				PUBLIC INSPEC	CTION C	OPY						
	•			Drganization E	-					<u>OMB №. 154</u>	<u>5-0047</u>	
Form	n y	90	Under section 501(c), 52						itions)			
		of the Treasu	rv I	Social Security numbers about Form 990 and its i		-		-		Open to Po Inspectio		
		nue Service	alendar year, or tax year begin			, and endin	0	111990.	00/3	30, 20 ₁₆	ph	
<u>~ ·</u>			Name of organization		/01,2013			Employer id		= -		
Вс	heck if ap		FAMILY HEALTH INTERNA	TTONAL.				1.77				
	Addre		Doing Business As FHI360					23-741	3005			
	1 1	<u> </u>	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/suite	E	Telephone r				
	Initial	ÿ	359 BLACKWELL STREET			200	((919) 54	4-704	40		
	Termi		City or town, state or province, country,	and ZIP or foreign postal code	e			()		-		
	Ameno		DURHAM, NC 27701				G	Gross receip	ots \$	700,004,	319.	
	Applic	ation F	Name and address of principal officer:	MR. PATRICK (C. FINE		н	(a) Is this a gro		or Yes	X No	
	_ pondi	.9	359 BLACKWELL STREET,	STE 200 DURHAM	I, NC 27	701	н	subordinates		led? Yes	No	
I	Tax-exe	empt status	s: X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or 527	7	lf "No," atta	ch a list. (s	ee instructions)		
J	Websit	te: 🕨 FH	HI360.ORG				н	l(c) Group exem	nption numb	oer 🕨		
к	Form c	of organizat	tion: X Corporation Trust	Association Other	•	L Year of	formation	n: 1973 M	State of	legal domicile:	NC	
Pa	art I	Sumn										
	1	Briefly de	escribe the organization's mission o	or most significant activities	s: SEE SC	CHEDULE (<u>с</u>					
e												
Activities & Governance												
over			is box ▶ if the organization o						1 1			
ğ			of voting members of the governing						3		10.	
es å			of independent voting members of						4		9.	
vitio			mber of individuals employed in cal						5	1,	489.	
\cti			mber of volunteers (estimate if neces						6		1.	
٩			elated business revenue from Part V						7a		0.	
	b	Net unre	lated business taxable income from	Form 990-T, line 34				Prior Year	7b	Current Ye	0.	
		O = = t =: b = = t						7,567,14	10	11,635		
Ine			tions and grants (Part VIII, line 1h)			Y FOR		9,891,50		683,762		
Revenue			service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lin			SPECTION		-980,20			<u>, 114</u> .	
Re			venue (Part VIII, column (A), lines 5	· • • • •				3,997,40		4,431		
			enue - add lines 8 through 11 (mus					0,475,85		700,004		
			nd similar amounts paid (Part IX, col					2,493,10				
			paid to or for members (Part IX, colu					, ,	0.		0.	
s			other compensation, employee ben				16	6,256,34	13.	160,584	,925.	
use			onal fundraising fees (Part IX, column						0.		0.	
Expenses			draising expenses (Part IX, column (0	·						
ш			penses (Part IX, column (A), lines 11				38	2,407,10	56.	460,040	,641.	
			enses. Add lines 13-17 (must equa				61	1,156,6	71.	693,297	,258.	
	19	Revenue	less expenses. Subtract line 18 fror	m line 12				-680,82	21.	6,707	,061.	
Net Assets or Fund Balances							Beginni	ng of Current	Year	End of Year		
sets alan	20	Total ass	ets (Part X, line 16)				25	6,165,00	51.	259,424	,019.	
t As d B			ilities (Part X, line 26)				17	7,274,80	04.	173,826	<u>,701</u> .	
Pure	22	Net asse	ts or fund balances. Subtract line 27	1 from line 20			7	8,890,25	57.	85,597	<u>,318</u> .	
	rt II		ature Block									
Uno true	der pen e. corre	nalties of p ct. and cor	erjury, I declare that I have examined th nplete. Declaration of preparer (other that	nis return, including accompa n officer) is based on all infor	anying schedu mation of whi	les and statem ch preparer has	nents, and s anv know	to the best o wledge.	f my kno	wledge and bel	ief, it is	
	,		· · · ·	,			,					
Sig	n		nature of officer					Dete				
Hei		' '			050			Date				
	-		SIKA PADMAPERUMA		CFO							
			e preparer's name	Preparer's signature		Date			if PTI		0. 0,641. 7,258. 7,061. ar 4,019. 6,701. 7,318. relief, it is	
Paid	1			Christephen B. I	7	08/14/	17	Check self-employ	J ''		584,925. 0. 040,641. 297,258. 707,061. 597,318. 100 belief, it is 100 belief, it is	
Prep	oarer		TOPHER B BOGGS		regapt	00/14/				00032493		
Use	Only	Firm's na						· · · ·		565596		
Max	the I		dress 100 N TRYON STREET STE ss this return with the preparer show		-)			hone no.		372-6300 X Yes	NI -	
			duction Act Notice, see the separa							X Yes	(2015)	
101	aper	WOIN NO	aution Act Notice, see the separa							1 JULI 3 3 0	(2013)	

FAMILY HEALTH INTERNATIONAL

23-7413005

Fo	rm 990 (2015) Page 2
P	Part III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ _{92,967,304} including grants of \$ _{12,150,949}) (Revenue \$ _{111,406,945})
HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED
INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR
COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND
LOCAL COMMUNITIES. PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE
BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD
STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE,
PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT
VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS. IN ADDITION
TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH
COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH
ANTIRETROVIRAL THERAPY GLOBALLY.

