSOCIATES INC, ACCELOVANCE INC, MANAGEMENT SCIENCES FOR HEALTH INC, REGENTS OF THE UNIVERSITY OF CALIFORNIA, PATHFINDER INTERNATIONAL, and INTRAHEALTH INTERNATIONAL, INC.

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DELOITTE CONSULTING LLP 1919 N. LYNN ARLINGTON, VA 22209	06-1454513		1,546,237.				GENERAL SUPPORT
(2) UNIVERSITY OF NORTH CAROLINA 104 APRT DR #2200 CHPL HL, NC 27599-1350	56-6001393	501(C)(3)	1,434,839.				HIV/ AIDS PREVENTION
(3) INT'L FOOD POLICY RESEARCH INSTITUTE 2033 K ST NW WASHINGTON, DC 20006	52-1041632	501(C)(3)	1,416,774.				NUTRITION DEVELPMNT
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY CITY 630 W 168TH ST BOX 49 NEW YK, NY 10032	13-5598093	501(C)(3)	1,416,457.				GENERAL SUPPORT
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GLMN DR MC 0009 LA JOLLA, CA 92093	95-6006144	GOVERNMENT	1,402,580.				GENERAL SUPPORT
(6) HEALTH & DEVELOPMENT INTERNATIONAL 318 SETH PLACE ROCKVILLE, MD 20850	30-0207842	501(C)(3)	1,383,227.				GENERAL SUPPORT
(7) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	501(C)(3)	986,466.				GENERAL SUPPORT
(8) JOHNS HOPKINS UNIVERSITY 1809 ASLD AVE DRG HL #203 BLTM, MD 21205	52-0595110	501(C)(3)	949,315.				GENERAL SUPPORT
(9) REGENTS UNIV OF CALIFORNIA UCLA ADMIN 1125 MRPY HL 405 HLGD AVE LA, CA 90095	95-6006143	GOVERNMENT	940,699.				HIV RELATED RESEARCH
(10) INT'L CITY COUNTY MANAGEMENT ASSOCIATION 777 N CPTL ST NE #500 WTN, DC 20002	36-2167755	501(C)(3)	911,099.				GENERAL SUPPORT
(11) PURDUE UNIVERSITY HVD HL 610 PRDE ML W LFYT, IN 47907	35-6002041	501(C)(3)	865,114.				GENERAL SUPPORT
(12) CATHOLIC RELIEF SERVICES USCCB 228 W LXNGTN ST BALTIMORE, MD 21201-3443	13-5563422	501(C)(3)	784,163.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TRUSTEES OF TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	711,920.				GENERAL SUPPORT
<b>(2)</b> MENNONITE ECONOMIC DEVELOPMENT 1891 SB DR #201 LANCASTER, PA 17601-4106	23-7398678	501(C)(3)	697,945.				GENERAL SUPPORT
<b>(3)</b> SAVE THE CHILDREN 501 KNG HWY E #400 FRFLD, CT 06825	06-0726487	501(C)(3)	543,669.				HIV/ AIDS PREVENTION
<b>(4)</b> AMERICAN INSTITUTES FOR RESEARCH PO BOX 28126 NEW YORK, NY 10087-8126	25-0965219	501(C)(3)	500,812.				GENERAL SUPPORT
<b>(5)</b> GRAMEEN FOUNDATION USA 1101 15TH ST NW 3RD FL WSHNGTN, DC 20005	73-1502797	501(C)(3)	492,858.				INTERNATIONAL ECONOMIC DEVELOPMENT
<b>(6)</b> AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DR LOS ANGELES, CA 90005	95-3842506	501(C)(3)	489,767.				GENERAL SUPPORT
<b>(7)</b> INTERNATIONAL RESEARCH & EXCHANGE BOARD 1275 K ST NW #600 WSHNGTN, DC 20005	22-3087809	501(C)(3)	469,736.				GENERAL SUPPORT
<b>(8)</b> BALL STATE UNIVERSITY 2000 W UNIV AVE MUNCIE, IN 47306-0750	35-6024566	501(C)(3)	456,423.				GENERAL SUPPORT
<b>(9)</b> FSG INC 123 MISSION ST 8TH F SAN FRAN, CA 94105	20-2776974	501(C)(3)	445,210.				MANAGEMENT & TECHNICAL ASSISTANCE
<b>(10)</b> ROUGHRIDER EDUCATION SERVICES PROGRAM 1173 3RD AVE W #6 DCKINSN, ND 58601	27-0230307	GOVERNMENT	441,638.				GENERAL SUPPORT
<b>(11)</b> SSG ADVISORS LLC 1 MILL STREET #201 BURLINGTON, VT 05401	27-1226648		437,064.				GENERAL SUPPORT
<b>(12)</b> CHILDFUND INTERNATIONAL 2821 EMERYWOOD PKWY RICHMOND, VA 23294	54-0536100	501(C)(3)	417,834.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> PH SCIENCE HOLDINGS INC 15022 35TH AVE W, # F LYNNWOOD, WA 98087	91-2181922	501(C)(3)	417,053.				COMMUNITY HEALTH SYSTEMS
<b>(2)</b> MID-DAKOTA EDUCATION 215 2ND STREET SE MINOT, ND 58701	45-6001841	GOVERNMENT	416,587.				GENERAL SUPPORT
<b>(3)</b> NORTHEAST EDUCATION SERVICES 205 16TH ST NW DEVILS LK, ND 58301	45-6001342	GOVERNMENT	413,500.				GENERAL SUPPORT
<b>(4)</b> RED RIVER VALLEY EDUCATION 2400 47TH AVE S GRND FRKS, ND 58106-6000	45-0333456	501(C)(3)	411,339.				GENERAL SUPPORT
