

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

2014

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning **10/01, 2014**, and ending **09/30, 2015**

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 FHI 360				E Telephone number (919) 544-7040		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite				
	359 BLACKWELL STREET, SUITE 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 SUITE 200 DURHAM, NC 27701							
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		J Website: ▶ FHI360.ORG				G Gross receipts \$ 611,536,043.	
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	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						If "No," attach a list. (see instructions)	
						H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>				
	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	8.	8.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7.	7.	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,548.	1,548.	
	6 Total number of volunteers (estimate if necessary)	6	1.	1.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	3,385,217.	Current Year	7,567,149.
	9 Program service revenue (Part VIII, line 2g)		649,995,605.		599,891,504.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		146,096.		-980,206.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		133,586.		3,997,403.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		653,660,504.		610,475,850.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,063,897.	
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)			166,316,124.		166,256,343.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶			0		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			488,698,486.		382,407,166.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		657,078,507.		611,156,671.	
19 Revenue less expenses. Subtract line 18 from line 12		-3,418,003.		-680,821.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	245,249,176.	End of Year	256,165,061.
	21 Total liabilities (Part X, line 26)		165,678,098.		177,274,804.
	22 Net assets or fund balances. Subtract line 21 from line 20.		79,571,078.		78,890,257.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ RASIKA PADMAPERUMA Type or print name and title		CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MELANIE MCPEAK	<i>Melanie A. McPeak</i>	08/15/16		P01346034
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-656596		Phone no. 813-225-4800	
Firm's address ▶ 201 N FRANKLIN STREET, SUITE 2400 TAMPA, FL 33602					

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** (2014)

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

- The books are in the care of ► ROBERT S. MURPHY, 359 BLACKWELL STREET, STE 200 DURHAM, NC 27701

Telephone No. ► 919 544-7040 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20____ or
- tax year beginning 10/01, 2014, and ending 09/30, 2015.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative e-File History 2014	
FED	
Locator:	7784FS
Taxpayer Name:	FAMILY HEALTH INTERNATIONAL
Return Type:	990, 990
Submitted Date:	02/15/2016 14:44:25
Acknowledgement Date:	02/15/2016 14:56:21
Status:	Accepted
Submission ID:	36963520160465000000

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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

- I request an additional 3-month extension of time until **08/15, 2016**.
- For calendar year **2015**, or other tax year beginning **10/01, 2014**, and ending **09/30, 2015**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *Melanie A. McLeak* Title **▶** TAX MANAGER Date **▶** 05/05/16

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 \$ 82,406,086. including grants of \$ 47,463.) (Revenue \$ 100,181,881.)

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 \$ 250,178,957. including grants of \$ 0.) (Revenue \$ 304,144,993.)

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 \$ 74,510,892. including grants of \$ 57,434.) (Revenue \$ 90,583,617.)

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 \$ 86,353,684. including grants of \$ 545,490.) (Revenue \$ 104,981,013.)

4e Total program service expenses 493,449,619.

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
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?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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	
35b 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 question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 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 4 columns: Question ID, Question Text, 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
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.
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.

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. WHITEHORN CHAIR, BOARD OF DIRECTORS	2.00 9.00	X		X				18,612.	90,279.	0
(2) PAUL R. DE LAY VICE CHAIR, BOARD OF DIRECTORS	2.00 0	X		X				16,050.	0	0
(3) VIVIAN LOWERY DERRYCK BOARD MEMBER	2.00 0	X						14,766.	0	0
(4) HOLLY WISE BOARD MEMBER	2.00 0	X						14,124.	0	0
(5) SHEILA W. MITCHELL BOARD MEMBER	2.00 0	X						2,568.	0	0
(6) HELGA YING BOARD MEMBER	2.00 0	X						13,803.	0	0
(7) MARTIN MITTAG-LENKHEYM BOARD MEMBER	2.00 0	X						10,272.	3,840.	0
(8) SANDRA LYNE THURMAN BOARD MEMBER	2.00 0	X						13,482.	0	0
(9) DR ALBERT J. SIEMENS CHAIRMAN (THRU 10/14)	36.00 4.00			X				220,458.	3,852.	41,042.
(10) DR WILLARD WARD CATES JR. DIST. SCNTIST, PRES-EMERITUS	32.00 0			X				280,910.	0	53,971.
(11) PATRICK C. FINE CEO	40.00 0			X				346,437.	0	45,201.
(12) DEBORAH K. KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	40.00 0			X				108,057.	0	717.
(13) DR PETER LAMPTEY DIST. SCIENTIST, PRES-EMERITUS	20.00 0			X				214,539.	0	37,226.
(14) ROBERT R. PRICE EXEC VP/GEN COUNSEL/SECRETARY	36.00 4.00			X				278,522.	24,000.	62,641.

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)	MANISHA BHARTI CHIEF STRATEGY OFFICER	40.00 0			X				239,336.	0	62,775.
(16)	ROBERT SCOTT MURPHY CHIEF FINANCIAL OFFICER	40.00 0			X				189,035.	0	36,938.
(17)	SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.00 0			X				208,263.	0	42,095.
(18)	PAMELA D. MYERS CHIEF HUMAN RESOURCE OFFICER	40.00 0			X				220,955.	0	41,796.
(19)	DAVID G. MEIN CHIEF ADMIN OFFCR (THRU 9/15)	40.00 0			X				270,951.	0	51,069.
(20)	ANTHONY BONDURANT DIRECTOR APRO	40.00 0				X			238,470.	0	28,691.
(21)	PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	40.00 0				X			198,825.	0	42,542.
(22)	IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	40.00 0				X			195,670.	0	37,472.
(23)	EDWARD S. DENNISON DIR BUSINESS PLN & PPSL	40.00 0				X			195,240.	0	57,601.
(24)	NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	40.00 0				X			203,710.	0	35,533.
(25)	JOHN A. GILLIES DIRECTOR GLOBAL LEARNING	40.00 0				X			242,054.	0	52,017.
1b Sub-total									1,552,600.	121,971.	240,798.
c Total from continuation sheets to Part VII, Section A									6,697,288.	0	1,056,041.
d Total (add lines 1b and 1c)									8,249,888.	121,971.	1,296,839.

