

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the **2016** calendar year, or tax year beginning **10/01, 2016**, and ending **09/30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY HEALTH INTERNATIONAL			D Employer identification number 23-7413005		
	Doing Business As FHI360			E Telephone number (919) 544-7040		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 359 BLACKWELL STREET 200					
	City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701					
F Name and address of principal officer: MR. PATRICK C. FINE 359 BLACKWELL STREET, STE 200, DURHAM, NC 27701			G Gross receipts \$ 767,992,891.			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: ▶ FHI360.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1973 M State of legal domicile: NC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1,427.
	6 Total number of volunteers (estimate if necessary)	6	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,635,431.	751,826,554.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	683,762,114.	13,070,115.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	175,546.	218,158.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,431,228.	2,861,734.
		700,004,319.	767,976,561.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,671,692.	212,122,827.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	160,584,925.	160,262,217.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	460,040,641.	391,440,978.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	693,297,258.	763,826,022.	
19 Revenue less expenses. Subtract line 18 from line 12	6,707,061.	4,150,539.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	259,424,019.	258,648,250.
	22 Net assets or fund balances. Subtract line 21 from line 20	173,826,701.	168,900,393.
	85,597,318.	89,747,857.	

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer			08/14/2018	
	RASIKA PADMAPERUMA			Date	
Paid Preparer Use Only	Print/Type preparer's name			Preparer's signature	
	CHRISTOPHER B BOGGS			Christopher B. Boggs	
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Date 08/15/18	
Firm's address ▶ 100 N TRYON STREET STE 3800 CHARLOTTE, NC 28202			Check <input type="checkbox"/> if self-employed		PTIN P00032493
			Firm's EIN ▶ 34-656596		Phone no. 704-372-6300

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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 \$ 326,412,753. including grants of \$ 106,745,151.) (Revenue \$ 6,577,186.)

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 \$ 124,503,440. including grants of \$ 40,715,745.) (Revenue \$ 2,508,732.)

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 \$ 98,783,915. including grants of \$ 32,304,816.) (Revenue \$ 1,990,486.)

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 \$ 98,943,834. including grants of \$ 32,357,115.) (Revenue \$ 1,993,711.)

4e Total program service expenses 648,643,942.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for 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 (11), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8, 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 BLACKWELL 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. X

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					17,030.	75,895.	0.	
(2) PAUL R DE LAY JR VICE CHAIR, BOARD OF DIRECTORS	2.00 0.	X					11,790.	0.	0.	
(3) VIVIAN LOWERY DERRYCK BOARD MEMBER	2.00 0.	X					9,170.	0.	0.	
(4) PHILIP R LOCHNER JR BOARD MEMBER	2.00 0.	X					12,773.	0.	0.	
(5) SHEILA W. MITCHELL DIR. & GOV. COM. CHAIR, BOD	2.00 0.	X					12,118.	0.	0.	
(6) MARTIN MITTAG-LENKHEYM AUDIT COM. CHAIR, BOD	2.00 0.	X					4,258.	982.	0.	
(7) SANDRA LYNE THURMAN BOARD MEMBER	2.00 0.	X					11,135.	0.	0.	
(8) HOLLY WISE BOARD MEMBER	2.00 0.	X					13,755.	0.	0.	
(9) HELGA YING BOARD MEMBER	2.00 0.	X					6,223.	0.	0.	
(10) WARREN SIMMONS BOARD MEMBER	2.00 0.	X					8,515.	0.	0.	
(11) PATRICK C. FINE CHIEF EXECUTIVE OFFICER	40.00 0.	X		X			404,563.	0.	33,152.	
(12) JOHN E. NEWSTEAD BOARD MEMBER	2.00 0.	X					0.	0.	0.	
(13) DEBORAH KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	40.00 0.			X			283,844.	0.	32,856.	
(14) DR. PETER R LAMPTEY (THRU 9/17) DIST SCNTST, PRES-EMERITUS	20.00 0.			X			108,981.	0.	17,385.	

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				290,847.	24,000.	59,985.
(16) MANISHA BHARTI ----- CHIEF STRATEGY OF. (THRU 2/17)	40.00 0.			X				253,027.	0.	59,764.
(17) SEAN TEMEEMI ----- CHIEF COMPLIANCE OFFICER	40.00 0.			X				223,420.	0.	42,921.
(18) PAMELA MYERS ----- CHIEF HUMAN RESOURCE OFFICER	40.00 0.			X				232,103.	0.	44,382.
(19) RASIKA PADMAPERUMA ----- CHIEF FINANCIAL OFFICER	40.00 0.			X				234,348.	0.	44,679.
(20) TIMOTHY MASTRO ----- DIR GLOBAL HLTH POP/ NUTRITION	40.00 0.				X			267,389.	0.	32,806.
(21) ANTHONY D. BONDURANT ----- DIRECTOR APRO (THRU 1/17)	40.00 0.				X			261,509.	0.	30,138.
(22) LAURA C. KAYSER ----- DEPUTY TO THE COO	40.00 0.				X			251,878.	0.	46,733.
(23) NZAPFURUNDI CHABIKULI ----- DIR SOUTH AFRICA REGNL OFFICE	40.00 0.				X			213,079.	0.	129,488.
(24) MICHAEL P. MAZZA ----- DIRECTOR, INFORMATION SOLUTION	40.00 0.				X			204,376.	0.	43,125.
(25) REED RAMLOW ----- COUNTRY DIRECTOR - VIETNAM	40.00 0.				X			290,734.	0.	46,341.
1b Sub-total								904,155.	76,877.	83,393.
c Total from continuation sheets to Part VII, Section A								6,472,187.	24,000.	1,110,158.
d Total (add lines 1b and 1c)								7,376,342.	100,877.	1,193,551.

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 ► 298

	Yes	No
3 Did the organization list any former 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 ► 20

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) PATRICK MONTESANO ----- DIRECTOR, US PROGRAMS	40.00 0.				X		258,332.	0.	37,284.	
(27) IVAN CHARNER ----- DIRECTOR NATIONAL INSTITUTES	40.00 0.				X		209,030.	0.	35,756.	
(28) HAYLEY BRYANT ----- PROJECT DIRECTOR	40.00 0.				X		304,228.	0.	25,303.	
(29) JOHN A. GILLIES ----- DIRECTOR GLOBAL LEARNING	40.00 0.				X		246,264.	0.	53,004.	
(30) NADRA C. FRANKLIN ----- DIR SOC & ECO DEVELOPMENT	40.00 0.				X		213,281.	0.	36,679.	
(31) LARRY THOMAS ORIGLIO ----- DIRECTOR, OPERATIONS SUPPORT	40.00 0.				X		192,496.	0.	29,446.	
(32) SUSAN VOSKUIL ----- DIR, CONTRACT MGMT SERVICES	40.00 0.				X		155,849.	0.	25,316.	
(33) TED FITZGERALD ----- DIR, GLOBAL RESEARCH SERVICES	40.00 0.				X		188,623.	0.	47,170.	
(34) JACQUELINE MCPHERSON ----- REGIONAL DIRECTOR	40.00 0.				X		222,632.	0.	27,420.	
(35) LEILA ABU-GHEIDA ----- DIR, PLATFORM & PORTFOLIO MGMT	40.00 0.				X		203,567.	0.	34,907.	
(36) MICHAEL J. WELSH ----- DIRECTOR, ZAMBIA	40.00 0.					X	300,540.	0.	29,004.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 298