<b>(5)</b> BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BRKLINE AVE #BR-109 BOSTON, MA 02215	04-2103881	501(C)(3)	394,855.				GENERAL SUPPORT
<b>(6)</b> EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501(C)(3)	371,728.				GENERAL SUPPORT
<b>(7)</b> INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	371,004.				INTERNTNL DVLPMT RELIEF SERVICES
<b>(8)</b> SOUTH EAST EDUCATION COOPERATIVE 1305 9TH AVE S NRTH FRGO, ND 58103	45-6000294	GOVERNMENT	367,098.				EDUCATNL DEVELOPMENT
<b>(9)</b> GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN, VA 20147	53-0196584	501(C)(3)	401,443.				GENERAL SUPPORT
<b>(10)</b> EQUAL ACCESS INTERNATIONAL 271 ASTN ST SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	333,089.				GENERAL SUPPORT
<b>(11)</b> INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	331,696.				GENERAL SUPPORT
<b>(12)</b> TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WLNT ST #P221 FRKN BG PHL, PA 19101	23-1352685	501(C)(3)	328,910.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935	66-0427034	GOVERNMENT	322,938.				GENERAL SUPPORT
(2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138	04-2103580	501(C)(3)	318,757.				GENERAL SUPPORT
(3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104	99-9999999	GOVERNMENT	315,693.				GENERAL SUPPORT
(4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203	35-2528741	501(C)(3)	313,321.				SOCIO-ECONOMIC DEVELOPMENT
(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887	04-2312909	501(C)(3)	311,775.				GENERAL SUPPORT
(6) TECHNOSEERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036	13-2626135	501(C)(3)	309,576.				GENERAL SUPPORT
(7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	06-1759315	GOVERNMENT	303,642.				GENERAL SUPPORT
(8) SCHOOL TO SCHOOL INTERNATIONAL 200 SAN MARLO WY #3 PACIFICA H, CA 94044	02-0600889	501(C)(3)	297,558.				EDUCATNL DEVELOPMENT
(9) PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	278,319.				INTERNTNL DVLMTN RELIEF SERVICES
(10) EDUCATION FOR EMPLOYMENT 1612 K ST NW # 800 WASHINGTON, DC 20006	82-0578781	501(C)(3)	267,276.				INTERNTNL DVLMTN RELIEF SERVICES
(11) WASHINGTON UNIVERSITY WUSL 700 ROSEDALE AVE ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	261,955.				HIV/ AIDS PREVENTION
(12) FORUM ONE COMMUNICATIONS CORP 15954 JKSN CK PKWY #B374 MNMNT, CO 80132	94-3261569		258,183.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PUBLIC INTER LAW AND POLICY GROUP 888 16TH ST NW #831 WASHINGTON, DC 20006	04-3309296	501(C)(3)	247,830.				GENERAL SUPPORT
(2) MCCANN GLOBAL HEALTH 13801 FNB PARKWAY OMAHA, NE 68154	13-1938691		245,250.				GENERAL SUPPORT
(3) PUBLIC HLTH FOUNDATION ENTERPRISES, INC. 12801 CRDS PWY S #200 INDUSTRY, CA 91746	95-2557063	501(C)(3)	240,182.				PUBLIC HLTH PROGRAM
(4) WINROCK INTERNATIONAL 2101 RIVERFRONT DR LITTLE ROCK, AR 72202	71-0603560	501(C)(3)	237,184.				GENERAL SUPPORT
(5) EDUCA VISION INC 7550 NW 47 AVE COCONUT CREEK, FL 33073	59-3269650		231,622.				GENERAL SUPPORT
(6) AVAC 423 W 127TH ST 4TH FL NEW YORK, NY 10027	94-3240841	501(C)(3)	230,224.				GENERAL SUPPORT
(7) CONTINUUM LLC 1220 WASHINGTON ST WEST NEWTON, MA 02465	27-3892653		226,700.				GENERAL SUPPORT
(8) CENTER FOR INTL PRIVATE ENTERPRISES 1211 CT AVE NW #700 WASHINGTON, DC 20036	52-1398742	501(C)(3)	218,576.				GENERAL SUPPORT
(9) WORLD LEARNING 1015 15TH ST NW 7TH F WSHNGTN, DC 20005	03-0179592	501(C)(3)	208,112.				INTERNTNL DVLPMT RELIEF SERVICES
(10) FREEDOM FROM HUNGER 1644 DA VINCI COURT DAVIS, CA 95618	95-1647835	501(C)(3)	205,883.				GENERAL SUPPORT
(11) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LXNGTN AVE 9TH F NEW YORK, NY 10022	13-1623978	501(C)(3)	202,666.				GENERAL SUPPORT
(12) UN DEVELOPMENT PROGRAMME HEALTH & HIV 304 EAST 45TH STREET NEW YORK, NY 10017	58-2368165	501(C)(3)	199,974.				HIV/ AIDS PREVENTION