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 ► 321

	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 ► 26

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) PHYLLIS Z. JONES-CHANGA DIRECTOR, NIGERIA	40.00 0				X		331,334.	0	23,649.	
27) LAURA C. KAYSER DEPUTY TO THE COO	40.00 0				X		245,425.	0	44,667.	
28) TIMOTHY DICKEY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	40.00 0				X		254,250.	0	31,664.	
29) MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	40.00 0				X		184,025.	0	42,396.	
30) PATRICK MONTESANO DIRECTOR US PROGRAMS	40.00 0				X		239,385.	0	38,878.	
31) LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	40.00 0				X		193,621.	0	30,583.	
32) ANGEL PADILLA DIR, CONTRACT MGMT (THRU 8/15)	40.00 0				X		190,591.	0	30,669.	
33) RASIKA PADMAPERUMA DEPUTY CHIEF FINANCIAL OFFICER	40.00 0				X		200,394.	0	26,453.	
34) MELISSA PANAGIDES-BUSCH DIRCTR, PROJ MGMT (THRU 9/15)	40.00 0				X		185,189.	0	38,099.	
35) CHRISTIAAN JOHANNES VAN DAM DIR, PRGM SCIENCES	40.00 0				X		197,527.	0	36,843.	
36) SUSAN ZIMICKI DIRECTOR, INFECTIOUS DISEASES	40.00 0				X		199,309.	0	32,941.	
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 **321**

	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) NZAPHURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	40.00 0				X			203,086.	0	7,117.
(38) STEPHEN J. MILLS DIRECTOR, TECHNICAL	40.00 0					X		252,452.	0	44,481.
(39) WILLIAM O'CALLAGHAN DIR NIGERIA FIN (THRU 9/15)	40.00 0					X		272,372.	0	27,405.
(40) GITA PILLAI DIRECTOR INDIA (THRU 9/15)	40.00 0					X		280,707.	0	17,713.
(41) JANET ROBINSON DIR RSCH & LAB SCI	40.00 0					X		232,562.	0	24,631.
(42) MICHAEL J. WELSH DIRECTOR, ZAMBIA	40.00 0					X		263,517.	0	28,803.
(43) VALERIA ROACH DIRECTOR FINANCE (THRU 8/14)	40.00 0						X	156,858.	0	26,720.
(44) MAUREEN SHROEDEER-SANAI PROJECT DIRECTOR (THRU 8/14)	40.00 0						X	212,175.	0	13,800.
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 **▶** 321

	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 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	7,376,174.					
	e Government grants (contributions),	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	190,975.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			7,567,149.				
Program Service Revenue			Business Code					
	2a AGENCY FOR INTERNATIONAL DEVELOPMENT		541700	382,869,946.	382,869,946.			
	b NATIONAL INSTITUTES OF HEALTH		541700	36,320,308.	36,320,308.			
	c CENTERS FOR DISEASE CONTROL		541700	10,213,290.	10,213,290.			
	d DEPARTMENT REVENUE		541700	11,112,705.	11,112,705.			
	e OTHER U.S. GOVERNMENT		541700	2,896,401.	2,896,401.			
	f All other program service revenue			156,478,854.	156,478,854.			
g Total. Add lines 2a-2f ▶			599,891,504.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			68,237.			68,237.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			25,497.			25,497.	
	6a Gross rents	(i) Real	3,919,843.					
		(ii) Personal						
	b Less: rental expenses							
	c Rental income or (loss)		3,919,843.					
	d Net rental income or (loss) ▶			3,919,843.			3,919,843.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other		11,750.				
	b Less: cost or other basis and sales expenses			1,060,193.				
	c Gain or (loss)			-1,048,443.				
	d Net gain or (loss) ▶			-1,048,443.			-1,048,443.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
	b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			0					
9a Gross income from gaming activities. See Part IV, line 19 a								
b Less: direct expenses b								
c Net income or (loss) from gaming activities ▶			0					
10a Gross sales of inventory, less returns and allowances a								
b Less: cost of goods sold b								
c Net income or (loss) from sales of inventory ▶			0					
Miscellaneous Revenue			Business Code					
11a OTHER REVENUE		541700	52,063.			52,063.		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			52,063.					
12 Total revenue. See instructions ▶			610,475,850.	599,891,504.		3,017,197.		

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	61,868,471.	61,868,471.		
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	624,691.	624,691.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,121,507.	3,738,452.	4,383,055.	
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	111,875,472.	64,274,956.	47,600,516.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,486,141.	7,191,370.	5,294,771.	
9 Other employee benefits	24,230,979.	18,571,853.	5,659,126.	
10 Payroll taxes	9,542,244.	5,469,432.	4,072,812.	
11 Fees for services (non-employees):				
a Management	142,247.	108,811.	33,436.	
b Legal	411,146.	303,019.	108,127.	
c Accounting	1,918,645.	598,213.	1,320,432.	
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.)	26,405,157.	20,391,597.	6,013,560.	
12 Advertising and promotion	472,561.	308,902.	163,659.	
13 Office expenses	23,820,243.	17,206,007.	6,614,236.	
14 Information technology	4,464,578.	4,098,925.	365,653.	
15 Royalties	0			
16 Occupancy	30,512,700.	11,738,089.	18,774,611.	
17 Travel	35,097,142.	30,453,432.	4,643,710.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,690,726.	12,057,937.	632,789.	
20 Interest	385,293.		385,293.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	-2,146,633.		-2,146,633.	
23 Insurance	1,241,667.	417,535.	824,132.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUBAWARD CONTRACT PAYMENT</u>	112,727,492.	112,727,492.		
b <u>FIELD OFFICE EXPENSES</u>	84,335,694.	81,585,211.	2,750,483.	
c <u>PARTICIPANT EXPENSES</u>	25,291,146.	25,291,146.		
d <u>EQUIPMENT</u>	9,325,427.	8,927,478.	397,949.	
e All other expenses	15,311,935.	5,496,600.	9,815,335.	
25 Total functional expenses. Add lines 1 through 24e	611,156,671.	493,449,619.	117,707,052.	
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	117,894,933.	1	102,686,832.
	2 Savings and temporary cash investments	12,232,250.	2	13,354,408.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	87,587,193.	4	113,646,136.
	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	9,059,626.	9	5,576,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,328,621.		
	b Less: accumulated depreciation	10b 15,253,804.	15,046,620.	10c 17,074,817.
	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	3,428,554.	15	3,825,979.
16 Total assets. Add lines 1 through 15 (must equal line 34)	245,249,176.	16	256,165,061.	
Liabilities	17 Accounts payable and accrued expenses	76,316,095.	17	71,555,107.
	18 Grants payable	0	18	0
	19 Deferred revenue	77,029,953.	19	94,613,368.
	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	10,776,860.	23	10,165,944.
	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	1,555,190.	25	940,385.
	26 Total liabilities. Add lines 17 through 25	165,678,098.	26	177,274,804.
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	78,846,143.	27	78,890,257.
	28 Temporarily restricted net assets	724,935.	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	79,571,078.	33	78,890,257.	
34 Total liabilities and net assets/fund balances	245,249,176.	34	256,165,061.	

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	610,475,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	611,156,671.
3	Revenue less expenses. Subtract line 2 from line 1	3	-680,821.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,571,078.
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	78,890,257.