	Yes	No
3 Did the organization list any former 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		259,047.	0.	45,263.
(38) JANET ROBINSON DIR RSCH & LAB SCI	40.00 0.					X		246,332.	0.	26,011.
(39) ELIZABETH OLIVERAS COUNTRY DIRECTOR	40.00 0.					X		265,063.	0.	23,366.
(40) GUILTELE NICOLEAU PROJECT DIRECTOR	40.00 0.					X		267,846.	0.	33,554.
(41) CHRISTIAAN JOHANNES VAN DAM DIR, PRGM SCIENCES (THRU 4/16)	40.00 0.						X	89,861.	0.	11,517.
(42) PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA (THRU 4/16)	40.00 0.						X	126,486.	0.	8,796.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **298**

	Yes	No
3 Did the organization list any former 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 **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	5,675,000.					
	e Government grants (contributions)	1e	681,489,016.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,662,538.					
	g Noncash contributions included in lines 1a-1f: \$		51,586.					
	h Total. Add lines 1a-1f			751,826,554.				
	Program Service Revenue		Business Code					
2a AGENCY FOR INTERNATIONAL			541700	10,602,929.	10,602,929.			
b NATIONAL INSTITUTES OF HEALTH			541700	1,550,945.	1,550,945.			
c U.S. DEPARTMENT OF HEALTH AND HUMAN SERV			541700	168,950.	168,950.			
d DEPARTMENT OF EDUCATION			541700	131,225.	131,225.			
e UNICEF			541700	25,105.	25,105.			
f All other program service revenue				590,961.	590,961.			
g Total. Add lines 2a-2f				13,070,115.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			308,513.			308,513.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			65,650.			65,650.	
			(i) Real	(ii) Personal				
	6a Gross rents		268,502.					
	b Less: rental expenses		16,330.					
	c Rental income or (loss)		252,172.					
	d Net rental income or (loss)				252,172.		252,172.	
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
				-90,355.				
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)			-90,355.				
	d Net gain or (loss)				-90,355.		-90,355.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			0.			
	b Less: direct expenses	b			0.			
	c Net income or (loss) from fundraising events				0.			
	9a Gross income from gaming activities. See Part IV, line 19	a			0.			
b Less: direct expenses	b			0.				
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a			0.				
b Less: cost of goods sold	b			0.				
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue			Business Code					
11a D.C. CONFERENCE CENTER REVENUE			900099	2,322,464.			2,322,464.	
b MISCELLANEOUS REVENUE			900099	221,448.			221,448.	
c _____								
d All other revenue								
e Total. Add lines 11a-11d				2,543,912.				
12 Total revenue. See instructions.				767,976,561.	13,070,115.		3,079,892.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,382,334.	100,382,334.		
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	111,740,493.	111,740,493.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	8,400,933.	3,572,150.	4,828,783.	
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	98,527,360.	61,067,691.	37,459,669.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,918,126.	6,591,066.	4,327,060.	
9 Other employee benefits	34,441,995.	20,454,831.	13,987,164.	
10 Payroll taxes	7,973,803.	4,586,761.	3,387,042.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	840,203.	432,080.	408,123.	
c Accounting	1,498,322.	247,185.	1,251,137.	
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.)	26,442,619.	20,188,760.	6,253,859.	
12 Advertising and promotion	286,199.	202,125.	84,074.	
13 Office expenses	21,986,358.	18,692,890.	3,293,468.	
14 Information technology	4,690,609.	3,946,771.	743,838.	
15 Royalties	0.			
16 Occupancy	30,737,148.	12,054,209.	18,682,939.	
17 Travel	35,907,932.	32,021,897.	3,886,035.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	19,548,392.	18,949,158.	599,234.	
20 Interest	170,563.		170,563.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,567,190.		1,567,190.	
23 Insurance	907,901.	816,884.	91,017.	
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 SUB AWARD CONTRACT PAYMENT	69,769,431.	69,769,431.		
b FIELD OFFICE EXPENSES	108,062,074.	104,883,168.	3,178,906.	
c PARTICIPANT EXPENSES	28,248,802.	28,248,802.		
d EQUIPMENT	15,623,538.	14,272,163.	1,351,375.	
e All other expenses	25,153,697.	15,523,093.	9,630,604.	
25 Total functional expenses. Add lines 1 through 24e	763,826,022.	648,643,942.	115,182,080.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	106,735,995.	1	104,967,749.
	2 Savings and temporary cash investments	13,374,350.	2	14,577,499.
	3 Pledges and grants receivable, net	5,250,000.	3	112,187,956.
	4 Accounts receivable, net	109,433,986.	4	1,950,329.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	8,445,779.	9	7,696,486.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,805,493.		
	b Less: accumulated depreciation	10b 15,348,600.		
		14,979,864.	10c	14,456,893.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	1,204,045.	15	2,811,338.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	259,424,019.	16	258,648,250.	
Liabilities	17 Accounts payable and accrued expenses	72,453,515.	17	92,692,098.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	84,314,415.	19	65,262,767.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	8,689,758.	23	364,519.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,369,013.	25	10,581,009.
	26 Total liabilities. Add lines 17 through 25	173,826,701.	26	168,900,393.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	85,597,318.	27	89,747,857.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	85,597,318.	33	89,747,857.
	34 Total liabilities and net assets/fund balances	259,424,019.	34	258,648,250.

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	767,976,561.
2	Total expenses (must equal Part IX, column (A), line 25)	2	763,826,022.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,150,539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,597,318.
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	89,747,857.

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (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 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	651,372,212.	642,189,065.	597,129,599.	683,624,390.	751,826,554.	3,326,141,820.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11,221,276.	11,191,757.	10,329,053.	11,773,155.	13,070,115.	57,585,356.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	662,593,488.	653,380,822.	607,458,652.	695,397,545.	764,896,669.	3,383,727,176.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			1,542,156.	1,991,730.	1,977,600.	5,511,486.
c Add lines 7a and 7b.			1,542,156.	1,991,730.	1,977,600.	5,511,486.
8 Public support. (Subtract line 7c from line 6.)						3,378,215,690.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	662,593,488.	653,380,822.	607,458,652.	695,397,545.	764,896,669.	3,383,727,176.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,159,780.	4,713,216.	4,013,577.	3,940,790.	642,575.	17,469,938.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,159,780.	4,713,216.	4,013,577.	3,940,790.	642,575.	17,469,938.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	28,357.	-45,137.	52,063.	665,984.	2,543,912.	3,245,179.
13 Total support. (Add lines 9, 10c, 11, and 12.)	666,781,625.	658,048,901.	611,524,292.	700,004,319.	768,083,156.	3,404,442,293.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	99.23%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.34%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.51%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.64%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 12a or 12b 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 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 Total annual distributions. 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER REVENUE	28,357.	-45,137.	52,063.	665,984.	221,448.	922,715.
D.C. CONFERENCE CENTER REVENUE					2,322,464.	2,322,464.
TOTALS	<u>28,357.</u>	<u>-45,137.</u>	<u>52,063.</u>	<u>665,984.</u>	<u>2,543,912.</u>	<u>3,245,179.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **FAMILY HEALTH INTERNATIONAL**

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
1		\$ 5,675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 51,586.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 519,543,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 75,996,314.	Person <input checked="" 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 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		\$ 20,279,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 8,278,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 2,493,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,724,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,495,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,082,145.	Person <input checked="" 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 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
13	_____ _____ _____	\$ 6,524,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 1,210,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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
2	PUBLICLY TRADED SECURITIES	\$ 51,586.	VAR

Name of organization FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures, and questions about revenue and assets for financial gain.

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

Schedule D (Form 990) 2016

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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

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.