36,262,940.) (Revenue \$ 292,912,877. including grants of \$ 4b (Code:) (Expenses \$ 349,310,843. GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS. THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES. THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILD CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. FHI FOUNDATION SUPPLEMENTS DONOR FUNDS, TO BE USED FOR RESEARCH AND INTERNAL DEVELOPMENT ACTIVITIES.

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

 EDUCATION - FHI360'S EXPERTS USE INNOVATIVE METHODS TO IMPROVE

 TEACHING AND LEARNING IN THE U.S. AND AROUND THE WORLD. PROGRAMS

 ADVANCE EDUCATIONAL ACCESS AND PROMOTE FULL PARTICIPATION FOR

 GIRLS, NEW IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH

 DISABILITIES. ACTIVITIES FACILITATE DECISION MAKING BY PROVIDING

 RESEARCH, EVALUATION, DATA ANALYSIS AND TECHNICAL RESOURCES

 GLOBALLY. FHI360 ALSO WORKS TO STRENGTHEN EDUCATION IN FRAGILE

 STATES AND SUPPORT REFORM OF POLICIES AND SYSTEMS.

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

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

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

V 15-7.18

FAMILY HEALTH INTERNATIONAL

23-7413005

Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (ther than a private foundation? // ****. I 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?. I X 2 Is the organization required to complete Schedule C. Part I. I X 3 Is the organization required to complete Schedule C. Part I. Is the organization in effect during the tax year // 1*/es; complete Schedule C. Part I. Is the organization appendix Schedule C. 5 Is the organization maintain any doner 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? // 1*/es; complete Schedule D. Part I. Schedule D. Part I. 7 Viet the organization maintain collections of works of at, historical treasures, or other similar assel? // 1*/es; complete Schedule D. Part I. Schedule D. Part I. 8 X Old the organization maintain collections of works of at, historical treasures, or other advice on the distribution or investment of amounts in such funds works as a custodian for amounts not listed in Part X, line 21, for secrew or custodial account lisbility, serve as a custodian for amounts not listed in Part X, line 21, for secrew or custodial account lisbility, serve as a custodian for amounts or tise of the advice on the distribution orequestinton ingenetize in Part X. B </th <th>Form 9</th> <th>90 (2015)</th> <th></th> <th>F</th> <th>Page 3</th>	Form 9	90 (2015)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A,	Part	V Checklist of Required Schedules			
complete Schedule A. 1 x 2 1s the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) 4 x 5 Is the organization asset on 501(n) 4 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 th distribution or hivestiment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II. 7 X 7 Did the organization reserve or hold a conservation easement, including easements, to preserve open space. The environment, historic land arease, or historic attraceuse, or outsordial assets? If 'Yes,'' complete Schedule D, Part II. 7 X 9 Did the organization reserve to any other dy the organization, and any other astructures? If 'Yes,'' complete Schedule D, Part II. 7 X 9 Did the organization and any other astructures? If 'Yes,'' complete Schedule D, Part II. 7 X 9 Did the organization any any other astructures? If 'Yes,'' complete Schedule D, Part II. </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
2 is the organization required to complete Schedule <i>P</i> . Contributors (see instructions)?. 2 X 3 Did the organization again indrect political campaign activities on bhalf of or in opposition to another applications. Did the organization segles in lobbying activities, or have a section 501(h) 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization assetton 501(c)(4). 501(c)(5) or 501(c)(6) organization that receives membershy dues, assessments, or similar anounts as defined in Revenee Procedure 89.497 II ''res,'' complete Schedule C, Part II. 4 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? If ''res,'' complete Schedule D. Part II. 5 X 7 Did the organization receive or hold a conservation easement, including easements to preserve opens pace, the environment, historical schedule D, Part IV 7 X 8 Did the organization report an amount in Part X. Ine 21, for secrow or custodial account liability, serve as a custodian for amounts on listed in again-adownents? I''res,'' complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endownents'I''res,'' complete Schedule D, Part V.	1				
 3 Did the organization engage in direct or indirect political campaign activities on behalf of ar in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) the laxyear? If "Yes," complete Schedule C, Part II. 5 Is the organization assection 501(c)(4). 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-187. If "Yes," complete Schedule C, Part II. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historical tread areas, or historic structures? If "Yes," complete Schedule D, Part I. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part I. 9 Did the organization receive or hold a conservation easement, including easements to preserve open space. To explan the fact of a mounts on listed in Part X. Inc 21, for escrow or custodial account liability, serves," a custodian for amounts no listed in Part X. Inc 21, for escrow or custodial account liability, serves a a custodian for amounts no listed in Part X. Inc 21, for escrow or custodial account liability, serves," a custodian for amounts no listed in Part X. Inc 21, for escrow or custodial account liability, serves, a custodian for amounts not listed in Part V. Inc 917. Ves," complete Schedule D, Part N. 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part N. 10 Did the organization report an amount for the statemets. Berl Yes," complete Schedule D, Part N. 11 Did the organization report an amount for there thave serves endues accounce in the state sessest reported in Part X, line			1		
candidates for public office? // T'es; "complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization enganization e	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 92-197 // "Yes," complete Schedule C, Part II, "*es," complete Schedule D, Part I, "*es," complete Schedule D, Part II, "*es," complete Schedule D, Part II 7 X 9 Did the organization resources, If "Yes," complete Schedule D, Part II, "*es," complete Schedule D, Part II 7 X 9 Did the organization resources II "Yes," complete Schedule D, Part II * 9 X 10 Did the organization amount in Part X, line 21, for server or custodial account liability, serve as ocustodian for amounts not listed in Part X, and Yes," complete Schedule D, Part VI 9 X 10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 If the organization resort an amount for land, buildings, and equipment in Part X, line 13 that 15% or more of it stolal assets reported	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II, 4 X 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(5), or 501(c)(6), or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II, 5 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 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? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 71, Ves," complete Schedule D, Part V. 8 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, V, VII, VII, VII, VII, VII, VII, VI			3		X
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives members in budges, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 5 x 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "yes," complete Schedule D, Part I. 6 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? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 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 negonization, directly or through a related organization, hold assets in temporarily restricted endowments? If "Yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 11 13 X X X 11 X 14 the organization report an amount for la	4				
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III, 5 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? If "Yes," complete Schedule D, Part II. 6 x 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic astructures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts or timeles Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? or quasi-endowners? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 th e organization report an amount for land, buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 114 X 2 Did the organization report an amount for threstments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete			4		X
Part III. 5 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? // "Yes." complete Schedule D, Part I. 6 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? // "Yes," complete Schedule D, Part II. 6 X 7 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 12, historical treasures, or other similar assets? // "Yes," orgete Schedule D, Part IV. 8 X 9 Did the organization report an amount for Part X. Ince 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 12, mit and the organization report an amount for land, buildings, and equipment in Part X, line 12, mit a 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI. 10 X 11 The organization report an amount for investments-other securities in Part X, line 12, mit is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII. 110 X 11 Did the organization report an amount for investments-other securities in Part X, line 12, mit is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII. 111 </td <td>5</td> <td></td> <td></td> <td></td> <td></td>	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6 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? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on grass and particular structures in the part and the organization report an amount for lowestments? If "Yes," complete Schedule D, Part V,					
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Yes, "complete Schedule D, Part I. 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X Did the organization receive or hold a conservation easement, including easements within assest? If "Yes," complete Schedule D, Part II. 8 X 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 negoliation services? If 'Yes," complete Schedule D, Part V. 9 X 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 11a X b) Did the organization report an amount for investments-orgam related in Part X, line 12' If 'Yes," complete Schedule D, Part VI. 11b X c) Did the organization report an amount for other raisbillities in Part X, line 2'S II''Nes," complete Schedule D, Part VI. 11c X 11 Z Did the organization'separta amounts out fire VA (ASC 740)? II''Nes," complet			5		X
"Yes," complete Schedule D, Part I, 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic all areasures / If 'Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II. 8 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 courseling, debt management, credit repair, or debt negatization services? If 'Yes," complete Schedule D, Part V,	6				
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part IX. 8 X 9 Did the organization meror an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; ine 71 vies," complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11a X 11 X Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X V. 11a X 11 X Did the organization report an amount for other assets in Part X, line 25 If "Yes," complete Schedule D, Part X X. 114 X 11 <td></td> <td></td> <td></td> <td></td> <td></td>					