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AWHERE INC 4891 INDPDNE ST #275 WHT RIDGE, CO 80033	75-2811990		198,162.				GENERAL SUPPORT
(2) PATH 2201 WESTLAKE AVE #200 SEATTLE, WA 98107	91-1157127	501(C)(3)	197,148.				GENERAL SUPPORT
(3) WORLDREADER.ORG 40 RINGOLD SAN FRANCISCO, CA 94103	27-2092468	501(C)(3)	196,417.				GENERAL SUPPORT
(4) NORTH CENTRAL EDU. COOPERATIVE 105 SMRL BLVD DKTA CLG BTTNEAU, ND 58318	45-6000140	GOVERNMENT	195,612.				GENERAL SUPPORT
(5) UNIVERSITY OF ALABAMA AT BIRMINGHAM 703 19TH ST S ZRB 242 BMNGHM, AL 35294	63-0649108	501(C)(3)	189,221.				GENERAL SUPPORT
(6) RTI INTINTERNATIONAL P.O.BOX 900002 RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	181,977.				GENERAL SUPPORT
(7) OPEN REVOLUTION LLC 1150 CT AVE NW #1025 WSHNTN, DC 20036	27-0541509		181,818.				GENERAL SUPPORT
(8) JSI RESEARCH AND TRAINING INSTITUTE INC 1616 FT MYER DR 11TH F ARLNGTN, VA 22209	04-2679824	501(C)(3)	173,547.				GENERAL SUPPORT
(9) HAGER SHARP INC 1030 15TH ST NW #600E WSHNGTN, DC 20005	52-0983278		166,644.				GENERAL SUPPORT
(10) UNIV. OF NEBRASKA MEDICAL CTR. S 42ND ST&EML ST BX 985100 OMH, NE 68198	47-0785575	501(C)(3)	154,923.				GENERAL SUPPORT
(11) YALE UNIVERSITY P.O. BOX 208260 NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	150,686.				GENERAL SUPPORT
(12) 522 PRODUCTIONS LLC 711 KING ST, 2ND FL ALEXANDRIA, VA 22314	20-0564214		150,033.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GFK CUSTOMS RESEARCH LLC 75 NINTH AVE, 5TH FL NEW YORK, NY 10011	36-2948619		145,184.				GENERAL SUPPORT
(2) PANAGORA GROUP LLC 3209 MCCOMAS AVENUE KENSINGTON, MD 20895	27-4148413		144,352.				GENERAL SUPPORT
(3) COLUMBIA UNIVERSITY 600 W 168TH ST 6TH F NEW YK, NY 10032	13-5598093	501(C)(3)	129,642.				GENERAL SUPPORT
(4) GEORGIA TECH RESEARCH CORPORATION 505 10TH ST NW STE 300 ATLANTA, GA 30332	58-0603146	501(C)(3)	129,065.				GENERAL SUPPORT
(5) GEORGIA STATE UNIVERSITY RESEARCH FDN INC P O BOX 3999 ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	125,454.				SOCIO-ECONOMIC DEVELOPMENT
(6) REBOOT DESIGN, LLC 45 E 20TH ST 5TH F NEW YK, NY 10003	27-3684870		122,177.				GENERAL SUPPORT
(7) EDUCATION DEVELOPMENT CTR INC 43 FOUNDRY AVENUE WALTHAM, MA 02453	04-2241718	501(C)(3)	121,990.				GENERAL SUPPORT
(8) PANGAEA GLOBAL AIDS 436 14TH STREET, # 920 OAKLAND, CA 94612	91-2167423	501(C)(3)	120,864.				GENERAL SUPPORT
(9) ORBIS BIOSCIENCES, INC. 8006 REEDER ST. LENEXA, KS 66214	26-2360301		118,587.				GENERAL SUPPORT
(10) PPD DEVELOPMENT LLC 2244 DABNEY ROAD RICHMOND, VA 23230	74-2325267		115,452.				GENERAL SUPPORT
(11) THE RESEARCH FOUNDATION FOR STATE OF NY 1400 WSHNTN AVE MSC 312 ALBANY, NY 12222	14-1368361	501(C)(3)	110,448.				GENERAL SUPPORT
(12) MCMAHON CONSULTING GROUP, LLC 5 MELVIN AVE CATONSVILLE, MD 21228	27-2953125		105,680.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include VARELA CONSULTING LLC, ICNL, REGENTS OF THE UNIV OF CALIFORNIA, UNIVERSITY OF OREGON, FHI SOLUTIONS LLC, MEDIC MOBILE INC, THE SEEP NETWORK, WORLDCHICAGO, MISSOURI RIVER EDUCATIONAL COOPERATIVE, CARDLOGIX, WORLD AFFAIRS COUNCIL OF OREGON, DREXEL UNIVERSITY.