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	5,937,050.	
(3) SUB-TENANT SECURITY DEPOSIT	37,969.	
(4) SUBLEASE INCENTIVES PAYABLE	885,834.	
(5) SUBLEASE TERMINATION DUES	1,499,544.	
(6) DEFERRED COMPENSATION 457 (B)	2,220,612.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		10,581,009.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	767,992,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	767,992,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	767,992,892.

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

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

1	Total expenses and losses per audited financial statements		1	763,842,354.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	763,842,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	763,842,354.

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, 2017 AND 2016, 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.

AS A RESULT OF THE RECENT FEDERAL INCOME TAX REFORM ENACTED INTO LAW UNDER THE TAX CUTS AND JOBS ACTS OF 2017, CERTAIN PROVISIONS WILL IMPACT TAX-EXEMPT ORGANIZATIONS, INCLUDING REVISIONS TO TAXES ON UNRELATED BUSINESS ACTIVITIES AND VARIOUS OTHER PROVISIONS. THE REGULATIONS NECESSARY TO IMPLEMENT THE LAW ARE EXPECTED TO BE PROMULGATED THROUGHOUT 2018 AND THE ULTIMATE OUTCOME OF THE REGULATIONS AND THE IMPACT TO FHI 360 CANNOT BE DETERMINED PRESENTLY. FHI 360 WILL CONTINUE TO REVIEW AND ASSESS THE IMPACT OF THE LEGISLATION TO THE FINANCIAL STATEMENTS, BUT DO NOT EXPECT THAT THE IMPACT WILL BE MATERIAL.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

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.

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	18.	614.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	10,810,350.
(2) EUROPE	13.	18.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	64,536,322.
(3) CENTRAL AMERICA/CARIBBEAN	18.	57.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	21,426,919.
(4) MIDDLE EAST AND NORTH AFRICA	6.	114.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	25,667,543.
(5) SUB-SAHARAN AFRICA	33.	2,738.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	497,027,925.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	88.	3,541.			619,469,059.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	88.	3,541.			619,469,059.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GLOBAL HEALTH	601,517.				
(2)			CENT. AMERICA/CARIBBEAN	GLOBAL EDUCATION	1,237,516.				
(3)			CENT. AMERICA/CARIBBEAN	GLOBAL SOCIO ECON. DEVEL.	204,348.				
(4)			EAST ASIA/PACIFIC	GLOBAL HEALTH	6,129,157.				
(5)			EAST ASIA/PACIFIC	GLOBAL EDUCATION	5,152,673.				
(6)			EAST ASIA/PACIFIC	GLOBAL SOCIO ECON. DEVEL.	1,901,915.				
(7)			EUROPE/ICELAND/GREENLAND	GLOBAL HEALTH	367,936.				
(8)			EUROPE/ICELAND/GREENLAND	GLOBAL SOCIO ECON. DEVEL.	290,115.				
(9)			MIDDLE EAST/NORTH AFRICA	GLOBAL HEALTH	2,881,585.				
(10)			MIDDLE EAST/NORTH AFRICA	GLOBAL EDUCATION	711,663.				
(11)			MIDDLE EAST/NORTH AFRICA	GLOBAL SOCIO ECON. DEVEL.	4,421,075.				
(12)			SUB-SAHARAN AFRICA	GLOBAL HEALTH	75,960,534.				
(13)			SUB-SAHARAN AFRICA	GLOBAL EDUCATION	10,696,038.				
(14)			SUB-SAHARAN AFRICA	GLOBAL SOCIO ECON. DEVEL.	1,184,422.				
(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. ▶ 14.

3 Enter total number of other organizations or entities. ▶

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

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).

PROCEDURES FOR MONITORING USE OF GRANTS OUTSIDE OF 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

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) HELEN KELLER INTERNATIONAL 352 PARK AVE., S. #1200 NEW YORK, NY 10010	13-5562162	501 (C) (3)	7,887,056.				CANCER PREVENTION TECH DEVELOPMENT
(2) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL CAMPUS BOX #1220 CHAPEL HILL, NC 27599-1220	56-6001393	GOVERNMENT	5,073,495.				GENERAL SUPPORT
(3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR #0009 LA JOLLA, CA 92093	95-6006144	501(C)(3)	4,382,219.				GENERAL SUPPORT
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY CITY 630 W 168TH ST NEW YORK, NY 10032-3702	13-5598093	501 (C) (3)	4,371,030.				GENERAL SUPPORT
(5) UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY, # 9 HADLEY, MA 01035	04-3167352	GOVERNMENT	4,305,105.				GENERAL SUPPORT
(6) PACT INC 1828 L STREET NW, #300 WASHINGTON, DC 20036	13-2702768	501 (C) (3)	4,235,706.				GENERAL SUPPORT
(7) HOWARD UNIVERSITY 525 BRYANT ST. NW, #137, WASHINGTON DC	53-0204707	501 (C) (3)	3,898,104.				HIV/ AIDS PREVENTION
(8) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DR. #2200 CHAPEL HILL, NC 27599	56-6001393	GOVERNMENT	3,040,598.				HIV/ AIDS PREVENTION
(9) ABT ASSOCIATES INC P. O. BOX 84-5586 BOSTON, MA 02284-5586	04-2347643		2,790,731.				HIV/ AIDS PREVENTION
(10) MANAGEMENT SCIENCES FOR HEALTH INC 784 MEMORIAL DR. CAMBRIDGE, MA 02139-4613	04-2482188	501 (C) (3)	2,631,195.				HIV/ AIDS PREVENTION
(11) CARE INC 151 ELLIS STREET, NE ATLANTA, GA 30303-2440	13-1685039	501 (C) (3)	2,265,749.				HIV/ AIDS PREVENTION
(12) PATHFINDER INTERNATIONAL 9 GALEN ST., #217 WATERTOWN, MA 02472-4501	53-0235320	501 (C) (3)	2,129,244.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) JOHNS HOPKINS UNIVERSITY 1809 ASHLAND AVE., DEERING HALL, #203	52-0595110	501 (C) (3)	2,029,497.				GENERAL SUPPORT
(2) INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DR, #200, CHAPEL HILL, NC	55-0825466	501 (C) (3)	1,998,166.				GENERAL SUPPORT
(3) WEILL MEDICAL COLLEGE OF CORNELL UNIVERS 575 LEXINGTON AVE. NEW YORK, NY 10022	13-1623978	501 (C) (3)	1,967,259.				GENERAL SUPPORT
(4) HEALTH & DEVELOPMENT INTERNATIONAL 318 SETH PLACE ROCKVILLE, MD 20850	30-0207842	501 (C) (3)	1,493,809.				GENERAL SUPPORT
(5) EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA, GA 30322	58-0566256	501 (C) (3)	1,425,451.				GENERAL SUPPORT
(6) DELOITTE CONSULTING LLP 1919 N. LYNN ARLINGTON, VA 22209	06-1454513		1,283,453.				GENERAL SUPPORT
(7) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	GOVERNMENT	1,498,202.				GENERAL SUPPORT
(8) BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVE, # BR-109	04-2103881	501 (C) (3)	1,155,641.				GENERAL SUPPORT
(9) WORLD VISION, INC. 330 I ST. N.E. WASHINGTON, DC 20002-4373	95-1922279	501 (C) (3)	1,137,844.				GENERAL SUPPORT
(10) TRUSTEES OF THE UNIVERSITY OF PENNSYLVAN 3451 WALNUT ST. PHILADELPHIA, PA 19101-6205	23-1352685	501 (C) (3)	1,079,328.				GENERAL SUPPORT
(11) INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND ST. NEW YORK, NY 10168-1289	13-5660870	501 (C) (3)	1,075,297.				GENERAL SUPPORT
(12) INTERNATIONAL CITY COUNTY MANAGEMENT ASSOCI 777 N.CAPITOL ST. NE WASHINGTON, DC 20002	36-2167755	501 (C) (3)	994,324.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
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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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) SAVE THE CHILDREN 501 KINGS HIGHWAY E. FAIRFIELD, CT 06825	06-0726487	501 (C) (3)	974,467.				HIV/ AIDS PREVENTION
(2) HARVARD BUSINESS SCHOOL 23 EVERETT ST. CAMBRIDGE, MA 02138	04-2103580	501 (C) (3)	911,160.				GENERAL SUPPORT
(3) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501 (C) (3)	1,159,596.				GENERAL SUPPORT
(4) PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907	35-6002041	501 (C) (3)	852,565.				GENERAL SUPPORT
(5) INTERNATIONAL FOOD POLICY RESEARCH INSTITUT 2033 K STREET, N. W. WASHINGTON, DC 20006	52-1041632	501 (C) (3)	795,220.				NUTRITION DEVELOPMEN ECONOMIC DEVELOPMENT
(6) UNIVERSITY OF NEBRASKA AT OMAHA 3835 HOLDREGE ST LINCOLN, NE 68583-0742	47-0049123	GOVERNMENT	794,373.				GENERAL SUPPORT
(7) INTERNEWS NETWORK PO BOX 4448 ARCATA, CA 95518	94-3027961	501 (C) (3)	783,393.				INTERNATIONAL DEVELO
(8) REGENTS UNIV OF CALIFORNIA UCLA 405 HILGARD AVE. LOS ANGELES, CA 90095 9000	95-6006143	GOVERNMENT	1,097,911.				HIV RELATED RESEARCH
(9) CENTER FOR INTL PRIVATE ENTEPRISES 1211 CT. AVE. NW WASHINGTON, DC 20036	52-1398742	501 (C) (3)	740,748.				GENERAL SUPPORT
(10) HEKTOEN INSTITUTE FOR MEDICAL RESEARCH 2240 W. OGDEN AVE. CHICAGO, IL 60612-4882	36-2244897	501 (C) (3)	735,778.				GENERAL SUPPORT
(11) PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	13-5661832	501 (C) (3)	724,120.				INTERNATIONAL DEVELO
(12) MENNONITE ECONOMIC DEVELOPMENT 1891 SANTA BARBARA DR. #201, LANCASTER, PA	23-7398678	501 (C) (3)	708,139.				GENERAL SUPPORT SYSTEMS