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments-program related In Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b X c Did the organization report an amount for other tilabilities in Part X, line 12 that is 5% or more of its total assets protect and narount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X c Did the organization separt an amount for other rilabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 1			6		X
 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. B) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. D Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other isabetis n Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for other isabetis n Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X ind X10 and X11. Vas the organization included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and X11. Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garst or other assistance to refore assistance to or for orige individuals? If "Yes," complet	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
complete Schedule D, Part III 8 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, inrovide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X 11 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 X 11 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116 X 12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization ascho			7		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? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 Bid the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 13 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 X 14 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. 11 X 15 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 11 X 16 the organization notatin aspearate, independent audited financial statements for the xyear? If "Yes," complete Schedule D, Part X. 11	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V. 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 12 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments-other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII. 11b X 14 X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11c X 14 X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11c X 110 X 11d X 11d X 111 X 11d X 11d X 111 X		complete Schedule D, Part III	8		Х
debt negotiation services? If "Yes," complete Schedule D, Part N 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, If "Yes," complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a X 12 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11a X 13 Did the organization report an amount for other sasets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11b X 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11c X 14 X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X 15 Did the organization botain separate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Part X 11f X 12a X 11d X 11d X	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XI. 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization other asperate, independent audited financial statements for the tax yea? If "Yes," complete Schedule D, Part X and XII is optional. 12 Did the organization answerd "No" to ine 12a, then completing Schedule D, Part X and XII is optional. 12 Liz X 13 Is the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14 Liz X 15 Did the organization report on Part IX, column		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 If a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VI 11b 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? If "Yes," complete Schedule D, Part VII. 11c 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? If "Yes," complete Schedule D, Part VII. 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X A and XII soptional assets reported in Ran X A and XII soptional assets reported in 20 km organization report an amount for other lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X I and XII is optional 12a 11d X 11e X <td></td> <td>debt negotiation services? If "Yes," complete Schedule D, Part IV</td> <td>9</td> <td></td> <td>Х</td>		debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, Or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII. 11b 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? If "Yes," complete Schedule D, Part VII. 11c 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? If "Yes," complete Schedule D, Part VII. 11d X e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets 11d X e Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e X f Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a X 12a X 11d X 11d X 13 Is the organization included in consolidated, independent	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. e Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year? f Did the organization baseparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 12a X b Was the organization nucluded in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E. 13 Is the organization a school described in section 170(b)(1/(A)(iii) If "Yes," complete Schedule E. 14a X 14b X 15 Ithe organization report on Part IX, column (A), line 3, more than \$5,00		endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VIII. 11c 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? If "Yes," complete Schedule D, Part X 11c x e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d x f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t x 12a X b Was the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional the organization na adjucted in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E,	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VIII. 11c 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? If "Yes," complete Schedule D, Part VIII. 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's isparate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 111 X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization nawered "No" to line 12a, then complete Schedule D, Part X and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assist		VII, VIII, IX, or X as applicable.			
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part VII. 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "ves," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X 12a X 14a N 12a X 12a X 15 Was the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X X 11d X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII. 11c 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? If "Yes," complete Schedule D, Part VII. 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X f Did the organization's isparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X I. 11t X 12a X 11t X 11c X 11d X 11d X 11d X 12a X 11d X 11d X 12a X 11d <		complete Schedule D, Part VI	11a	Х	
 c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. e Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d 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? If "Yes," complete Schedule D, Part VIII. 11c 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? If "Yes," complete Schedule D, Part X. 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is peparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 11f X 12a Did the organization nebutin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 11f X 12a Did the organization nebutin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 11f X 12a X 11f X 11d X 12a X 11f X 11f X 12a X 11d X		of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11c 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? If "Yes," complete Schedule D, Part IX. 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization nebutin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization nebutin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional 11g X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E,	с				
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts X and XII. 12a 11f X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 11d 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? If "Yes," complete Schedule F, Parts I and IV 14a 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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report at tala of more than			11c		Х
 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization subain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Is the organization maintain an office, employees, or agents outside of the United States? 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? Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses of professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report a total of more than \$15,000 of expenses of professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I (see instructions),	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X			11d		Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	е		11e	Х	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X					
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			11f		Х
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b 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 report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization rep	12a				
 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14a Did the organization maintain an office, employees, or agents outside of the United States?. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 			12a	Х	
 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization maintain an office, employees, or agents outside of the United States?. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 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 individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8? If "Yes," complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 	b				
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12b		Х
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14a 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? If "Yes," complete Schedule F, Parts II and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X	13				Х
 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>	14a		14a	Х	
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions). 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 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>. 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>. 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). 17 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>. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 			14b	Х	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions). 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X	15	-			
 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>. 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). 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>. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 	-		15	х	
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I (see instructions) 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18 X	16				
 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). 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 I</i>. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 			16		х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? I	17	-			
 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>. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 			17		х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Image: Complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18		х
	19				
If "Yes." complete Schedule G. Part III		If "Yes," complete Schedule G, Part III	19		х