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

2014

Open to Public Inspection

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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						

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

Schedule A (Form 990 or 990-EZ) 2014

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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (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; 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 2014; 15 Public support percentage from 2013 Schedule A; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,547,639.	8,309,714.	10,883,471.	3,385,217.	7,567,149.	37,693,190.
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	466,837,551.	682,823,725.	651,710,017.	649,995,605.	599,891,504.	3,051,258,402.
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	474,385,190.	691,133,439.	662,593,488.	653,380,822.	607,458,653.	3,088,951,592.
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						0
c Add lines 7a and 7b.						0
8 Public support (Subtract line 7c from line 6.)						3,088,951,592.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.	474,385,190.	691,133,439.	662,593,488.	653,380,822.	607,458,653.	3,088,951,592.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	761,569.	4,475,125.	4,159,780.	4,713,216.	4,013,577.	18,123,267.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	761,569.	4,475,125.	4,159,780.	4,713,216.	4,013,577.	18,123,267.
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.) ATCH 1			28,357.	-45,137.	52,063.	35,283.
13 Total support. (Add lines 9, 10c, 11, and 12.)	475,146,759.	695,608,564.	666,781,625.	658,048,901.	611,524,293.	3,107,110,142.
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 2014 (line 8, column (f) divided by line 13, column (f))	15	99.42%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.45%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.58%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	.55%

- 19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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?	11 a	
b A family member of a person described in (a) above?	11 b	
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>	11 c	

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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (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>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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>	2a		
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>	2b		
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>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
OTHER REVENUE			28,357.	-45,137.	52,063.	35,283.
TOTALS			<u>28,357.</u>	<u>-45,137.</u>	<u>52,063.</u>	<u>35,283.</u>

Schedule of Contributors

2014

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

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

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	----- ----- -----	\$ 50,419.	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	----- ----- -----	\$ 89,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 7,376,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

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

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

Name of organization FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,395,080.	5,639,754.	9,755,326.
d Equipment		14,720,895.	9,311,956.	5,408,939.
e Other		2,212,646.	302,094.	1,910,552.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,074,817.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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) DUE TO FHI 360	893,111.	
(3) DEFERRED RENT	10,362.	
(4) SUB-TENANT SECURITY DEPOSIT	33,046.	
(5) OTHER LIABILITIES	3,866.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		940,385.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	595,489,091.
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	595,489,091.
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	14,986,759.	
c	Add lines 4a and 4b		4c	14,986,759.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	610,475,850.

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

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

1	Total expenses and losses per audited financial statements		1	596,169,912.
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	596,169,912.
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	14,986,759.	
c	Add lines 4a and 4b		4c	14,986,759.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	611,156,671.

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

FAMILY HEALTH INTERNATIONAL

FAMILY HEALTH INTERNATIONAL MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

FHI SOLUTIONS

AS A DISREGARDED ENTITY OF FHI 360, FHI SOLUTIONS DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS/LIABILITIES THAT SHOULD BE RECORDED. NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE FHI SOLUTIONS HAD NO UNRELATED BUSINESS INCOME.

SCHEDULE D, PART XI, LINE 4B

DISREGARDED ENTITY REVENUE \$14,986,759

SCHEDULE D, PART XII, LINE 4B

DISREGARDED ENTITY EXPENSES \$14,986,759

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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

Employer identification number

FAMILY HEALTH INTERNATIONAL

23-7413005

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	41.	639.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	79,155,289.
(2) EUROPE	12.	55.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	55,683,930.
(3) CENTRAL AMERICA/CARIBBEAN	57.	20.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	8,740,446.
(4) MIDDLE EAST AND NORTH AFRICA	53.	262.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	252,646,918.
(5) SUB-SAHARAN AFRICA	78.	2,067.	PROGRAM SERVICES	RESEARCH PROGRAM MGMT	171,865,671.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	241.	3,043.			568,092,254.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	241.	3,043.			568,092,254.

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

Schedule F (Form 990) 2014

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	GENDER EQUALITY	44,487.	WIRE TRANSFR			
(2)			EAST ASIA/PACIFIC	GLOBAL LEARNING	30,155.	WIRE TRANSFR			
(3)			CENT. AMERICA/CARIBBEAN	GLOBAL LEARNING	22,773.	WIRE TRANSFR			
(4)			MIDDLE EAST/NORTH AFRICA	CIVIL SOCIETY	56,161.	WIRE TRANSFR			
(5)			SUB-SAHARAN AFRICA	ECONOMIC DEVELOPMENT	126,076.	WIRE TRANSFR			
(6)			SUB-SAHARAN AFRICA	GLOBAL LEARNING	10,869.	WIRE TRANSFR			
(7)			SUB-SAHARAN AFRICA	HEALTH	334,170.	WIRE TRANSFR			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **26.**

3 Enter total number of other organizations or entities. **26.**

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US

FHI 360 UTILIZES A VARIETY OF TOOLS TO ENSURE PROGRAMS ARE IMPLEMENTED AT

APPLICABLE REQUIREMENTS AND FOLLOWING SOUND FINANCIAL PRACTICES. THESE

TOOLS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL SITE VISITS TO GRANTEE

OFFICES, ATTENDANCE AT GRANTEE EVENTS TO MEASURE SUCCESS, FINANCIAL

MONITORING AND AUDITS, REGULAR TECHNICAL AND FINANCIAL REPORTING, REVIEW

OF PROCUREMENT DOCUMENTS AND REVIEWS OF BUDGET VERSUS ACTUAL EXPENSES.

MOST GRANTS ARE FUNDED FOR ONE YEAR OR LESS.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HELEN KELLER INTERNATIONAL 352 PARK AVENUE, S. NEW YORK, NY 10010	13-5562162	501(C)(3)	5,965,161.				CANCER PREVENTION TECH DEVELOPMENT
(2) CARE INC 151 ELLIS STREET, NE ATLANTA, GA 30303-2440	13-1685039	501(C)(3)	4,317,834.				HIV/AIDS PREVENTION
(3) UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY SUITE 9 HADLEY, MA 01035	04-3167352	GOVERNMENT	3,399,165.				GENERAL SUPPORT
(4) UNC CHAPEL HILL 104 ARPT DR #2200 CB 1350 CH, NC 27599	56-6001393	501(C)(3)	3,380,634.				GENERAL SUPPORT
(5) UNIVERSITY OF CALIFORNIA SF 3333 CA ST #315 SAN FRANCISCO, CA 94541	94-6036493	GOVERNMENT	3,212,658.				GENERAL SUPPORT
(6) HOWARD UNIVERSITY RESEARCH ADMIN SVCS WASHINGTON, DC 20059	53-0204707	501(C)(3)	2,777,264.				HIV/AIDS PREVENTION
(7) WORLD COUNCIL OF CREDIT UNIONS 5710 MINERAL PT RD MADISON, WI 53705-4493	39-1143339	501(C)(3)	2,634,464.				GENERAL SUPPORT
(8) UNIVERSITY OF CALIFORNIA SD 9500 GILMAN DR MAILCODE LA JOLLA, CA 92093	99-9999999	GOVERNMENT	2,265,478.				GENERAL SUPPORT
(9) INTERNATIONAL MEDICAL COR 1919 SNTA MNCA BLVD #400 SM, CA 90404	95-3949646	501(C)(3)	2,164,595.				GENERAL SUPPORT
(10) INTERNATIONAL FOOD POLICY 2033 K ST NW WASHINGTON, DC 20006	52-1041632	501(C)(3)	1,666,905.				PREVENTION OF CHILD MALNUTRITION
(11) PATHFINDER INTERNATIONAL 9 GALEN ST #217 WATERTOWN, MA 02472-4501	53-0235320	501(C)(3)	1,403,706.				GENERAL SUPPORT
(12) HOWARD UNIVERSITY RESEARCH RESEARCH ADMIN SVCS WASHINGTON, DC 20059	53-0204707	501(C)(3)	1,181,962.				HIV/AIDS PREVENTION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