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WATER AID AMERICA INC 315 MDSN AVE #2301 NEW YK, NY 10017	30-0181674	501(C)(3)	82,230.				GENERAL SUPPORT
(2) THE UNIVERSITY OF TENNESSEE CHATTANOOGA 615 MCCLLE AVE DPT 4905 CTNGA, TN 37403	62-6001636	GOVERNMENT	80,659.				GENERAL SUPPORT
(3) ALAN NEWMAN RESEARCH 1025 BLDRS PWY #401 RCHMD, VA 23225	54-1090609		80,529.				GENERAL SUPPORT
(4) ENCLUDE LTD 1220 19TH ST NW #200 WSTN, DC 20036	36-3556389		80,085.				SOCIO-ECONOMIC DEVELOPMENT
(5) SAFE SPACE NYC INC 89-74 162ND ST 5TH F JAMAICA, NY 11432	11-1711014	501(C)(3)	79,653.				GENERAL SUPPORT
(6) GEORGETOWN UNIVERSITY 37TH & O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	74,604.				GENERAL SUPPORT
(7) MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA, CO 81428	52-1659722	501(C)(3)	73,201.				GENERAL SUPPORT
(8) MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR #4000 RICHMOND, VA 23233	94-2640465		70,654.				GENERAL SUPPORT
(9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036	52-1215041	501(C)(3)	69,756.				GENERAL SUPPORT
(10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607	94-1646278	501(C)(3)	68,796.				GENERAL SUPPORT
(11) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	68,570.				GENERAL SUPPORT
(12) AFRICARE 440 R ST NW WASHINGTON, DC 20001	23-7116952	501(C)(3)	67,471.				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2015)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BNCF ST L106OPAM PRTLD, OR 97239	93-1176109	GOVERNMENT	66,559.				GENERAL SUPPORT
<b>(2)</b> PACER CENTER 8161 NORMANDALE BLVD MPLS, MN 55437	41-1306304	501(C)(3)	63,026.				GENERAL SUPPORT
<b>(3)</b> THE CENTER FOR VICTIMS OF TORTURE 649 DAYTON AVE ST. PAUL, MN 55104-6631	36-3383933	501(C)(3)	61,696.				GENERAL SUPPORT
<b>(4)</b> THE HANNON GROUP LLC 10002 EDGWTR TRCE #100 FT WSTN, MD 20744	32-0044001		59,896.				GENERAL SUPPORT
<b>(5)</b> WORLD COUNCIL OF CREDIT UNIONS 5710 MNRL PNT RD MADISON, WI 53705-4493	39-1143339	501(C)(3)	57,565.				GENERAL SUPPORT
<b>(6)</b> MEMOTEXT LLC 4416 E W HWY 4TH F BETHESDA, MD 20814	46-0521076		57,351.				GENERAL SUPPORT
<b>(7)</b> UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER UCT 1006 C 7000 FANNIN HOUSTON, TX 77030	74-1761309	GOVERNMENT	55,807.				GENERAL SUPPORT
<b>(8)</b> NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	52,832.				GENERAL SUPPORT
<b>(9)</b> CHILD TRENDS 7315 WSCS AVE 1200W BTHDA, MD 20814	13-2982969	501(C)(3)	52,415.				GENERAL SUPPORT
<b>(10)</b> PATWELL PHARMACEUTICAL SOLUTIONS LLC 555 FOX CHASE #102 COATESVILLE, PA 19320	74-3086179		49,916.				GENERAL SUPPORT
<b>(11)</b> EMORY UNIVERSITY OFF. OF SPONS PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	49,359.				GENERAL SUPPORT
<b>(12)</b> REGENTS OF THE UNIVERSITY OF MICHIGAN 5000 WOLVERINE TOWER ANN ARBOR, MI 48109	38-6006309	GOVERNMENT	49,198.				NUTRITION DEVELOPMNT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2015