FAMILY HEALTH INTERNATIONAL

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	A	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
22	Part I	31		Δ
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2015)

FAMILY HEALTH INTERNATIONAL

23-7413005

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V			•
	Enter the number reported in Box 3 of Form 1096. Enter -0 , if not applicable $ 1a $ 434		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> 0. Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,489			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	x	
h	account)?	τa		
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
-	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.).	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

	PUBLIC INSPECTION COPY			
Form §	990 (2015) FAMILY HEALTH INTERNATIONAL 23-7413	3005	F	-age 6
Part	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	
Sect	tion A. Governing Body and Management			
0000			Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year1a10If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.1a10Enter the number of voting members included in line 1a, above, who are independent1b2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?	–		
'a	one or more members of the governing body?	7a		х
b		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	100		Х
	-	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a		
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X X X	
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a	X	
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b	x x	
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c	x x x	
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13	X X X X X	
11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14	X X X X X	
11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a	x x x x x x x x	
11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14	X X X X X	
11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x x x	
11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a	x x x x x x x	x
11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b	x x x x x x x	
11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x x	
11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10b 11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x x x	

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 BLACKWEEL STREET, SUITE 200 DURHAM, NC 27701 919-544-7040

JSA 5E1042 1.000

Form 990 (2015	FAMILY HEALTH INTERNATIONAL	23-74	13005 P	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	Employees, a	and
	Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	neck ss pe	more more	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)EDWARD W. WHITEHORNE	2.00									
CHAIR, BOARD OF DIRECTORS	9.00	х						15,870.	89,172.	0.
(2) PAUL R DE LAY JR	2.00									
VICE CHAIR, BOARD OF DIRECTORS	0.	Х						13,674.	0.	0.
(3) VIVIAN LOWERY DERRYCK	2.00									
BOARD MEMBER	0.	Х						13,920.	0.	0.
(4)PHILIP R LOCHNER JR	2.00									
BOARD MEMBER	0.	Х						7,776.	0.	0.
_(5)SHEILA W. MITCHELL	2.00									
BOARD MEMBER	0.	Х						10,692.	0.	0.
_(6)MARTIN_MITTAG-LENKHEYM BOARD_MEMBER	2.00	x						11,340.	5,172.	0.
(7)SANDRA LYNE THURMAN	2.00							11/0101	571721	
BOARD MEMBER	0.	x						11,334.	0.	0.
(8)HOLLY WISE	2.00									
BOARD MEMBER	0.	x						13,767.	0.	0.
(9)HELGA YING	2.00									
BOARD MEMBER	0.	x						8,748.	0.	0.
(10)WARREN SIMMONS	2.00									
BOARD MEMBER	0.	x						2,592.	0.	0.
(11)DR. WILLARD CATES JR	11.00									
DIS STST, PRES-EMRTS(THRU 3/16)	0.			Х				105,878.	0.	31,081.
(12) PATRICK_C. FINE	40.00									
CHIEF EXECUTIVE OFFICER	0.			Х				402,300.	0.	33,152.
(13) DEBORAH_KENNEDY-IRAHETA	40.00									
CHIEF OPERATIONS OFFICER	0.			Х				274,323.	0.	27,772.
(14)DR. PETER R. LAMPTEY	20.00									
DIST SCNTST, PRES-EMERITUS	0.			Х				179,013.	0.	28,311.