7784FS 5275

V 14-7.16

60010945

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NORTH CAROLINA CAMPUS BOX # 1220 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	1,153,367.				HIV/AIDS PREVENTION
(2) UNIV OF CALIFORNIA LA BOX 957089 1125 MRPY HALL LA, CA 90095	99-9999999	GOVERNMENT	1,142,297.				GENERAL SUPPORT
(3) THE TRUSTEES OF COLUMBIA SPNSRD PRJT FIN NEW YORK, NY 10032-3702	13-5598093	501(C)(3)	1,085,272.				GENERAL SUPPORT
(4) WATER AID AMERICA INC 315 MADISON AVE #2301 NEW YORK, NY 10017	30-0181674	501(C)(3)	1,004,606.				GENERAL SUPPORT
(5) RESEARCH TRIANGLE INSTITUTE P.O.BOX 900002 RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	807,292.				GENERAL SUPPORT
(6) PURDUE UNIVERSITY HOVDE HALL WEST LAFAYETTE, IN 47907	26-1999384	501(C)(3)	758,730.				GENERAL SUPPORT
(7) INTERNATIONAL RESCUE COMM 122 E 42ND ST NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	682,714.				GENERAL SUPPORT
(8) WEILL MEDICAL COLLEGE OF CORNELL UNIV 575 LEXINGTON AVENUE NEW YORK, NY 10022	15-0532082	501(C)(3)	665,299.				GENERAL SUPPORT
(9) MANAGEMENT SCIENCES FOR HEALTH 784 MEMRL DR CAMBRIDGE, MA 02139-4613	04-2482188	501(C)(3)	662,975.				HIV/AIDS PREVENTION
(10) CATHOLIC RELIEF SERVICES 228 W LXGTN ST BALTIMORE, MD 21201-3443	13-5563422	501(C)(3)	633,022.				GENERAL SUPPORT
(11) PRESIDENT AND FELLOWS OF 23 EVERETT STE 327 CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	627,841.				GENERAL SUPPORT
(12) ACDI/VOCA 50 F ST NW #1075 WASHINGTON, DC 20001-1530	52-0811461	501(C)(3)	607,452.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PAX MONDIAL LLC 1655 N. FORT MYER DRIVE ARLINGTON, VA 22209	68-0677857		591,286.				GENERAL SUPPORT
(2) AMERICAN INST. FOR RESEARCH3 PO BOX 28126 NEW YORK, NY 10087-8126	25-0965219	501(C)(3)	576,385.				GENERAL SUPPORT
(3) INTERNATIONAL CITY/COUNTY MANAGEMENT ASSOCIATION WASHINGTON, DC 20002	36-2167755	501(C)(3)	574,555.				GENERAL SUPPORT
(4) MCKINSEY AND COMPANY INC 1200 19TH ST NW WASHINGTON, DC 20036	13-3796161		550,728.				GENERAL SUPPORT
(5) THE J GLADSTONE INSTITUTE OFCE OF GRTS & CNTRTS SF, CA 94518	23-7203666	501(C)(3)	526,022.				GENERAL SUPPORT
(6) NORTHEAST EDUCATION SERVICE COOPERATIVE DEVILS LAKE, ND 58301	45-6001342	GOVERNMENT	511,572.				GENERAL SUPPORT
(7) PACT INC 1828 L ST NW #300 WASHINGTON, DC 20036	13-2702768	501(C)(3)	508,023.				GENERAL SUPPORT
(8) ORBIS BIOSCIENCES INC 8006 REEDER ST. LENEXA, KS 66214	26-2360301		502,410.				GENERAL SUPPORT
(9) INTRAHEALTH INTERNATIONAL 6340 QUADRANGLE DR #200 CH, NC 27517	55-0825466	501(C)(3)	489,219.				GENERAL SUPPORT
(10) MENNONITE ECONOMIC DEVELOPMENT ASSOCIATES (MEDA) LANCASTER, PA 17601-4106	23-7398678	501(C)(3)	449,409.				GENERAL SUPPORT
(11) SAVE THE CHILDREN 501 KINGS HWY E #400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	444,752.				HIV/AIDS PREVENTION
(12) FORUM ONE COMMUNICATIONS 15954 JKSN CRK PKWY #B374 MNMNT, CO 80132	94-3261569		440,000.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTH CENTRAL EDU. COOPER 105 SIMRALL BLVD BOTTINEAU, ND 58318-1198	45-6000140	GOVERNMENT	405,778.				GENERAL SUPPORT
(2) ABT ASSOCIATES INC P. O. BOX 84-5586 BOSTON, MA 02284-5586	04-2347643		403,450.				HIV/AIDS PREVENTION
(3) JSI RESEARCH AND TRAINING 1616 FORT MYER DRIVE ARLINGTON, VA 22209	04-2679824	501(C)(3)	370,688.				GENERAL SUPPORT
(4) ROUGHRIDER EDUCATION SERVICE 1173 3RD AVE W #6 DICKINSON, ND 58601	27-0230397	GOVERNMENT	364,463.				GENERAL SUPPORT
(5) MISSOURI RIVER EDUCATIONAL 3001 MMRL HWY #B MANDAN, ND 58554	45-6000242	GOVERNMENT	363,801.				GENERAL SUPPORT
(6) GREAT NORTHWEST EDUCATION COOPERTAIVE 1410 UNIV AVE WILLISTON, ND 58801	06-1759315	GOVERNMENT	357,016.				GENERAL SUPPORT
(7) RELIEF INTERNATIONAL 818 CT AVE NW #600 WASHINGTON, DC 02006	95-4300662	501(C)(3)	355,960.				GENERAL SUPPORT
(8) BRIGHAM & WOMEN'S HOSPITAL BANK OF AMERICA NA BOSTON, MA 02241-3887	04-2312909	501(C)(3)	336,825.				GENERAL SUPPORT
(9) POPULATION COUNCIL 1 DAG HAMMARSKJOLD PL NEW YORK, NY 10017	13-1687001	501(C)(3)	324,729.				GENERAL SUPPORT
(10) PANAGORA GROUP 3209 MCCOMAS AVENUE KENSINGTON, MD 20895	99-9999999		324,545.				GENERAL SUPPORT
(11) MID-DAKOTA EDUCATION COOPERATIVE (MDEC REA) MINOT, ND 58701	45-6001841	GOVERNMENT	316,090.				GENERAL SUPPORT
(12) ENCLUDE LTD 1220 19TH ST NW #200 WASHINGTON, DC 20036	36-3556389		309,535.				GENERAL SUPPORT FOR SOCIO-ECON DEVLPMNT