2 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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF ALABAMA AT BIRMINGHAM FDN 703 19TH ST. S. BIRMINGHAM, AL 35294-0007	63-0649108	501(C)(3)	676,594.				GENERAL SUPPORT
(2) GEORGIA TECH RESEARCH CORPORATION STE 300, 505 10TH ST. NW ATLANTA, GA 30332	58-0603146	501(C)(3)	675,520.				GENERAL SUPPORT
(3) PATH 2201 WESTLAKE AVE., # 200 SEATTLE, WA 98107	91-1157127	501(C)(3)	645,231.				GENERAL SUPPORT
(4) EDUCATION FOR EMPLOYMENT 1612 K STREET NW, #800 WASHINGTON, DC 20006	82-0578781	501(C)(3)	588,803.				INTERNATIONAL DEVELO
(5) CATHOLIC RELIEF SERVICES USCCB 228 W. LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	579,915.				GENERAL SUPPORT
(6) EQUAL ACCESS INTERNATIONAL 271 AUSTIN STREET SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	562,235.				GENERAL SUPPORT RELIEF SERVICES
(7) UNIVERSITY OF ILLINOIS 1737 WEST POLK ST. CHICAGO, IL 60612-7227	37-6000511	GOVERNMENT	553,496.				GENERAL SUPPORT
(8) HAGER SHARP INC 1030 15TH ST. NW. WASHINGTON, DC 20005	52-0983278		550,399.				GENERAL SUPPORT
(9) UNIVERSITY OF COLORADO DENVER PO BOX 173364, #142 DENVER, CO 80217	84-6000555	GOVERNMENT	549,078.				GENERAL SUPPORT
(10) PH SCIENCE HOLDINGS INC 15022 35TH AVE W, # F LYNNWOOD, WA 98087	91-2181922	501(C)(3)	525,722.				COMMUNITY HEALTH SYS
(11) INTERNATIONAL RESEARCH & EXCHANGE BOARD 1275 K ST., NW, #600 WASHINGTON, DC 20005	22-3087809	501(C)(3)	516,761.				GENERAL SUPPORT
(12) FSG INC 123 MISSION ST. SAN FRANCISCO, CA 94105	20-2776974	501(C)(3)	503,879.				MANAGEMENT & TECHNIC

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Schedule I (Form 990) (2016)

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(Form 990)**

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OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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(1) AMERICAN INSTITUTES FOR RESEARCH PO BOX 28126 NEW YORK, NY 10087-8126	25-0965219	501 (C) (3)	486,613.				GENERAL SUPPORT
(2) SCHOOL TO SCHOOL INTERNATIONAL 200 SAN MARLO WAY, #3 PACIFICA, CA 94044	02-0600889	501 (C) (3)	461,505.				EDUCATIONAL DEVELOPM
(3) RED RIVER VALLEY EDUCATION 2400 47TH AVE. S., GRAND FORKS, ND 58106	45-0333456	501 (C) (3)	458,884.				GENERAL SUPPORT DEVELOPMENT
(4) SIL LEAD, INC. 419 7TH ST. NW, ST.300, WASHINGTON DC, 2000	45-2532091	501 (C) (3)	452,020.				GENERAL SUPPORT
(5) RESONANCE 1 MILL ST., SUITE 201 BURLINGTON, VT 05401	27-1226648		447,335.				GENERAL SUPPORT
(6) AVAC 423 WEST 127TH ST. NEW YORK, NY 10027	94-3240841	501 (C) (3)	440,471.				GENERAL SUPPORT
(7) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	402,732.				GENERAL SUPPORT
(8) MCCANN GLOBAL HEALTH 13801 FNB PARKWAY OMAHA, NE 68154	13-1938691		390,155.				GENERAL SUPPORT RELIEF SERVICES
(9) ICNL 1126 16TH STREET NW. WASHINGTON, DC 20036	52-1818273	501 (C) (3)	365,739.				GENERAL SUPPORT RELIEF SERVICES
(10) MISSOURI RIVER EDUCATIONAL COOPERATIVE 3001 MEMORIAL HIGHWAY, # B MANDAN, ND 58554	45-6000242	GOVERNMENT	363,724.				GENERAL SUPPORT
(11) WORLD LEARNING 1015 15TH ST. NW, WASHINGTON, DC 20005	03-0179592	501 (C) (3)	361,566.				INTERNATIONAL DEVELO
(12) BALL STATE UNIVERSITY FOUNDATION 2000 W UNIVERSITY AVE MUNCIE, IN 47306-0750	35-6024566	501 (C) (3)	360,412.				GENERAL SUPPORT