JSA 5E1041 1.000

Form 990 (2015)

00 741000F

FAMILY HEALTH INTERNATIONAL

Page	8
Fage	υ

(A) Name and title	(B)				C)			(D)	(E)	(F)
	Average hours per week (list any hours for related organizations below dotted	box,	unles er and	neck ss pe	rson	e than o is both or/trust employe	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	line)	il trustee or	Institutional trustee		loyee	Highest compensated employee				organizations
5) ROBERT R. PRICE	36.00									
EXEC VP/ GEN COUNSEL/SECRETARY	4.00			Х				286,878.	24,000.	64,228
6) MANISHA BHARTI	40.00									
CHIEF STRATEGY OFFICER	0.			Х				247,592.	0.	63,105
7) ROBERT SCOTT MURPHY	40.00	-								
CHIEF FIN OFFICER(THRU 10/15)	0.			Х				213,931.	0.	40,411
8) SEAN TEMEEMI	40.00	-		37				001 400		40 75
CHIEF COMPLIANCE OFFICER	0.			Х				221,409.	0.	42,75
9) PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	40.00	-		Х				230,910.	0.	44,38
0) RASIKA PADMAPERUMA	40.00			Λ				230,910.	0.	44,30
CHIEF FIN OFFICER(BEG 10/15)	0.	-		Х				217,827.	0.	42,69
1) ANTHONY D. BONDURANT	40.00			21				217,027.	0.	12,00
DIRECTOR APRO	0.	1			x			257,144.	0.	29,50
2) IVAN CHARNER	40.00									,
DIRECTOR NATIONAL INSTITUTES	0.	1			х			198,959.	0.	35,09
3) HAYLEY BRYANT	40.00									
PROJECT DIRECTOR	0.	1			х			309,230.	0.	24,64
4) NADRA C. FRANKLIN	40.00									
DIR SOC & ECO DEVELOPMENT	0.	1			Х			208,786.	0.	36,17
5) JOHN A. GILLIES	40.00									
DIRECTOR GLOBAL LEARNING	0.				Х			241,009.	0.	52,80
1b Sub-total							►	1,071,227.	94,344.	120,316
c Total from continuation sheets to Part VII, S	Section A						►	7,866,992.	24,000.	1,135,733
d Total (add lines 1b and 1c)								8,938,219.	118,344.	1,256,049
2 Total number of individuals (including but not				d al	oove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	on 🕨	348	3							
										Yes N
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr										
 5 Did any person listed on line 1a receive or 										4 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
A	ITACHMENT 1		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 26	e listed above) who received	

FAMILY HEALTH INTERNATIONAL

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinue	əd)	
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		stimated	
	hours per week (list any	(do not check more than one box, unless person is both an						compensation	compensation from		nount of other	
	hours for	hours for officer and a director/trustee)						from the	related organizations		pensati	on
	related	or o	Ins	Officer	Key	Hig	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	lividu	tituti	icer	'em	hest	mer	(W-2/1099-MISC)		-	anizatio d relateo	
	line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					anizatior	
	,	uste	t		ee	npe						
		l ä	stee			nsat						
						ed						
26) PHYLLIS JONES-CHANGA	40.00	-										
DIRECTOR, NIGERIA	0.				Х			351,333.	0.		24,0	02.
27) LAURA C. KAYSER	40.00	-										
DEPUTY TO THE COO	0.				Х			250,184.	0.		46,7	48.
28) TIMOTHY MASTRO	40.00	-										
DIR GLOBAL HLTH POP/ NUTRITION	0.				Х			259,136.	0.		32,0	91.
29) MICHAEL P. MAZZA	40.00	-										
DIRECTOR, INFORMATION SOLUTION	0.				Х			195,467.	0.		42,2	87.
30) PATRICK MONTESANO	40.00	-										
DIRECTOR, US PROGRAMS	0.				Х			251,344.	0.		36,9	17.
31) LARRY THOMAS ORIGLIO	40.00	-										
DIRECTOR, OPERATIONS SUPPORT	0.				Х			196,518.	0.		30,2	03.
32) CHRISTIAAN JOHANNES VAN DAM	40.00	-			37			000 140	0		26.2	
DIR, PRGM SCIENCES	0.				Х			209,142.	0.		36,3	68.
33) NZAPFURUNDI CHABIKULI	40.00	-			37			000 107	0		<i>c c</i>	0.1
DIR SOUTH AFRICA REGNL OFFICE	0.				Х			209,127.	0.		6,8	5ZI.
34) SUSAN VOSKUIL	40.00	-			37			150.001	0		04 5	
DIR, CONTRACT MGMT SERVICES	0. 40.00				Х			150,861.	0.		24,7	58.
35) TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	+	-			v			102 254	0		<u> </u>	
36) REED RAMLOW	0. 40.00				Х			183,254.	0.		28,5	12
COUNTRY DIRECTOR - VIETNAM	40.00	-			х			220 471	0.		29,0	
								220,471.	0.		29,L	05.
1b Sub-total					• •							
c Total from continuation sheets to Part VII, S			• • •									
 <u>d Total (add lines 1b and 1c)</u> <u>2</u> Total number of individuals (including but not 								coived more than	\$100.000 of			
reportable compensation from the organizatio		348		ua	JUV	<i>y</i> with	JIE		φ100,000 OI			
		540	<u> </u>								Yes	No
2 Did the enverineties list over former offic			4					lavaa ay biybaa	• • • • • • • • • • • • • • • • • •		Tes	NO
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	X	
										3	Δ	
4 For any individual listed on line 1a, is the												
organization and related organizations ground individual										4	X	
mannauar		• • •	• • •		• •		• •			4	- 22	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

Form 990 (2015)

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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