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) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VANDERBILT UNIVERSITY MEDICAL 3319 WEST END AVE NASHVILLE, TN 37203	35-2528741	501(C)(3)	309,480.				GENERAL SUPPORT FOR SOCIO-ECON DEVLPMNT
(2) SOUTH EAST EDUCATION 1305 9TH AVE S NORTH FARGO, ND 58103	45-6000294	GOVERNMENT	305,265.				GENERAL SUPPORT ON ED DEVELOPMENT
(3) WINROCK INTERNATIONAL 2101 RIVERFRONT DR. LITTLE ROCK, AR 72202	71-0603560	501(C)(3)	261,563.				GENERAL SUPPORT
(4) FREEDOM FROM HUNGER 1644 DA VINCI COURT DAVIS, CA 95618	95-1647835	501(C)(3)	256,112.				GENERAL SUPPORT
(5) EQUAL ACCESS 271 AUSTIN STREET SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	256,000.				GENERAL SUPPORT
(6) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS, MO 63112-1408	99-9999999	GOVERNMENT	248,067.				HIV/AIDS PREVENTION
(7) GEORGIA STATE UNIVERSITY P O BOX 3999 ATLANTA, GA 30302-3999	99-9999999	GOVERNMENT	244,407.				GENERAL SUPPORT FOR SOCIO-ECON DVLPMT
(8) MOBILE ACCORD INC 2150 W. 29TH AVE. DENVER, CO 80211	99-9999999		228,181.				GENERAL SUPPORT
(9) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WASHINGTON, DC 20036	13-2626135	501(C)(3)	221,682.				GENERAL SUPPORT
(10) GEORGE WASHINGTON UNIV 45155 RSRCH PLACE ASHBURN, VA 20147	53-0196584	501(C)(3)	210,365.				GENERAL SUPPORT
(11) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537		171,989.				GENERAL SUPPORT
(12) THE SHEEP NETWORK P.O. BOX 10455 UNIONDALE, NY 11555-0455	13-3840611	501(C)(3)	168,718.				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) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARTNERS FOR DEMOCRATIC CHANGE 1779 MA AVE NE #515 WASHINGTON, DC 20036	94-3065016	501(C)(3)	168,524.				GENERAL SUPPORT
(2) THE WILLIAM DAVIDSON INSTITUTE 724 E UNIV AVE ANN ARBOR, MI 48109-1234	38-3048086	501(C)(3)	166,603.				GENERAL SUPPORT
(3) EMERY GROUP LTD 1205 E. MADISON PARK CHICAGO, IL 60615	45-2488264		150,100.				GENERAL SUPPORT
(4) OPEN REVOLUTION LLC 1150 CT AVE NW #1025 WASHINGTON, DC 20036	27-0541509		141,202.				GENERAL SUPPORT
(5) DAI DEVELOPMENT ALTERNATIVES 7600 WISCONSIN AVE #200 BETHESDA, MD 20814	99-9999999		134,998.				GENERAL SUPPORT - NUTRITION DEVELOPMNT
(6) PH SCIENCE HOLDINGS INC 15022 35TH AVE W LYNNWOOD, WA 98087	91-2181922		134,174.				GENERAL SUPPORT
(7) RED RIVER VALLEY EDUCATION P.O. BOX 6000 GRAND FORKS, ND 58106-6000	45-0333456	501(C)(3)	130,187.				GENERAL SUPPORT
(8) MEBS GLOBAL RESEARCH LC 14930 BOGLE DR CHANTILLY, VA 20151	20-4529940		128,810.				GENERAL SUPPORT
(9) PUBLIC INTERNATIONAL LAW 888 16TH ST NW WASHINGTON, DC 20006	04-3309296	501(C)(3)	128,025.				GENERAL SUPPORT
(10) MERCY CORPS 45 ANKENY ST. PORTLAND, OR 97204	91-1148123	501(C)(3)	118,601.				GENERAL SUPPORT
(11) ROBOOT DESIGN LLC 45 E 20TH ST., 5TH FLOOR NEW YORK, NY 10003	27-3684870		117,709.				GENERAL SUPPORT
(12) DRUG AND DEVICE DEVELOPMENT 4917 SUN LAKE COURT HOLLY SPRINGS, NC 27540	27-3742347		114,940.				GENERAL SUPPORT