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Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include NORTH DAKOTA INFORMATION, SALAM PEACE AND JUSTICE INSTITUTE, RESEARCH FOUNDATION FOR MENTAL HYGIENE INC, MAKING CENTS INTERNATIONAL, POPULATION SERVICES INTERNATIONAL PSI, SPORTS AND ARTS IN SCHOOLS FOUNDATION, JOHNS HOPKINS UNIV SCHOOL OF MEDICINE, SEATTLE CHILDRENS HOSPITAL, AVENIR HEALTH INC, ROTARY INTERNATIONAL, PARTICLE SCIENCES INC, INSTITUTE FOR CLINICAL RESEARCH INC.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2015

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Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include PERIGEE LABS INC, FENWAY COMMUNITY HEALTH CENTER, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRETEK SOLUTIONS LLC 8318 FORREST ST ELLICOTT CITY, MD 21043	52-2282998		24,455.				GENERAL SUPPORT
(2) GRETCHEN SWANSON CENTER FOR NUTRITION 8401 W DGE RD #100 OMAHA, NE 68114	27-4313546	501(C)(3)	24,320.				GENERAL SUPPORT
(3) MEBS GLOBAL REACH, LC 14930 BOGLE DR CHANTILLY, VA 20151	20-4529940		22,943.				GENERAL SUPPORT
(4) PPD GLOBAL CENTRAL LABS, LLC 929 NORTH FRONT ST WILMINGTON, NC 28401	45-3806478		22,851.				GENERAL SUPPORT
(5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMRCS 6TH FL NEW YK, NY 10013	02-0590588	501(C)(3)	22,830.				GENERAL SUPPORT
(6) LINC LLC 667 F STREET NE WASHINGTON, DC 20002	46-2573007		22,139.				GENERAL SUPPORT
(7) THE BRIGHAM AND WOMANS HOSPITAL INC 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2312909	501(C)(3)	21,481.				GENERAL SUPPORT
(8) IDEXX DISTRIBUTION INC ONE IDEXX DRIVE WESTBROOK, ME 04092	35-2186625		21,395.				GENERAL SUPPORT
(9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL #310 BALTIMORE, MD 21202-4012	52-0595110	501(C)(3)	21,221.				GENERAL SUPPORT
(10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468	13-1988190	501(C)(3)	20,630.				GENERAL SUPPORT
(11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324	16-1587281		20,098.				GENERAL SUPPORT
(12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615	45-2488264		20,000.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF MINNESOTA 200 OAK ST SE #450 MPLS, MN 55455-2070	41-6007513	GOVERNMENT	19,426.				GENERAL SUPPORT
<b>(2)</b> DUKE UNIVERSITY P O BOX 602651 CHARLOTTE, NC 28260-2651	56-0529965	501(C)(3)	16,401.				GENERAL SUPPORT
<b>(3)</b> CAYEN SYSTEMS LLC 7100 W CTR ST MILWAUKEE, WI 53210	39-1934552		16,334.				GENERAL SUPPORT
<b>(4)</b> THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-1145986	501(C)(3)	15,778.				GENERAL SUPPORT
<b>(5)</b> TEQUIPMENT NET 205 WESTWOOD AVE LONG BRANCH, NJ 07740	20-2111443		15,286.				GENERAL SUPPORT
<b>(6)</b> PEOPLE HEALTH FOUNDATION INC 255 CARTER HALL LN MILLWD, VA 22645-0255	53-0242962	501(C)(3)	15,184.				GENERAL SUPPORT
<b>(7)</b> EVERGREEN EVALUATION AND CONSULTING INC 16 BRADLEY BOW RD JERICHO, VT 05465-3136	45-3846065		15,000.				GENERAL SUPPORT
<b>(8)</b> SMITHGEIGER LLC 31365 OAK CRT DR #150 WLK VLLG, CA 91361	77-0570777		15,000.				GENERAL SUPPORT
<b>(9)</b> AKROS INC BOX 457 LARAMIE, WY 82073	26-3668995		14,849.				GENERAL SUPPORT
<b>(10)</b> CHARLES R DREW UNV OF MED AND SCI 1731 E 120 ST LOS ANGELES, CA 90059-3051	95-6151774	501(C)(3)	14,121.				GENERAL SUPPORT
<b>(11)</b> PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	12,877.				GENERAL SUPPORT
<b>(12)</b> VILLAGE ENTERPRISE 751 LREL ST PMB 222 SAN CARLOS, CA 94070	22-2852248		12,787.				GENERAL SUPPORT