5

Х

FAMILY HEALTH INTERNATIONAL

(A)	(B)			(C	3			(D)	(E)		(F)
Name and title	hours per (do not che week (list any box, unless hours for officer and				tion more ti son is	both a	in	Reportable compensation from the	Reportable compensation fro related organizations	m a	Estimated mount of other npensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or	from the ganization nd related ganizations
7) STEPHEN J. MILLS	40.00							262.020			11 65
DIR, PROJ PORTFOLIO	40.00					X		262,039.	().	44,62
8) JANET ROBINSON DIR RSCH & LAB SCI	40.00					x		250,129.	ſ).	25,71
9) MICHAEL J. WELSH	40.00					<u>~</u>	_	230,129.		, . 	23,71
DIRECTOR, ZAMBIA	0.					x		283,188.).	28,41
0) DOUGLAS TREADWELL	40.00		\vdash	+				200,100.		•	20,11
COUNTRY DIRECTOR	0.					x		271,279.	().	18,68
1) ELIZABETH OLIVERAS	40.00			+				_,			
COUNTRY DIRECTOR	0.					x		399,657.	c).	22,75
2) DAVID G. MEIN	40.00			$\neg \uparrow$							
CHIEF ADMIN OFFICER	0.						х	250,851.	C).	44,11
3) PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	40.00						x	179,194.	C).	31,12
4) ANGEL PADILLA	40.00										
DIR, CONTRACT MGMT	0.						Х	141,046.	0).	19,75
5) MELISSA PANAGIDES-BUSCH	40.00										
DIRECTOR, PROJ MGMT	0.						Χ	156,880.	0).	34,28
6) SUSAN ZIMICKI	40.00										
DIR, INFECTIOUS DISEASES	0.						Х	120,187.	().	16,96
7) WILLIAM O'CALLAGHAN DIR NIGERIA FIN	40.00						x	227,500.	().	21,08
 1b Sub-total c Total from continuation sheets to Part VII, s d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t			l ab	ove)	who	► ► re	ceived more than	\$100,000 of		
											Yes
3 Did the organization list any former offi											
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ind	ividu	al .	• •	• • •	•			3	X
4 For any individual listed on line 1a, is the											
organization and related organizations g											v
individual	accrue co	mpen	satio	n fi	rom	any	unr	elated organization	on or individual	4	X
for services rendered to the organization? If " Section B. Independent Contractors	res," comple	te Sch	nedul	e J	tor s	uch p	bers	son		5	
 Complete this table for your five highest cor compensation from the organization. Report year. 											(
(A)								(B)		(C)
	droce							Description of se	rvices	Comper	sation
Name and business ac	01635										

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 ►

FAMILY HEALTH INTERNATIONAL

(A)	rectors, Trustees, Ke	/ <u>////////////////////////////////////</u>	טוקי	(C)			iigi	(D)	(E)		(F)	
(م) Name and title	(b) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	Posit neck r is pers l a dir	tion nore son	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(L) Reportable compensation fro related organizations (W-2/1099-MISO	om ai con C) f org ar	trong to the stimated nount of other other of the state o	of tion e on ed
8) GITA PILLAI	40.00					ğ						
DIRECTOR INDIA	0.						х	214,530.		ο.	14,6	66
		-										
		-										
												-
		-										
c Total from continuation sheets t d Total (add lines 1b and 1c) ? Total number of individuals (inclue	ding but not limited to t	•••			•	e) who	► ►	eceived more than	\$100,000 of			
reportable compensation from the	organization	348	3								Yes	Т
B Did the organization list any employee on line 1a? <i>If "Yes," con</i>										3	X	ľ
For any individual listed on line organization and related organization individual.	nizations greater than	\$15	0,00	00? [`]	lf	"Yes	,"	complete Schedu	le J for such		X	
5 Did any person listed on line 1a for services rendered to the organ	a receive or accrue co nization? <i>If "Yes," comple</i>	mpen	satio	on fr	rom	n any	un	related organization	on or individual			
Section B. Independent Contractors		ndepe	ende					hat received more				
 Complete this table for your five compensation from the organizat year. 			the	cale	end	lar ye	ar e	ending with or with	nin the organiza	tions tax		

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 ►

60010945

FAMILY HEALTH INTERNATIONAL

23-7413005 Page **9**

Par	t VII		onco or noto to on	wling in this Part VII	11		
		Check if Schedule O contains a resp		(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 b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1e	10,224,848.				
Contributic and Other	f g	All other contributions, gifts, grants, and similar amounts not included above . If Noncash contributions included in lines 1a-1f: \$	1,410,583.				
	h	Total. Add lines 1a-1f	Business Code	11,635,431.			
Program Service Revenue	2a b	AGENCY FOR INTERNATIONAL DEVELOPMENT OTHER U.S. GOVERNMENT	541700 541700	449,588,689. 76,692,138.	449,588,689.		
/ice	c	NATIONAL INSTITUTES OF HEALTH	541700	39,288,874.	39,288,874.		
Ser	d	DEPARTMENT OF STATE	541700	21,532,396.	21,532,396.		
Ĕ	e	CENTERS FOR DISEASE CONTROL	541700	10,593,321.	10,593,321.		
gra	f	All other program service revenue		86,066,696.	86,066,696.		
Pro	g	Total. Add lines 2a-2f		683,762,114.	· · · ·		
	3	Investment income (including divident and other similar amounts).	ends, interest,	175,546.			175,546.
	4	Income from investment of tax-exempt bor	nd proceeds . 🕨	0.			
	5	Royalties	· · · · · · • •	115,146.			115,146.
		(i) Real	(ii) Personal				
	6a	Gross rents	3.				
	b	Less: rental expenses					
	c	Rental income or (loss) 3,650,098	3.				
	d	Net rental income or (loss)	<u></u>	3,650,098.			3,650,098.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	· · · · · · · •	0.			
e	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
Rev		of contributions reported on line 1c).					
Jer		See Part IV, line 18	a				
ŝ	b		b				
	с	Net income or (loss) from fundraising event	:s▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b c	Less: direct expenses Net income or (loss) from gaming activitie	b s►	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	<u></u>	0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	665,984.			665,984.
	b		-				
	с		-				
	d	All other revenue					
	е	Total. Add lines 11a-11d		665,984.			
JSA	12	Total revenue. See instructions.		700,004,319.	683,762,114.		4,606,774.
	1 1 000	0					Form 990 (2015)