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

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MANAGEMENT SYSTEMS INTERN 1130 CT AVE NW WASHINGTON, DC 20036	52-1215041		110,872.				GENERAL SUPPORT
(2) CHILD TRENDS 7315 WISCONSIN AVENUE BETHESDA, MD 20814	13-2982969	501(C)(3)	108,926.				GENERAL SUPPORT
(3) UNIVERSITY OF WASHINGTON 325 9TH AVE BOX 359927 SEATTLE, WA 98104	99-9999999	GOVERNMENT	101,733.				RESEARCH ON BIRTH CONTROL
(4) PACER CENTER 8161 NORMANDALE BLVD. MINNEAPOLIS, MN 55437	41-1306304	501(C)(3)	95,000.				GENERAL SUPPORT
(5) ENGINE PICTURES INC 2300 WIS. AVE NW 2ND FLR WSHNGTN, DC 20007	52-1944860		89,200.				GENERAL SUPPORT
(6) JOHNS HOPKINS UNIVERSITY 733 N BROADWAY BALTIMORE, MD 21205-1832	52-0595110	501(C)(3)	89,184.				GENERAL SUPPORT
(7) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	GOVERNMENT	85,444.				GENERAL SUPPORT - NUTRITION DEVELOPMNT
(8) WORLDCHICAGO 72 EAST RANDOLPH STREET CHICAGO, IL 60601	36-2406639	501(C)(3)	84,162.				GENERAL SUPPORT
(9) AMDEE LLC 10611 PINE HVN TRRCE N. BETHESDA, MD 20852	27-2225163		82,410.				GENERAL SUPPORT
(10) PLANNED PARENTHOOD SOUTH 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557	501(C)(3)	78,674.				GENERAL SUPPORT
(11) PARTNERS IN EXPANDING HEALTH 2211 LA MESA COURT DAVIS, CA 95618	16-1721701	501(C)(3)	78,158.				GENERAL SUPPORT
(12) DESIGN, LLC, REBOOT 45 E 20TH ST., 5TH FLOOR NEW YORK, NY 10003	27-3684870		77,826.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WORLD AFFAIRS COUNCIL OF OREGON 1200 SW PARK AVENUE PORTLAND, OR 97205	93-0568356	501(C)(3)	77,309.				GENERAL SUPPORT
(2) EMERGING MARKETS GROUP LT COLONIAL PLACE III ARLINGTON, VA 22201	99-9999999		76,833.				GENERAL SUPPORT
(3) HOWARD UNIVERSITY PACE 525 BRYANT STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	75,269.				GENERAL SUPPORT
(4) ADIRONDACK ACCESSABILITY 687 FIGERT ROAD COLD BROOK, NY 13324	16-1587281		67,857.				GENERAL SUPPORT
(5) MCMAHON CONSULTING GROUP 5 MELVIN AVENUE CATONSVILLE, MD 21228	27-2953125		62,930.				GENERAL SUPPORT
(6) EASTERN VIRGINIA MEDICAL P O BOX 1980 NORFOLK, VA 23501-1980	23-7053028	501(C)(3)	58,368.				GENERAL SUPPORT
(7) PLANNED PARENTHOOD OF CEN 1765 DOBBINS DR CH, NC 27514-5876	58-1484820	501(C)(3)	57,319.				GENERAL SUPPORT
(8) INTERNATIONAL RESEARCH & EXCHANGE BOARD 1275 K ST NW #600 WASHINGTON, DC 20037	22-3087809	501(C)(3)	53,801.				GENERAL SUPPORT
(9) RESEARCH FOUNDATION FORM 150 BROADWAY SUITE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	52,593.				GENERAL SUPPORT
(10) DYNABAND LLC P.O. BOX 590 COOPERSTOWN, ND 58425	45-0450425		51,100.				GENERAL SUPPORT
(11) UNIVERSITY OF ARKANSAS 4301 W MARKHAM ST LITTLE ROCK, AR 72205	99-9999999	GOVERNMENT	50,776.				GENERAL SUPPORT
(12) ROTARY INTERNATIONAL 1560 SHRMN AVE EVANSTON, IL 60201	36-1707667	501(C)(3)	50,568.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OCTANE LLC 1806 VERNON STREET NW WASHINGTON, DC 20009	54-1982499		47,831.				GENERAL SUPPORT
(2) CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD STREET SAN FRANCISCO, CA 94103	94-6000417	GOVERNMENT	46,834.				GENERAL SUPPORT
(3) POPULATION SERVICES INT'L SUITE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	44,412.				GENERAL SUPPORT
(4) THE HANNON GROUP LLC 10002 EDGWTR TRCE #100 FRT WSHGTN, MD 20744	32-0044001		43,819.				GENERAL SUPPORT
(5) UNIVERSITY RESEARCH CO. 7200 WIS. AVE #600 BETHESDA, MD 20814	52-1752957	501(C)(3)	42,755.				GENERAL SUPPORT
(6) THE BRIGHAM AND WOMANS 101 HTNGTN AVE #300 BOSTON, MA 02199	04-2312909	501(C)(3)	41,311.				GENERAL SUPPORT
(7) GRETCHEN SWANSON CENTER 8401 W DGE RD #100 OMAHA, NE 68114	27-4313546	501(C)(3)	40,215.				GENERAL SUPPORT
(8) TREATMENT ACTION GROUP 261 FIFTH AVE NEW YORK, NY 10016	13-3624785	501(C)(3)	38,294.				GENERAL SUPPORT
(9) AIDS PROJECT LOS ANGELES 611 S. KINGSLEY DRIVE LOS ANGELES, CA 90005	95-3842506	501(C)(3)	37,914.				GENERAL SUPPORT
(10) WORLD EDUCATION INC 44 FARNSWORTH STREET BOSTON, MA 02210-1211	13-1804349	501(C)(3)	35,518.				GENERAL SUPPORT
(11) AIDS VACCINE ADVOCACY COALITION 423 W 127TH ST,4TH FL NEW YORK, NY 10027	94-3240841	501(C)(3)	35,053.				GENERAL SUPPORT
(12) FENWAY COMMUNITY HEALTH 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501(C)(3)	33,060.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRETEK SOLUTIONS LLC 8318 FRST ST ELLICOTT CITY, MD 21043	52-2282998		32,000.				GENERAL SUPPORT
(2) INTERNATIONAL DEVELOPMENT ENTERPRISE 1031 33RD ST #270 DENVER, CO 80205	23-2220051	501(C)(3)	30,891.				GENERAL SUPPORT
(3) INSTITUTE FOR CLINICAL RESEARCH PO BOX 29545 WASHINGTON, DC 20017-0745	52-1336656	501(C)(3)	29,664.				GENERAL SUPPORT
(4) TRUSTEES OF THE UNIV OF PHILADELPHIA 3451 WALNUT ST. PHILADELPHIA, PA 19101-6205	23-1352685	501(C)(3)	28,908.				GENERAL SUPPORT
(5) MAKING CENTS INTERNATIONA 1155 30TH STREET,N.W. WASHINGTON, DC 20007	84-1672193		28,537.				GENERAL SUPPORT
(6) PROJECT HOPE THE PEOPLE TO HEALTH FOUNDATIO 255 CARTER HALL LN MILLWOOD, VA 22645-0255	53-0242962	501(C)(3)	27,332.				GENERAL SUPPORT
(7) UNIVERSITY OF MISSISSIPPI 2500 N STATE ST JACKSON, MS 39216	64-0933856	501(C)(3)	24,968.				GENERAL SUPPORT
(8) RESEARCH FOUNDATION OF CU 250 BEDFORD PARK BLVD WEST BRONX, NY 10468	13-1988190	501(C)(3)	20,631.				GENERAL SUPPORT
(9) EVERGREEN EVALUATION & CONSLTG INC 16 BRADLEY BOW ROAD JERICHO, VT 05465-3136	45-3846065		20,000.				GENERAL SUPPORT
(10) UNIVERSITY OF MINNESOTA FISCAL 106 PLSNT ST SE MPLS, MN 55455	41-6007513	GOVERNMENT	20,000.				GENERAL SUPPORT
(11) UNIVERSITY OF CALIFORNIA LA 405 HILGARD AVENUE LOS ANGELES, CA 90095	99-9999999	GOVERNMENT	18,024.				HIV RELATED RESEARCH
(12) HOWARD UNIVERSITY 1840 7TH STREET NW WASHINGTON, DC 20001	53-0204707	501(C)(3)	17,791.				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) (2014)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INVENEO 972 MISSION ST 5TH FLR SF, CA 94103	20-1663266	501(C)(3)	16,811.				GENERAL SUPPORT
(2) TECHCHANGE 2001 13TH. STREET, NW WASHINGTON, DC 20009	27-3358772		16,750.				GENERAL SUPPORT
(3) KELLEY RESEARCH ASSOCIATE 64 CHRISTOPHER RD. NORWELL, MA 02061	34-1983507		14,000.				GENERAL SUPPORT
(4) REGENTS OF UNIV OF MICHIGAN 5000 WLVRE TWER ANN ARBOR, MI 48109	38-6006309	GOVERNMENT	10,895.				GENERAL SUPPORT
(5) FENWAY COMMUNITY HEALTH 1340 BOYLSTON STREET BOSTON, MA 02215-4302	04-2510564	501(C)(3)	10,496.				GENERAL SUPPORT
(6) NEW YORK ACADEMY OF SCIEN 250 GRNWCH ST NEW YORK, NY 10007	13-1773640	501(C)(3)	10,300.				GENERAL SUPPORT
(7) OPPORTUNITY INDUSTRIALIZA 1875 CT AVE NW 10TH FL WASHINGTON, DC 20009	99-9999999		9,502.				HIV/AIDS PREVENTION
(8) APPALACHIAN STATE UNIV 958 BLOWING ROCK ROAD BOONE, NC 28607	99-9999999	GOVERNMENT	9,175.				GENERAL SUPPORT
(9) ECOLOGY AND ENVIRONMENT 368 PLSNT VIEW DR LANCASTER, NY 14086	16-0971022		8,750.				GENERAL SUPPORT
(10) ICNL 1126 16TH ST NW #400 WASHINGTON, DC 20036	52-1818273	501(C)(3)	8,674.				GENERAL SUPPORT
(11) GEORGE WASHINGTON UNIV 45155 RSRCH PL 240V ASHBURN, VA 20147	53-0196584	501(C)(3)	8,452.				GENERAL SUPPORT
(12) EMORY UNIVERSITY OFFICE OF PRGRMS PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	8,062.				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) (2014)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS ATTN: SPNSRD PRJTS HOUSTON, TX 77030	74-1761309	GOVERNMENT	7,647.				GENERAL SUPPORT
(2) EDUCATIONAL POLICY INSTIT 3172 INDIAN PLNTN DR VRGNA BEACH, VA 23456	99-9999999		6,750.				GENERAL SUPPORT
(3) DUKE UNIVERSITY ACCOUNTS P O BOX 602651 CHARLOTTE, NC 28260-2651	56-0529965	501(C)(3)	6,497.				GENERAL SUPPORT
(4)							
(5)							
(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 ▶ 107.