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2016

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. 12801 CROSSROADS PARKWAY SOUTH, #200	95-2557063	501 (C) (3)	354,541.				PUBLIC HEALTH PROGRA
(2) CHILDFUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501 (C) (3)	341,203.				GENERAL SUPPORT
(3) REGENTS OF THE UNIVERSITY OF CA SAN FRANCIS MISSION CTR BLDG, #0897, SAN FRAN, CA 94541	94-6036493	GOVERNMENT	88,258.				GENERAL SUPPORT
(4) THE GLOBAL FORUM ON MSM HIV 436 14TH ST, STE 100 OAKLAND, CA 94612	47-1065461	501 (C) (3)	330,458.				GENERAL SUPPORT
(5) SOUTH EAST EDUCATION COOPERATIVE 1305 9TH AVE SOUTH NORTH FARGO, ND 58103	45-6000294	GOVERNMENT	328,262.				EDUCATIONAL DEVELOPM
(6) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887	04-2312909	501 (C) (3)	315,002.				GENERAL SUPPORT
(7) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501 (C) (3)	309,155.				GENERAL SUPPORT
(8) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W. END AVE, #100 NASHVILLE, TN 37203	35-2528741	501 (C) (3)	305,002.				SOCIO-ECONOMIC DEVEL RELIEF SERVICES
(9) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD WEST BRONX, NY 10468	13-1988190	501 (C) (3)	302,996.				GENERAL SUPPORT
(10) PUBLIC INTER LAW AND POLICY GROUP 888 16TH ST NW, # 831 WASHINGTON, DC 20006	04-3309296	501 (C) (3)	293,102.				GENERAL SUPPORT
(11) RESTLESS DEVELOPMENT USA INC 227 W. 17TH ST, 3RD FL. NEW YORK, NY 10011	04-3561445	501 (C) (3)	289,513.				GENERAL SUPPORT
(12) ROUGHRIDER EDUCATION SERVICES PROGRAM 1173 3RD AVE. W., STE. 6, DICKINSON, ND	27-0230307	GOVERNMENT	278,309.				GENERAL SUPPORT

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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(1) JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 733 NORTH BROADWAY BALTIMORE, MD 21205-1832	52-1259299	501(C)(3)	278,125.				GENERAL SUPPORT
(2) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501 (C) (3)	277,166.				GENERAL SUPPORT
(3) PANGAEA GLOBAL AIDS 436 14TH STREET, # 920 OAKLAND, CA 94612	91-2167423	501 (C) (3)	269,851.				GENERAL SUPPORT
(4) FREEDOM FROM HUNGER 1644 DA VINCI COURT DAVIS, CA 95618	95-1647835	501 (C) (3)	257,304.				GENERAL SUPPORT
(5) FORUM ONE COMMUNICATIONS CORP 15954 JACKSON CREEK PARKWAY, #B374	94-3261569		248,562.				GENERAL SUPPORT
(6) HUMAN NETWORK INTERNATIONAL 1120 19TH ST. NW, #460 WASHINGTON, DC 20036	56-2666977	501 (C) (3)	246,621.				GENERAL SUPPORT
(7) MID-DAKOTA EDUCATION 215 2ND STREET SOUTHEAST MINOT, ND 58701	45-6001841	GOVERNMENT	243,485.				GENERAL SUPPORT
(8) EASTERN VIRGINIA MEDICAL SCHOOL 740 W OLNEY RD, BOX 1980 NORFOLK, VA 23501	54-6055378	501 (C) (3)	295,022.				GENERAL SUPPORT
(9) CONFLICT AND DEVELOPMENT FOUNDATION 502 CLORENCE STREET CASTROVILLE, TX 78009	46-1012587	501 (C) (3)	237,190.				GENERAL SUPPORT
(10) YALE UNIVERSITY P.O. BOX 208260 NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	222,623.				GENERAL SUPPORT
(11) STAYING ALIVE FOUNDATION 1540 BROADWAY NEW YORK, NY 10036	20-0957052	501 (C) (3)	220,000.				GENERAL SUPPORT
(12) 522 PRODUCTIONS LLC 711 KING ST., 2ND FL. ALEXANDRIA, VA 22314	20-0564214		207,406.				GENERAL SUPPORT

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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(1) NORTH CENTRAL EDU. COOPERATIVE 105 SIMRALL BLVD. BOTTINEAU, ND 58318-1198	45-6000140	GOVERNMENT	195,643.				GENERAL SUPPORT
(2) JUAREZ AND ASSOCIATES INC 12139 NATIONAL BLVD. LOS ANGELES, CA 90064	95-2750512		195,439.				GENERAL SUPPORT
(3) BOWLING GREEN STATE UNIVERSITY 319 ADMIN BLDG BOWLING GREEN, OH 43403	34-6402018	GOVERNMENT	193,878.				GENERAL SUPPORT
(4) SONJARA INC 207 PARK AVE, STE B6 FALLS CHURCH, VA 22046	03-0481704		179,877.				GENERAL SUPPORT DEVELOPMENT
(5) NORTHEAST EDUCATION SERVICES 205 16TH. STREET NW DEVILS LAKE, ND 58301	45-6001342	GOVERNMENT	179,860.				GENERAL SUPPORT
(6) HEALTH DECISIONS INC 2510 MERIDIAN PARKWAY DURHAM, NC 27713	56-1637045		179,260.				GENERAL SUPPORT
(7) TRUSTEES OF TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(C)(3)	167,369.				GENERAL SUPPORT
(8) KYDES PHARMACEUTICALS LLC 1450 S. ROLLING RD. HALETORPE, MD 21227	20-1816126		165,380.				GENERAL SUPPORT
(9) FIRST MILE GEO 718 7TH ST NW WASHINGTON, DC 20001	46-4912617		156,625.				GENERAL SUPPORT
(10) TULANE UNIVERSITY 800 E. COMMERCE RD., #203 HARAHAH, LA 70123	72-0423889	501(C)(3)	155,367.				GENERAL SUPPORT
(11) GRAMEEN FOUNDATION USA 1101 15TH STREET NW WASHINGTON, DC 20005	73-1502797	501(C)(3)	154,905.				INTERNATIONAL ECONOM
(12) THE SEEP NETWORK P.O. BOX 10455 UNIONDALE, NY 11555-0455	13-3840611	501(C)(3)	154,389.				GENERAL SUPPORT

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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(1) VANDERBILT UNIVERSITY CONTRACT & GRANT ACCOUNTING, PMB 401591	62-0476822	501(C)(3)	152,840.				GENERAL SUPPORT
(2) UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	145,607.				GENERAL SUPPORT
(3) THE HANNON GROUP LLC 10002 EDGEWATER TERRACE, FT. WASHINGTON, MD	32-0044001		143,570.				GENERAL SUPPORT
(4) MCMAHON CONSULTING GROUP, LLC 5 MELVIN AVENUE CATONSVILLE, MD 21228	27-2953125		141,821.				GENERAL SUPPORT
(5) ALAN NEWMAN RESEARCH 1025 BOULDERS PARKWAY RICHMOND, VA 23225	54-1090609		141,786.				GENERAL SUPPORT
(6) AVENIR HEALTH INC 41A NEW LONDON TURNPIKE, GLASTONBURY, CT	20-4816286	501 (C) (3)	137,228.				GENERAL SUPPORT
(7) MERCY CORPS 45 ANKENY ST. PORTLAND, OR 97204	91-1148123	501 (C) (3)	135,598.				GENERAL SUPPORT
(8) GREAT NORTHWEST REGIONAL 1410 UNIVERSITY AVE. WILLISTON, ND 58801	06-1759315	GOVERNMENT	134,185.				GENERAL SUPPORT
(9) AWHERE INC 4891 INDEPENDENCE ST. WHEAT RIDGE, CO 80033	75-2811990		121,377.				GENERAL SUPPORT
(10) UNIVERSITY OF MARYLAND, BALTIMORE OFF. OF COMPTROLLER, COLLEGE PARK, MD 20741	52-6002033	GOVERNMENT	120,571.				GENERAL SUPPORT
(11) CHICAGO COOK WORKFORCE PARTNERSHIP 69 W. WASHINGTON ST., #2860, CHICAGO, IL	36-4122225	501 (C) (3)	120,000.				GENERAL SUPPORT
(12) GEORGETOWN UNIVERSITY 37TH & O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	113,593.				GENERAL SUPPORT