5E1051 1.000

FAMILY HEALTH INTERNATIONAL Form 990 (2015) 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 **(C)** Management and **(B)** Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 72,515,237. 72,515,237. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 156,455 156,455 4 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and key employees 9,518,553. 5,737,677. 3,780,876 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 95,514,733. 60,692,321. 34,822,412. 8 Pension plan accruals and contributions (include 11,249,440. 6,733,714. 4,515,726 section 401(k) and 403(b) employer contributions) 21,721,747 14,409,006 36,130,753 9 Other employee benefits 8,171,446. 4,867,287. 3,304,159. Payroll taxes 10 11 Fees for services (non-employees): 166,370 54,518 111,852. a Management 275,801 222,271 498,072 b Legal 1,679,918. 322,107. 1,357,811. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 24,759,749. 19,618,476. 5,141,273. (A) amount, list line 11g expenses on Schedule O.) 356,765 139,083 12 Advertising and promotion 495,848 24,551,461. 20,413,292. 4,138,169. 13 Office expenses 4,113,826 3,416,885. 696,941. 14 Information technology 0 15 Royalties 34,894,365 23,658,300 11,236,065. Occupancy 16 33,615,451. 30,033,811. 3,581,640. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 17,474,208. 16,727,507 746,701 Conferences, conventions, and meetings 19 339,380 339,380. 20 Interest 0 21 Payments to affiliates 2,261,774. 2,261,774 Depreciation, depletion, and amortization 22 1,402,595. 592,283. 810,312. Insurance 23 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.) 148,957,779. 148,957,779. a SUB AWARD CONTRACT PAYMENTS 98,320,871. 94,967,125. 3,353,746 **b**FIELD_OFFICE_EXPENSES_____ cPARTICIPANT EXPENSES 30,430,463. 30,430,463. 10,698,234. 1,177,808. 9,520,426. dEQUIPMENT_____ 25,380,277. 12,712,840. 12,667,437. e All other expenses _____ 693,297,258 572,060,581. 121,236,677. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here 🕨 if

JSA 5E1052 1.000

Form 990 (2015)

following SOP 98-2 (ASC 958-720)

0

FAMILY HEALTH INTERNATIONAL

23-7413005

Page 11

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 102,686,832. Cash - non-interest-bearing 106,735,995. 1 1 Savings and temporary cash investments 13,354,408. 13,374,350. 2 2 Pledges and grants receivable, net 5,250,000. 3 0 3 4 Accounts receivable, net 113,646,136. 4 109,433,986. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 6 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 Assets Notes and loans receivable, net 0. 7 0. 7 0. Inventories for sale or use 8 0 8 Prepaid expenses and deferred charges 5,576,889. 8,445,779. q 9 10a Land, buildings, and equipment: cost or 10a 32,492,469. other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation **10b** 17,512,605. 17,074,817. **10c** 14,979,864. Investments - publicly traded securities 0. 0. 11 11 Investments - other securities. See Part IV, line 11 12 0. 12 0. Investments - program-related. See Part IV, line 11 0. 13 0. 13 14 0. 14 0. Intangible assets Other assets. See Part IV, line 11 1,204,045. 3,825,979. 15 15 259,424,019. Total assets. Add lines 1 through 15 (must equal line 34) 256,165,061. 16 16 Accounts payable and accrued expenses 71,555,107. 72,453,515. 17 17 18 Grants payable 0. 18 0. 19 Deferred revenue 94,613,368. 19 84,314,415. Tax-exempt bond liabilities Ο. 20 0. 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 0. 0. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0 22 Secured mortgages and notes payable to unrelated third parties 10,165,944. 8,689,758. 23 23 Unsecured notes and loans payable to unrelated third parties 0. 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 940,385. 8,369,013. of Schedule D 25 Total liabilities. Add lines 17 through 25 177,274,804. 173,826,701. 26 26 Organizations that follow SFAS 117 (ASC 958), check here **b** Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 78,890,257. 27 85,597,318. Temporarily restricted net assets 28 0. 28 Ο. Permanently restricted net assets 0. 29 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and ъ complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net Total net assets or fund balances 33 78,890,257. 85,597,318. 33 Total liabilities and net assets/fund balances 34 256,165,061. 259,424,019. 34 Form **990** (2015)

JSA 5E1053 1.000 7784FS 5275

Form 990 (2015)

V 15-7.18

FAMILY HEALTH INTERNATIONAL

23-7413005

Form 99	90 (2015)			Pa	age 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	700,	004,	319.
2	Total expenses (must equal Part IX, column (A), line 25)	2	693,	297,	258.
3	Revenue less expenses. Subtract line 2 from line 1	3		707,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,	890,	257.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	<u>33,</u> column (В))	10	85,	597,	318.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?) X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c				
	of the audit, review, or compilation of its financial statements and selection of an independent acc			; X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set		-		
	the Single Audit Act and OMB Circular A-133?			I X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			x	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud	dits.	3b		