3 Enter total number of other organizations listed in the line 1 table ▶ 28.

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

Schedule I (Form 990) (2014)

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

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

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE US

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

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

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

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

**SCHEDULE J
(Form 990)**

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

2014

**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 in 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 (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 in 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2014

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	DR ALBERT J. SIEMENS CHAIRMAN (THRU 10/14)	(i)	162,608.	0	57,850.	26,795.	14,247.	261,500.	0
		(ii)	3,852.	0	0	0	0	3,852.	0
2	DR WILLARD WARD CATES J DIST. SCNTIST, PRES-EMERITUS	(i)	258,828.	0	22,082.	46,651.	7,320.	334,881.	0
		(ii)	0	0	0	0	0	0	0
3	PATRICK C. FINE CEO	(i)	344,539.	0	1,898.	31,200.	14,001.	391,638.	0
		(ii)	0	0	0	0	0	0	0
4	DR PETER LAMPTEY DIST. SCIENTIST, PRES-EMERITUS	(i)	203,750.	0	10,789.	24,990.	12,236.	251,765.	0
		(ii)	0	0	0	0	0	0	0
5	ROBERT R. PRICE EXEC VP/GEN COUNSEL/SECRETARY	(i)	268,392.	0	10,130.	47,320.	15,321.	341,163.	0
		(ii)	24,000.	0	0	0	0	24,000.	0
6	MANISHA BHARTI CHIEF STRATEGY OFFICER	(i)	233,077.	0	6,259.	45,689.	17,086.	302,111.	0
		(ii)	0	0	0	0	0	0	0
7	ROBERT SCOTT MURPHY CHIEF FINANCIAL OFFICER	(i)	174,391.	0	14,644.	21,059.	15,879.	225,973.	0
		(ii)	0	0	0	0	0	0	0
8	SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	204,952.	0	3,311.	24,691.	17,404.	250,358.	0
		(ii)	0	0	0	0	0	0	0
9	PAMELA D. MYERS CHIEF HUMAN RESOURCE OFFICER	(i)	215,102.	0	5,853.	25,914.	15,882.	262,751.	0
		(ii)	0	0	0	0	0	0	0
10	DAVID G. MEIN CHIEF ADMIN OFFCR (THRU 9/15)	(i)	253,750.	0	17,201.	46,741.	4,328.	322,020.	0
		(ii)	0	0	0	0	0	0	0
11	ANTHONY BONDURANT DIRECTOR APRO	(i)	184,526.	0	53,944.	22,143.	6,548.	267,161.	0
		(ii)	0	0	0	0	0	0	0
12	PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	(i)	195,174.	0	3,651.	27,421.	15,121.	241,367.	0
		(ii)	0	0	0	0	0	0	0
13	IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	(i)	186,175.	0	9,495.	22,593.	14,879.	233,142.	0
		(ii)	0	0	0	0	0	0	0
14	EDWARD S. DENNISON DIR BUSINESS PLN & PPSL	(i)	189,317.	0	5,923.	40,218.	17,383.	252,841.	0
		(ii)	0	0	0	0	0	0	0
15	NADRA C. FRANKLIN DIR SOC & ECO DEVELOPMENT	(i)	195,231.	0	8,479.	23,428.	12,105.	239,243.	0
		(ii)	0	0	0	0	0	0	0
16	JOHN A. GILLIES DIRECTOR GLOBAL LEARNING	(i)	226,630.	0	15,424.	43,487.	8,530.	294,071.	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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PHYLLIS Z. JONES-CHANGA DIRECTOR, NIGERIA	(i)	159,441.	0	171,893.	19,133.	4,516.	354,983.	0
	(ii)	0	0	0	0	0	0	0
2 LAURA C. KAYSER DEPUTY TO THE COO	(i)	234,713.	0	10,712.	28,166.	16,501.	290,092.	0
	(ii)	0	0	0	0	0	0	0
3 TIMOTHY DICKEY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	(i)	240,402.	0	13,848.	29,124.	2,540.	285,914.	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL P. MAZZA DIRECTOR, INFORMATION SOLUTION	(i)	180,389.	100.	3,536.	39,423.	2,973.	226,421.	0
	(ii)	0	0	0	0	0	0	0
5 PATRICK MONTESANO DIRECTOR US PROGRAMS	(i)	235,734.	0	3,651.	28,288.	10,590.	278,263.	0
	(ii)	0	0	0	0	0	0	0
6 LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	(i)	186,346.	0	7,275.	22,637.	7,946.	224,204.	0
	(ii)	0	0	0	0	0	0	0
7 ANGEL PADILLA DIR, CONTRACT MGMT (THRU 8/15)	(i)	186,372.	0	4,219.	22,723.	7,946.	221,260.	0
	(ii)	0	0	0	0	0	0	0
8 RASIKA PADMAPERUMA DEPUTY CHIEF FINANCIAL OFFICER	(i)	180,000.	10,000.	10,394.	11,169.	15,284.	226,847.	0
	(ii)	0	0	0	0	0	0	0
9 MELISSA PANAGIDES-BUSCH DIRCTR, PROJ MGMT (THRU 9/15)	(i)	177,604.	0	7,585.	21,313.	16,786.	223,288.	0
	(ii)	0	0	0	0	0	0	0
10 VALERIA ROACH DIRECTOR FINANCE (THRU 8/14)	(i)	119,472.	0	37,386.	14,600.	12,120.	183,578.	0
	(ii)	0	0	0	0	0	0	0
11 MAUREEN SHROEDEER-SANAI PROJECT DIRECTOR (THRU 8/14)	(i)	71,436.	0	140,739.	8,572.	5,228.	225,975.	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTIAAN JOHANNES VAN DIR, PRGM SCIENCES	(i)	195,629.	0	1,898.	23,476.	13,367.	234,370.	0
	(ii)	0	0	0	0	0	0	0
13 SUSAN ZIMICKI DIRECTOR, INFECTIOUS DISEASES	(i)	186,329.	0	12,980.	22,580.	10,361.	232,250.	0
	(ii)	0	0	0	0	0	0	0
14 STEPHEN J. MILLS DIRECTOR, TECHNICAL	(i)	165,897.	0	86,555.	37,408.	7,073.	296,933.	0
	(ii)	0	0	0	0	0	0	0
15 WILLIAM O'CALLAGHAN DIR NIGERIA FIN (THRU 9/15)	(i)	149,925.	0	122,447.	17,991.	9,414.	299,777.	0
	(ii)	0	0	0	0	0	0	0
16 GITA PILLAI DIRECTOR INDIA (THRU 9/15)	(i)	136,696.	0	144,011.	16,680.	1,033.	298,420.	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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JANET ROBINSON DIR RSCH & LAB SCI	(i) 172,128.	0	60,434.	20,656.	3,975.	257,193.	0
	(ii)	0	0	0	0	0	0	0
2	MICHAEL J. WELSH DIRECTOR, ZAMBIA	(i) 179,105.	0	84,412.	19,318.	9,485.	292,320.	0
	(ii)	0	0	0	0	0	0	0
3	NZAPHURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	(i) 195,205.	0	7,881.	0	7,117.	210,203.	0
	(ii)	0	0	0	0	0	0	0
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENTS.