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

**3** Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE WILLIAM DAVIDSON INSTITUTE 724 E UNIV AVE ANN ARBOR, MI 48109-1234	38-3048086	501(C)(3)	11,647.				GENERAL SUPPORT
<b>(2)</b> VOICES FOR HEALTH, INC. 2851 MICH ST NE #104 GR, MI 49506	38-3543238		11,151.				GENERAL SUPPORT
<b>(3)</b> JUAREZ AND ASSOCIATES INC 12139 NTNL BLVD LOS ANGELES, CA 90064	95-2750512		11,118.				GENERAL SUPPORT
<b>(4)</b> GEOTECH ENVIRONMENTAL EQUIPMENT INC 2650 E. 40TH AVE DENVER, CO 80205	84-0753199		10,362.				GENERAL SUPPORT
<b>(5)</b> TECHNOLOGY INTEGRATION GROUP 7810 TRADE ST SAN DIEGO, CA 92121	95-3825596		10,251.				GENERAL SUPPORT
<b>(6)</b> RESTLESS DEVELOPMENT USA INC 227 W 17TH ST, 3RD FL NEW YORK, NY 10011	04-3561445	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(7)</b> DICAPTA 900 FX VLLY DR #204 LNGWD, FL 32779	20-2109501		9,690.				GENERAL SUPPORT
<b>(8)</b> BYRAM LABORATORIES INC 1 COLUMBIA RD BRANCHBURG, NJ 08876	22-2741042		9,405.				GENERAL SUPPORT
<b>(9)</b> ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MRS PK AVE BLFR #1108 BRX, NY 10461	47-2209056	501(C)(3)	8,000.				GENERAL SUPPORT
<b>(10)</b> UNIVERSITY OF ILLINOIS 1737 W PK ST 304 AOB #672 CHI, IL 60612	37-6000511	501(C)(3)	6,027.				GENERAL SUPPORT
<b>(11)</b> MERCY CORPS 45 ANKENY ST. PORTLAND, OR 97204	91-1148123	501(C)(3)	5,459.				GENERAL SUPPORT
<b>(12)</b> MICHIGAN STATE UNIVERSITY CONTRACT & GRA 426 AUDITORIUM RD #2 E LNSNG, MI 48824	23-7326030	GOVERNMENT	5,053.				NUTRITION DEVELOPMNT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 140.

**3** Enter total number of other organizations listed in the line 1 table ▶ 52.

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE US

FHI360 REQUIRES GRANTEES WITH MORE THAN \$500,000 IN FEDERAL FUNDING

SUBMIT AN A-133 REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS OF

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

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I Questions Regarding Compensation

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

- First-class or charter travel, Travel for companions, Tax indemnification 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

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

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

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

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

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

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

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

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2015



**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 C. FINE CHIEF EXECUTIVE OFFICER	(i)	390,000.	0.	12,300.	31,800.	1,352.	435,452.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	DEBORAH KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	(i)	271,923.	0.	2,400.	26,744.	1,028.	302,095.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	DR. PETER R. LAMPTEY DIST SCNTST, PRES-EMERITUS	(i)	173,612.	0.	5,401.	21,434.	6,877.	207,324.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	ROBERT R. PRICE EXEC VP/ GEN COUNSEL/SECRETARY	(i)	281,878.	0.	5,000.	49,300.	14,928.	351,106.	0.
		(ii)	0.	0.	24,000.	0.	0.	24,000.	0.
5	MANISHA BHARTI CHIEF STRATEGY OFFICER	(i)	247,592.	0.	0.	46,711.	16,394.	310,697.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	ROBERT SCOTT MURPHY CHIEF FIN OFFICER(THRU 10/15)	(i)	213,931.	0.	0.	25,672.	14,739.	254,342.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	215,250.	0.	6,159.	26,430.	16,325.	264,164.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	(i)	225,910.	0.	5,000.	27,709.	16,673.	275,292.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	DAVID G. MEIN CHIEF ADMIN OFFICER	(i)	213,200.	0.	37,651.	40,547.	3,567.	294,965.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	ANTHONY D. BONDURANT DIRECTOR APRO	(i)	195,818.	950.	60,376.	23,498.	6,010.	286,652.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	(i)	165,428.	0.	13,766.	19,851.	11,271.	210,316.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	(i)	198,759.	0.	200.	23,851.	11,246.	234,056.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	HAYLEY BRYANT PROJECT DIRECTOR	(i)	142,699.	0.	166,531.	17,124.	7,524.	333,878.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	(i)	207,531.	0.	1,255.	24,904.	11,268.	244,958.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	JOHN A. GILLIES DIRECTOR GLOBAL LEARNING	(i)	237,219.	0.	3,790.	45,903.	6,897.	293,809.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA	(i)	170,549.	0.	180,784.	20,466.	3,536.	375,335.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 LAURA C. KAYSER DEPUTY TO THE COO	(i)	246,376.	0.	3,808.	30,022.	16,726.	296,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TIMOTHY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	(i)	254,382.	0.	4,754.	31,097.	994.	291,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	(i)	193,067.	0.	2,400.	41,456.	831.	237,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PATRICK MONTESANO DIRECTOR, US PROGRAMS	(i)	247,447.	0.	3,897.	30,159.	6,758.	288,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	(i)	192,572.	0.	3,946.	23,582.	6,621.	226,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ANGEL PADILLA DIR, CONTRACT MGMT	(i)	125,816.	0.	15,230.	15,339.	4,414.	160,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RASIKA PADMAPERUMA CHIEF FIN OFFICER(BEG 10/15)	(i)	210,596.	0.	7,231.	26,139.	16,552.	260,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MELISSA PANAGIDES-BUSCH DIRECTOR, PROJ MGMT	(i)	148,807.	0.	8,073.	18,037.	16,250.	191,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CHRISTIAAN JOHANNES VAN DIR, PRGM SCIENCES	(i)	209,142.	0.	0.	25,097.	11,271.	245,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SUSAN ZIMICKI DIR, INFECTIOUS DISEASES	(i)	107,842.	0.	12,345.	13,103.	3,862.	137,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 NZAPFURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	(i)	207,742.	0.	1,385.	0.	6,821.	215,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SUSAN VOSKUIL DIR, CONTRACT MGMT SERVICES	(i)	146,289.	0.	4,572.	18,098.	6,660.	175,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	(i)	181,869.	0.	1,385.	21,991.	6,581.	211,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 REED RAMLOW COUNTRY DIRECTOR - VIETNAM	(i)	133,014.	10,000.	77,457.	22,672.	6,333.	249,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 STEPHEN J. MILLS DIR, PROJ PORTFOLIO	(i)	176,349.	1,500.	84,190.	38,662.	5,960.	306,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 WILLIAM O'CALLAGHAN DIR NIGERIA FIN	(i)	125,616.	0.	101,884.	15,404.	5,676.	248,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 GITA PILLAI DIRECTOR INDIA	(i)	115,830.	0.	98,700.	14,128.	532.	229,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JANET ROBINSON DIR RSCH & LAB SCI	(i)	184,018.	650.	65,461.	22,145.	3,570.	275,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL J. WELSH DIRECTOR, ZAMBIA	(i)	191,909.	0.	91,279.	20,767.	7,649.	311,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DOUGLAS TREADWELL COUNTRY DIRECTOR	(i)	147,903.	0.	123,376.	18,012.	668.	289,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ELIZABETH OLIVERAS COUNTRY DIRECTOR	(i)	127,219.	0.	272,438.	15,266.	7,484.	422,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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.