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Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Part I General Information on Grants and Assistance

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(1) IOWA STATE UNIVERSITY OF SCIENCE AND TECH 505 MORRILL ROAD AMES, IA 50011-2207	42-6004224	501(C)(3)	113,047.				GENERAL SUPPORT
(2) UMBC TRAINING CENTERS LLC 6996 COLUMBIA GATEWAY DR., COLUMBIA, MD	52-2270280		109,600.				GENERAL SUPPORT
(3) WORLDREADER.ORG 40 RINGOLD SAN FRANCISCO, CA 94103	27-2092468	501 (C) (3)	106,374.				GENERAL SUPPORT DEVELOPMENT
(4) UNIVERSITY OF PITTSBURGH 116 ATWOOD ST., #201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	105,197.				GENERAL SUPPORT
(5) MEDIC MOBILE INC 3254 19TH ST. SAN FRANCISCO, CA 67110	27-5104203	501 (C) (3)	104,963.				GENERAL SUPPORT
(6) UN DEVELOPMENT PROGRAMME HEALTH & HIV 304 EAST 45TH STREET NEW YORK, NY 10017	58-2368165	501 (C) (3)	104,481.				HIV/ AIDS PREVENTION
(7) PACER CENTER 8161 NORMANDALE BLVD. MINNEAPOLIS, MN 55437	41-1306304	501 (C) (3)	103,520.				GENERAL SUPPORT
(8) FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS, 6TH FLOOR	02-0590588	501 (C) (3)	101,565.				GENERAL SUPPORT
(9) PUBLIC HEALTH INSTITUTE 555 12TH ST., 10TH FL. OAKLAND, CA 94607	94-1646278	501 (C) (3)	101,073.				GENERAL SUPPORT
(10) POPULATION SERVICES INTERNATIONAL PSI 1120 19TH ST NW, # 600 WASHINGTON, DC 20036	56-0942853	501 (C) (3)	99,659.				GENERAL SUPPORT
(11) AKROS INC BOX 457 LARAMIE, WY 82073	26-3668995		99,618.				GENERAL SUPPORT
(12) GFK CUSTOMS RESEARCH LLC 75 NINTH AVENUE, 5TH FL NEW YORK, NY 10011	36-2948619		96,758.				GENERAL SUPPORT

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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