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 2014 TO THE FOLLOWING:
MAUREEN SHROEDEER-SANAI - \$24,699.

SCHEDULE J, PART I, LINE 4B

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

Part III Supplemental Information

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

ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**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.**

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 \$64,361,256

GRANTS \$509,606

REVENUES \$78,244,605

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
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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 PREVENTS STIS, INCLUDING HIV/AIDS, WORKING WITH LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN MORE THAN 70 COUNTRIES AROUND THE WORLD.

EXPENSES \$21,992,428

GRANTS \$35,885

REVENUES \$26,736,408

NAME OF FOREIGN COUNTRY

FORM 990, PART V, LINE 4B

AFGHANISTAN

BANGLADESH

BOTSWANA

BURKINA FASO

BURUNDI

CAMBODIA

CHINA

DEMOCRATIC REPUBLIC OF THE CONGO

CÔTE D'IVOIRE

DJIBOUTI

DOMINICAN REPUBLIC

EGYPT

EQUATORIAL GUINEA

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

ETHIOPIA

GHANA

GUATEMALA

GUINEA

INDIA

INDONESIA

IRAQ

JORDAN

KENYA

KYRGYZSTAN

LAO PEOPLE'S DEMOCRATIC REPUBLIC (LAOS)

LIBERIA

MALAWI

MOZAMBIQUE

MYANMAR

NAMIBIA

NEPAL

NIGERIA

PAKISTAN

PAPUA NEW GUINEA

PERU

PHILIPPINES

RWANDA

SENEGAL

SIERRA LEONE

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

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

UNITED REPUBLIC OF TANZANIA

THAILAND

UGANDA

VIET NAM

ZAMBIA

ZIMBABWE

KOSOVO

MATERIAL DIFFERENCES IN VOTING RIGHTS

FORM 990, PART VI, LINE 1A

AN EXECUTIVE COMMITTEE CONSISTING OF 4 VOTING MEMBERS EXERCISES BOARD
AUTHORITY BETWEEN QUARTERLY MEETINGS OF THE BOARD.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990
FORM 990, PART VI, LINE 11B

FORM 990 IS PREPARED BY FHI 360'S FINANCE AND LEGAL TEAM IN CONSULTATION
WITH THE ACCOUNTING FIRM, ERNST & YOUNG LLP. AFTER A FINAL REVIEW BY THE
ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND CHIEF
EXECUTIVE OFFICER, FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF
THE BOARD OF DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH
MEMBER OF THE BOARD OF DIRECTORS. AFTER BOARD'S APPROVAL IS OBTAINED,
FORM 990 IS SUBMITTED TO IRS.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST
FORM 990, PART VI, LINE 12C

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

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

THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND
SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS
REGARDING CONDUCT, AND ETHICAL STANDARDS, IS PROVIDED TO EACH BOARD
MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. EACH MEMBER
AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES
WITH THE CODE OF ETHICS AND CONDUCT.

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS BEGAN
FORM 990, PART VI, LINES 15A & 15B

THE ORGANIZATION'S BYLAWS, WHICH ESTABLISH THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AND THE CHARTER OF THE AUDIT COMMITTEE, PROVIDE THAT THE AUDIT COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) CONSIDER THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, LINE 19

FHI 360'S ORGANIZATIONAL CHARTER IS AVAILABLE THROUGH THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND IS AVAILABLE TO THE PUBLIC. FHI

Name of the organization FAMILY HEALTH INTERNATIONAL	Employer identification number 23-7413005
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360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAIALBLE UPON
REQUEST.

ATTACHMENT 1

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

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	14,986,759.	32,418,881.	FHI
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION 56-1719871 359 BLACKWELL STREET, #200 DURHAM, NC 27701	SUPPRT FHI360	NC	501(C)(3)	11A	FHI	X	
(2) FHI DISASTER RELIEF FUND 45-3735754 359 BLACKWELL STREET, #200 DURHAM, NC 27701	DISAST RELIEF	NC	501(C)(3)	7	FHI	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

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)									
(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	7,376,174.	CASH DONATION
(2)			
(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**

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