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.

SCHEDULE J, PART I, LINE 3

FHI 360'S AUDIT 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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS WERE MADE DURING THE CALENDAR YEAR 2015 TO THE FOLLOWING:

DAVID G. MEIN: \$61,500

SUSAN ZIMICKI: \$63,657

PAUL LESLIE BUNDICK: \$48,082

MELISSA PANAGIDES-BUSCH: \$35,771

**Part III Supplemental Information**

Complete this part to 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.

WILLIAM O'CALLAGHAN: \$24,157

GITA PILLAI: \$16,896

SCHEDULE J, PART I, LINE 4B

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

ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

## ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1

FHI360 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.

## OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL  
PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE.  
GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY  
CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES  
GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING  
NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE  
PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP  
IN DEVELOPING COUNTRIES THROUGH MICRO-ENTERPRISE AND MICRO-FINANCE  
PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS.

EXPENSES \$55,218,704

GRANTS \$7,217,157

REVENUES \$66,171,082

REPRODUCTIVE HEALTH - FHI360'S EXPERTS SUPPORT MATERNAL AND CHILD HEALTH,  
INCREASE ACCESS TO HIGH-QUALITY REPRODUCTIVE HEALTH CARE FOR MEN AND

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

WOMEN AND EVALUATE HEALTH OUTCOMES OF PROGRAMS. FHI360 HAS WORKED FOR MORE THAN THIRTY YEARS TO IMPROVE THE AVAILABILITY, SAFETY, AND ACCEPTANCE AND USE OF MODERN CONTRACEPTIVE METHODS TO IMPROVE MATERNAL AND CHILD HEALTH, AND TO PREVENT SEXUALLY-TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS, WORKING WITH LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN MORE THAN 70 COUNTRIES AROUND THE WORLD.

EXPENSES \$28,652,343

GRANTS \$3,744,899

REVENUES \$34,335,405

NAME OF FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

AFGHANISTAN

BANGLADESH

BOTSWANA

MYANMAR

BURUNDI

CHINA

DEMOCRATIC REPUBLIC OF THE CONGO

DOMINICAN REPUBLIC

EQUATORIAL GUINEA

ETHIOPIA

DJIBOUTI

GHANA

GUATEMALA

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

GUINEA

INDIA

INDONESIA

IRAQ

CÔTE D'IVOIRE

JORDAN

KENYA

KYRGYZSTAN

LAO PEOPLE'S DEMOCRATIC REPUBLIC (LAOS)