- 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 noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON UNIVERSITY WUSL 700 ROSEDALE AVENUE ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	92,307.				HIV/ AIDS PREVENTION
(2) PALLADIUM INTERNATIONAL LLC 1331 PENN. AVE. NW, #600, WASHINGTON, DC	26-1509671		90,031.				GENERAL SUPPORT
(3) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT. AVE NW, #200 WASHINGTON, DC 20036	52-1215041	501 (C) (3)	87,760.				GENERAL SUPPORT
(4) NORTHERN ARIZONA UNIVERSITY 1395 S. KNOLES DRIVE, FLAGSTAFF, AZ 86011	74-2579628	GOVERNMENT	86,866.				GENERAL SUPPORT
(5) THE CENTER FOR VICTIMS OF TORTURE 649 DAYTON AVENUE ST. PAUL, MN 55104-6631	36-3383933	501 (C) (3)	83,704.				GENERAL SUPPORT
(6) EDUCA VISION INC 7550 NW 47 AVE COCONUT CREEK, FL 33073	59-3269650		80,278.				GENERAL SUPPORT
(7) AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005	95-3842506	501 (C) (3)	78,302.				GENERAL SUPPORT
(8) THE RESEARCH FOUNDATION FOR STATE OF NY 1400 WASHINGTON AVE., #312 ALBANY, NY 12222	14-1368361	501 (C) (3)	71,554.				GENERAL SUPPORT
(9) SALAM PEACE AND JUSTICE INSTITUTE 4000 ALBEMARLE ST., #304, WASHINGTON, DC	56-2455292	501 (C) (3)	70,682.				GENERAL SUPPORT
(10) REGENTS OF THE UNIVERSITY OF MICHIGAN 5000 WOLVERINE TOWER, ANN ARBOR, MI 48109	38-6006309	501(C)(3)	65,873.				NUTRITION DEVELOPMEN
(11) THE OHIO STATE UNIVERSITY FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	31-1145986	501 (C) (3)	61,927.				GENERAL SUPPORT
(12) SAFE SPACE NYC INC 89-74 162ND ST., 5TH FL., JAMAICA, NY 11432	11-1711014	501 (C) (3)	61,254.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**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 noncash assistance	(h) Purpose of grant or assistance
(1) PPD DEVELOPMENT LLC 2244 DABNEY ROAD RICHMOND, VA 23230	74-2325267		56,977.				GENERAL SUPPORT
(2) BALTIMORE CITY FOUNDATION 7 E. REDWOOD STREET, BALTIMORE, MD 21218	52-1212473	501 (C) (3)	53,414.				GENERAL SUPPORT
(3) DIMAGI, INC. 585 MASSACHUSETTS AVENUE	83-0343298		52,017.				GENERAL SUPPORT
(4) VOXY INC 632 BROADWAY, SUITE 802 NEW YORK, NY 10012	37-1592658		50,000.				GENERAL SUPPORT
(5) ORBIS BIOSCIENCES, INC. 8006 REEDER ST. LENEXA, KS 66214	26-2360301		48,760.				GENERAL SUPPORT
(6) ADIRONDACK ACCESSABILITY INC 687 FIGERT ROAD COLD BROOK, NY 13324	16-1587281		47,786.				GENERAL SUPPORT
(7) FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST., 8TH FL. BOSTON, MA 02215	04-2510564	501 (C) (3)	47,601.				GENERAL SUPPORT
(8) DRUG AND DEVICE DEVELOPMENT SOLUTIONS LL 4917 SUN LAKE COURT HOLLY SPRINGS, NC 27540	27-3742347		46,351.				GENERAL SUPPORT
(9) SEATTLE CHILDRENS HOSPITAL PO BOX 5371, M/S RC-507 SEATTLE, WA 98145	91-0564748	501 (C) (3)	46,100.				GENERAL SUPPORT
(10) NATIONAL OPINION RESEARCH COUNCIL 55 E. MONORE ST., 20TH FL., CHICAGO, IL	36-2167808	501 (C) (3)	45,600.				GENERAL SUPPORT
(11) DREXEL UNIVERSITY 3201 ARCH ST. #420 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	45,404.				GENERAL SUPPORT
(12) MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA, CO 81428	52-1659722	501 (C) (3)	43,318.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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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.
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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 noncash assistance	(h) Purpose of grant or assistance
(1) SOCIAL IMPACT 2300 CLARENDON BLVD #1000, ARLINGTON, VA	54-1795186		41,732.				GENERAL SUPPORT
(2) USER CENTERED DESIGN INC 20548 DEERWATCH PLACE ASHBURN, VA 20147	54-2025453		40,870.				GENERAL SUPPORT
(3) MEBS GLOBAL REACH, LC 14930 BOGLE DR CHANTILLY, VA 20151	20-4529940		40,137.				GENERAL SUPPORT
(4) TEQUIPMENT NET 205 WESTWOOD AVE LONG BRANCH, NJ 07740	20-2111443		39,712.				GENERAL SUPPORT
(5) INSTITUTE FOR CLINICAL RESEARCH INC. PO BOX 29545 WASHINGTON, DC 20017-0745	52-1336656	501 (C) (3)	38,919.				GENERAL SUPPORT
(6) UNIVERSITY OF SOUTH CAROLINA 1705 COLLEGE STREET COLUMBIA, SC 29208	57-6001153	GOVERNMENT	37,448.				GENERAL SUPPORT
(7) TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY 1215 DOUGLAS DRIVE CARBONDALE, IL 62901	37-6005961	501(C)(3)	36,922.				GENERAL SUPPORT
(8) RESEARCH FOUNDATION FOR MENTAL HYGIENE I 150 BROADWAY SUITE 301 MENANDS, NY 12204	14-1410842	501 (C) (3)	36,915.				GENERAL SUPPORT
(9) UNIVERSITY OF DENVER 2199 S. COLORADO BLVD, DENVER, CO 80210	84-0404231	501(C)(3)	36,470.				GENERAL SUPPORT
(10) GRETCHEN SWANSON CENTER FOR NUTRITION 8401 W. DODGE RD., #100 OMAHA, NE 68114	27-4313546	501 (C) (3)	34,605.				GENERAL SUPPORT
(11) PRACTICE MAKES PERFECT PBC 25 BROADWAY,12TH FLOOR NEW YORK, NY 10004	81-1307746		28,500.				GENERAL SUPPORT
(12) NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	28,365.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
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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 noncash assistance	(h) Purpose of grant or assistance
(1) VOICES FOR HEALTH, INC. 2851 MICHIGAN ST.NE, #104, GRAND RAPIDS, MI	38-3543238		28,287.				GENERAL SUPPORT
(2) REGENTS OF THE UNIV OF CA AT IRVINE 5171 CALIFORNIA AVE, #150 IRVINE, CA 92796	95-2226406	501(C)(3)	27,964.				GENERAL SUPPORT
(3) NORTH CENTRAL EDU COOPERATIVE (NCEC) 514 THOMPSON STREET BOTTINEAU, ND 58318	45-6001468		27,098.				GENERAL SUPPORT
(4) AMDEE LLC 10611 PINE HAVEN TERRACE, N. BETHESDA, MD	27-2225163		26,685.				GENERAL SUPPORT
(5) PLANNED PARENTHOOD OF NYC INC 26 BLEECKER STREET NEW YORK, NY 10012	13-2621497	501 (C) (3)	25,564.				GENERAL SUPPORT
(6) PLANNED PARENTHOOD OF MASSACHUSETTS, INC 1055 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2698497	501 (C) (3)	25,525.				GENERAL SUPPORT
(7) SMITHGEIGER LLC 31365 OAK CREST DR, WESTLAKE VILLAGE, CA	77-0570777		25,363.				GENERAL SUPPORT
(8) DICAPTA 900 FOX VALLEY DR., #204 LONGWOOD, FL 32779	20-2109501		23,810.				GENERAL SUPPORT
(9) P V SUPA 2600 TECHNOLOGY DR., #200 PLANO, TX 75074	20-8929258		23,742.				GENERAL SUPPORT
(10) YMCA OF THE USA 101 N. WACKER DR., #1600 CHICAGO, IL 60606	36-3258696	501 (C) (3)	22,922.				GENERAL SUPPORT
(11) ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD, #600, LOS ANGELES, CA	95-2564024	501 (C) (3)	22,881.				GENERAL SUPPORT
(12) WILDAID INC 333 PINE ST., #300 SAN FRANCISCO, CA 94104	20-3644441	501 (C) (3)	20,585.				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) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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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 noncash assistance	(h) Purpose of grant or assistance
(1) EVERGREEN EVALUATION AND CONSULTING INC 16 BRADLEY BOW ROAD JERICHO, VT 05465-3136	45-3846065		20,000.				GENERAL SUPPORT
(2) VILLAGE ENTERPRISE 751 LAUREL ST, PMB 222 SAN CARLOS, CA 94070	22-2852248	501 (C) (3)	19,589.				GENERAL SUPPORT
(3) MORGAN STATE UNIVERSITY 1700 E. COLD SPRING LANE, BALTIMORE, MD	52-6002033	GOVERNMENT	19,524.				GENERAL SUPPORT
(4) POPULATION COUNCIL INC. 1 DAG HAMMARSKJOLD PLZ, NEW YORK, NY 10017	13-1687001	501 (C) (3)	16,756.				GENERAL SUPPORT
(5) PANAGORA GROUP LLC 3209 MCCOMAS AVENUE KENSINGTON, MD 20895	27-4148413		16,568.				GENERAL SUPPORT
(6) KELLEY RESEARCH ASSOCIATES 64 CHRISTOPHER RD. NORWELL, MA 02061	34-1983507		14,500.				GENERAL SUPPORT
(7) CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST, #423A, SAN FRANCISCO, CA	94-6000417	GOVERNMENT	13,830.				GENERAL SUPPORT
(8) OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT ST PORTLAND, OR 97239	93-1176109	GOVERNMENT	13,148.				GENERAL SUPPORT
(9) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER UCT 1006 C, HOUSTON, TX 77030-5401	74-1761309	GOVERNMENT	12,109.				GENERAL SUPPORT
(10) FLORIDA INTERNATIONAL UNIVERSITY BOARD O 11200 SW 8TH STREET MIAMI, FL 33199	65-0177616	GOVERNMENT	11,387.				GENERAL SUPPORT
(11) UNIVERSITY OF OREGON 5219 UNIV. OF OREGON EUGENE, OR 97403-5219	46-4727800	GOVERNMENT	10,473.				GENERAL SUPPORT
(12) PATWELL PHARMACEUTICAL SOLUTIONS LLC 555 FOX CHASE, # 102 COATESVILLE, PA 19320	74-3086179		10,116.				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) (2016)

**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.
▶ 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 noncash assistance	(h) Purpose of grant or assistance
(1) PPD GLOBAL CENTRAL LABS, LLC 929 NORTH FRONT STREET WILMINGTON, NC 28401	45-3806478		10,082.				GENERAL SUPPORT
(2) CAYEN SYSTEMS 7100 W.CENTER STREET MILWAUKEE, WI 53210	47-5313048		8,165.				GENERAL SUPPORT
(3) TECHNOSERVE INC 1120 19TH ST. NW. 8TH FL., WASHINGTON DC	13-2626135	501 (C) (3)	7,292.				GENERAL SUPPORT
(4) SHELDON FIELDS FLORIDA INTERNATIONAL UNIV MIAMI, FL 33199	089-60-4078		5,656.				GENERAL SUPPORT
(5) TAREK MAASSARANI 1875 CT. AVE, #660 WASHINGTON, DC 20009	530-04-9178		5,317.				GENERAL SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 46.

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

Schedule I (Form 990) (2016)

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

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

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE US

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

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

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

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

23-7413005

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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.

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	PATRICK C. FINE CHIEF EXECUTIVE OFFICER	(i)	390,000.	0.	14,563.	31,800.	1,352.	437,715.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	DEBORAH KENNEDY-IRAHEETA CHIEF OPERATIONS OFFICER	(i)	275,000.	0.	8,844.	31,800.	1,056.	316,700.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ROBERT R. PRICE EXEC VP/GEN COUNSEL/SECRETARY	(i)	281,878.	0.	8,969.	48,627.	11,358.	350,832.	0.
		(ii)	0.	0.	24,000.	0.	0.	24,000.	0.
4	MANISHA BHARTI CHIEF STRATEGY OF. (THRU 2/17)	(i)	218,062.	0.	34,965.	43,477.	16,287.	312,791.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	222,701.	0.	719.	26,724.	16,197.	266,341.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	(i)	231,384.	0.	719.	27,766.	16,616.	276,485.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	(i)	233,879.	0.	469.	28,066.	16,613.	279,027.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	TIMOTHY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	(i)	260,080.	0.	7,309.	31,800.	1,006.	300,195.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	ANTHONY D. BONDURANT DIRECTOR APRO (THRU 1/17)	(i)	200,614.	0.	60,895.	24,074.	6,064.	291,647.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	LAURA C. KAYSER DEPUTY TO THE COO	(i)	248,842.	0.	3,036.	30,064.	16,669.	298,611.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	NZAPFURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	(i)	212,464.	0.	615.	122,625.	6,863.	342,567.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	(i)	194,813.	0.	9,563.	42,278.	847.	247,501.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	REED RAMLOW COUNTRY DIRECTOR - VIETNAM	(i)	169,634.	0.	121,100.	38,700.	7,641.	337,075.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	PATRICK MONTESANO DIRECTOR, US PROGRAMS	(i)	252,640.	0.	5,692.	30,524.	6,760.	295,616.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	(i)	200,556.	0.	8,474.	24,607.	11,149.	244,786.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	HAYLEY BRYANT PROJECT DIRECTOR	(i)	147,699.	0.	156,529.	17,724.	7,579.	329,531.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN A. GILLIES DIRECTOR GLOBAL LEARNING	(i)	240,680.	0.	5,584.	46,076.	6,928.	299,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	(i)	212,562.	0.	719.	25,508.	11,171.	249,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	(i)	184,000.	0.	8,496.	22,852.	6,594.	221,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SUSAN VOSKUIL DIR, CONTRACT MGMT SERVICES	(i)	153,116.	0.	2,733.	18,616.	6,700.	181,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	(i)	187,754.	0.	869.	40,579.	6,591.	235,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JACQUELINE MCPHERSON REGIONAL DIRECTOR	(i)	164,974.	0.	57,658.	19,797.	7,623.	250,052.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LEILA ABU-GHEIDA DIR, PLATFORM & PORTFOLIO MGMT	(i)	198,141.	0.	5,426.	23,777.	11,130.	238,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA (THRU 4/16)	(i)	58,328.	0.	68,158.	7,599.	1,197.	135,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MICHAEL J. WELSH DIRECTOR, ZAMBIA	(i)	196,326.	0.	104,214.	21,297.	7,707.	329,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 STEPHEN J. MILLS DIR, PROJ PORTFOLIO	(i)	177,683.	0.	81,364.	39,249.	6,014.	304,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JANET ROBINSON DIR RSCH & LAB SCI	(i)	181,910.	0.	64,422.	22,386.	3,625.	272,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ELIZABETH OLIVERAS COUNTRY DIRECTOR	(i)	131,924.	0.	133,139.	15,831.	7,535.	288,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 GUILTELE NICOLEAU PROJECT DIRECTOR	(i)	164,127.	0.	103,719.	29,989.	3,565.	301,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 CHRISTIAAN JOHANNES VAN DIR, PRGM SCIENCES (THRU 4/16)	(i)	64,933.	0.	24,928.	7,792.	3,725.	101,378.	0.
	(ii)	0.	0.	0.				
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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 2016 TO THE FOLLOWING:

DAVID G. MEIN \$20,500

SCHEDULE J, PART I, LINE 4B

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

Part III Supplemental Information

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

ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	750.	51,586.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (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

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 \$60,835,778

GRANTS \$19,894,826

REVENUES \$1,225,835

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 \$38,108,056

GRANTS \$12,462,289

REVENUES \$767,876

NAME OF FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

AFGHANISTAN

BANGLADESH

BOTSWANA

BURKINA FASO

BURUNDI

CAMBODIA

CHINA

COTE D'IVOIRE

DJIBOUTI

DOMINICAN REPUBLIC

DRC

EGYPT

EL SALVADOR

EQUATORIAL GUINEA

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

ETHIOPIA

GHANA

GUATEMALA

GUINEA

HAITI

HONDURAS

INDIA

INDONESIA

IRAQ

JAMAICA

JORDAN

KENYA

KYRGYZ REPUBLIC

LAOS

LIBERIA

MALAWI

MALI

MOLDOVA

MOROCCO

MOZAMBIQUE

MYANMAR

NAMIBIA

NEPAL

NIGERIA

NIGERIA - MAPS

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

NIGERIA - SIDHAS

PAKISTAN

PAPUA NEW GUINEA

PERU

PHILIPPINES

RWANDA

SENEGAL

SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

TANZANIA

THAILAND

TUNISIA

UGANDA

UKRAINE

VIETNAM

ZAMBIA

ZIMBABWE

MATERIAL DIFFERENCES IN VOTING RIGHTS

FORM 990, PART VI, LINE 1A

AN EXECUTIVE COMMITTEE CONSISTING OF 5 VOTING MEMBERS EXERCISES BOARD

AUTHORITY BETWEEN QUARTERLY MEETINGS OF THE BOARD.

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

NON-VOTING BOARD MEMBER

FORM 990, PART VI, LINE 1A

PATRICK FINE, LISTED AS A TRUSTEE ON PART VII, IS A NON-VOTING BOARD MEMBER AND NOT INCLUDED IN THE TOTAL FOR PART VI, LINE 1A.

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.

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

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

THEY ARISE. ADDITIONALLY, IN THE MONTH OF JULY EACH YEAR, THE CORPORATION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR. DISCLOSURE STATEMENTS ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER.

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.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS BEGAN
FORM 990, PART VI, LINES 15A & 15B

THE ORGANIZATION'S BYLAWS, WHICH ESTABLISH THE HUMAN RESOURCE COMMITTEE OF THE BOARD OF DIRECTORS, AND THE CHARTER OF THE HUMAN RESOURCE COMMITTEE, PROVIDE THAT THE HUMAN RESOURCE 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

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

RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

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 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>
ARAMARK SERVICES LLC 11800 STATESVILLE ROAD HUNTERSVILLE, NC 28078	FACILITIES MGMT SVCS	1,843,649.
ERNST & YOUNG US LLP PO BOX 933514 ATLANTA, GA 31193	AUDIT SERVICES	1,243,837.
NORTH WEST UNIVERSITY 11 HOFFMAN STREET, G16/234 POTCHEFSTROOM SOUTH AFRICA 2520	LAB TESTING SERVICES	459,742.
STRATCOMM, INC. 24 PRIME PARK WAY, STE 103	FREIGHT/ CARGO SVCS	308,538.

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

ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NATICK, MA 01760		
BARC SA PTY LTD NAPIER HOUSE, 11 NAPIER ROAD RICHMOND JOHANNESBURG, GUATENG SOUTH AFRICA 2001	LAB TESTING SERVICES	294,593.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**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.**

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	20,872,286.	20,866,816.	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	SUPP. FHI360	NC	501(C)(3)	12A	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) GOLD STAR KENYA 12 RALPH BUNCHE ROAD, KUGERIA NAIROBI, KENYA KE 19535-00	LOCAL HEALTH	KE	N/A	N/A	FHI	X	
(4) ACHIEVING HEALTH NIGERIA INITIATIVE GODAB PLAZA, AREA 3, GARKI, ABUJA, NG 19535-00202	LOCAL HEALTH	NG	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) 2016

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, GOROUND FL, GREEN PARK EXT, NEW DELHI, DELHI IN 1100	LOCAL HEALTH	IN	N/A	N/A	2,241.	638.	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION	C	5,675,000.	CASH DONATION
(2) GOLD STAR KENYA	M	317,072.	FMV
(3)			
(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)													

Part VII **Supplemental Information**

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