LIBERIA

MALAWI

MOZAMBIQUE

NAMIBIA

NEPAL

NIGERIA

PAKISTAN

PAPUA NEW GUINEA

PERU

PHILIPPINES

RWANDA

SENEGAL

SIERRA LEONE

VIETNAM

SOUTH AFRICA

ZIMBABWE



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

SOUTH SUDAN

SWAZILAND

THAILAND

UGANDA

EGYPT

UNITED REPUBLIC OF TANZANIA

BURKINA FASO

ZAMBIA

KOSOVO

MATERIAL DIFFERENCES IN VOTING RIGHTS

FORM 990, PART VI, LINE 1A

AN EXECUTIVE COMMITTEE CONSISTING OF SIX MEMBERS, OF WHICH FIVE ARE VOTING MEMBERS, EXERCISES BOARD AUTHORITY BETWEEN QUARTERLY MEETINGS OF THE BOARD.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO

REVIEW 990

FORM 990, PART VI, LINE 11B

FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. AFTER A FINAL REVIEW BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND CHIEF EXECUTIVE OFFICER, FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH MEMBER OF THE BOARD OF DIRECTORS. AFTER BOARD'S APPROVAL IS OBTAINED, FORM 990 IS SUBMITTED TO THE IRS.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS  
OF INTEREST

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTEREST", ADOPTED BY THE  
RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD MEMBER  
AND TO EACH OF THE ORGANIZATION'S EMPLOYEES. A DISCLOSURE FORM IS  
COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY  
EMPLOYEE AT THE INITIATION OF EMPLOYMENT. STATEMENTS COMPLETED BY BOARD  
MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CHAIR'S STATEMENT IS  
FILED WITH THE VICE CHAIR OF THE BOARD. STATEMENTS BY US EMPLOYEES ARE  
FILED WITH THE HUMAN RESOURCES DEPARTMENT. STATEMENTS BY NON-US BASED  
EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE.

THE POLICY REQUIRES DISCLOSURE ON AN ONGOING BASIS OF ANY CONFLICTS AS  
THEY ARISE. ADDITIONALLY, IN JULY OF 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.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS

BEGAN

FORM 990, PART VI, LINES 15A & 15B

THE ORGANIZATION'S BYLAWS, WHICH ESTABLISH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AND THE CHARTER OF THE AUDIT COMMITTEE, PROVIDE THAT THE AUDIT 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) CONSIDER 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.

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

FORM 990, PART VI, LINE 19

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

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI 360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILBLE UPON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ERNST & YOUNG LLP PO BOX 933514 ATLANTA, GA 31193	AUDIT SERVICE	1,629,618.
ARAMARK SERVICES 11800 STATESVILLE ROAD HUNTERSVILLE, NC 28078	FACILITIES MGMT SVCS	1,453,203.
PAX MONDIAL LLC 1655 N. FORT MYER DRIVE, SUITE 1100 ARLINGTON, VA 22209	SECURITY SERVICES	652,985.
MODALITY SOLUTIONS LLC 1238 MOSSY OAK DR. LEAGUE CITY, TX 77573	BUSINESS SERVICES	366,207.
KRM5GROUP, LLC 4271 CHELSON LANE LAKE RIDGE, VA 22192	CNSLT-DELTEK/CSTPNT	311,938.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 45-2462813 359 BLACKWELL STREET, # 200 DURHAM, NC 27701	NUTRITION	NC	17,529,666.	26,969,709.	FHI
(2)					
(3)					
(4)					
(5)					
(6)					

**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 56-1719871 359 BLACKWELL STREET, # 200 DURHAM, NC 27701	SUPPRT FHI360	NC	501(C)(3)	11A	FHI	X	
(2) FHI DISASTER RELIEF FUND 45-3735754 359 BLACKWELL STREET, # 200 DURHAM, NC 27701	DISAST RELIEF	NC	501(C)(3)	7	FHI	X	
(3) ACHIEVING HEALTH NIGERIA INITIATIVE GODAB PLAZA, AREA 3 GARKI ABUJA, NI	LOCAL HEALTH	NI	N/A	N/A	FHI	X	
(4) GOLD STAR KENYA 12 RLPB BNCH RD,KGRA MSNTS #17 NAIROBI, KE 19535-00202	LOCAL HEALTH	KE	N/A	N/A	FHI	X	
(5) FH INDIA H-5, GROUND FL, GREEN PARK EXT NEW DELHI, DELHI IN 110016	LOCAL HEALTH	IN	N/A	N/A	FHI	X	
(6)							
(7)							

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FHI 360 CMMNTY CSLTG SVC(INDIA) PVT LTD H-5, GROUND FL, GREEN PARK EXT NEW DELHI, DELHI IN 110016	LOCAL HEALTH	IN	N/A	N/A	47.	395.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION	C	10,224,848.	CASH DONATION
(2) ACHIEVING HEALTH NIGERIA INITIATIVE	M	3,116,700.	FMV
(3) GOLD STAR KENYA	M	211,000.	FMV
(4)			
(5)			
(6)			

**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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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