SCHEDULE A

(Form 990 or 990-EZ)

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 000 or Form 000 F7

Depa	rtment of the Treasury nal Revenue Service	N In Commentant		Attach to Form 990 or				Open to Public
			n about Schedule A	(Form 990 or 990-EZ) a	ind its ins	structions	is at www.irs.gov/form9	
	e of the organization							tification number
	ILY HEALTH IN				omplot	o thic no	art.) See instructions	-7413005
Pa				t is: (For lines 1 through				·
1	<u> </u>			tion of churches desc		•	,	
2				. (Attach Schedule E				
3				rganization described	-			
4				-			n section 170(b)(1)(A)	(iii). Enter the
-	hospital's nam	-	•					()
5		-		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
	•		Complete Part II.)	Ū	,	•	, ,	
6				rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	An organizatio	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
	described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8	A community t	rust describe	ed in section 170(k	b)(1)(A)(vi). (Complete	e Part II.)			
9	X An organizatio	on that norma	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, member	ership fees, and gross
						-		ore than 331/3% of its
		-						tax) from businesses
		-		975. See section 509		-	· · · · · · · · · · · · · · · · · · ·	
10	-	-	-	usively to test for publ	-			
11		-	-	-	-			rry out the purposes of
			-			-		ction 509(a)(3). Check
		-					and complete lines 11e	-
а			-		-		orted organization(s),	
		-			elect a fr	ajonty o	i the directors of trus	tees of the supporting
b			omplete Part IV, S		nnection	with ite	supported organization	on(s) by baying
Ň							is that control or man	
		-		, Sections A and C.	the barn			ugo ino oupportou
с			-		ated in c	onnectio	n with, and functional	llv integrated with.
		-		ns). You must comple				,
d		•	. , .	, , , , , , , , , , , , , , , , , , , ,			ection with its suppor	ted organization(s)
	that is not fu	nctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	ind D, an	d Part V.	
е	Check this b	ox if the orga	anization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	I, Type III
				ionally integrated sup				
f								•••••
g				orted organization(s).				())
	(i) Name of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
					103			
(A)								
(B)								
\sim								
(C)								
(D)								
(D)								
(E)								
(-)								

Total

OMB No. 1545-0047

FAMILY HEALTH INTERNATIONAL

23-7413005

Schedule A (Form 990 or 990-EZ) 2015

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	() 0044	(1) 0040	() 0040	(1) 0044	() 0045	(0 T L L
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
•							
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2015 (li	•	•			14	%
15	Public support percentage from 2014					15	%
16a	331/3% support test - 2015. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2014. If the c						
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		· · ·
	organization						
b	10%-facts-and-circumstances test - 2		0				
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organizati						
10	supported organization						
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2015

FAMILY HEALTH INTERNATIONAL

23-7413005

Page 3

Schedule A (Form 990 or 990-EZ) 2015

Part IIISupport 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	8,309,714.	10,883,471.	3,385,217.	7,567,149.	11,635,431.	41,780,982.
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	682,823,725.	651,710,017.	649,995,605.	599,891,504.	683.762.114.	3,268,182,965.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						0.
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						0.
5	furnished by a governmental unit to the						
	, .						
~	organization without charge						0.
6	Total. Add lines 1 through 5	691,133,439.	662,593,488.	653,380,822.	607,458,653.	695,397,545.	3,309,963,947.
7a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						0.
5	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.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						3,309,963,947.
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	691,133,439.	662,593,488.	653,380,822.	607,458,653.	695,397,545.	3,309,963,947.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	4,475,125.	4,159,780.	4,713,216.	4,013,577.	3,940,790.	21,302,488.
b	Unrelated business taxable income (less				· · ·		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
с	Add lines 10a and 10b	4,475,125.	4,159,780.	4,713,216.	4,013,577.	3,940,790.	21,302,488.
11	Net income from unrelated business	1,11,5,125.	1,155,100.	1,715,210.	1,015,577.	5,510,750.	21,502,100.
	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.	665,984.	701,267.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	695,608,564.	666,781,625.	658,048,901.	611,524,293.		3,331,967,702.
14	First five years. If the Form 990 is f	-					
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8					15	99.34%
16	Public support percentage from 2014 Sche	edule A, Part III, lin	e 15			16	99.42%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (li	ne 10c, column (i	f) divided by line 1	3, column (f))		17	.64%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	.58%
19 a	331/3% support tests - 2015. If the or	ganization did no				e than 331/3%,	and line
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2014. If the orga	-	-	•		••••••	
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization			• •	. ,		
JSA	.						990 or 990-EZ) 2015

FAMILY HEALTH INTERNATIONAL

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2015

.ISA

FAMILY HEALTH INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2015

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	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> on B. Type I Supporting Organizations	11c		
0000			Yes	No
	Did the directory trustees or membership of one or more supported eventivations have the neuror to		100	
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations		V	
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sectio	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions) [.]	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) helew		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
~	-	20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E	Z) 2015

V 15-7.18

Page **5**

FAMILY HEALTH INTERNATIONAL

23-7413005

Schedule A (Form 990 or 990-EZ) 2015			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must com		-	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

V 15-7.18

FAMILY HEALTH INTERNATIONAL

Part	V Type III Non-Functionally Integrated 509(a)(3) on D - Distributions			Current Year			
				Current rear			
1	Amounts paid to supported organizations to accomplish ex		ad				
2							
•	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations				
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.	41					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
_	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
0	Line 8 amount divided by Line 9 amount						
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 201			
	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
1	Distributions for 2015 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
-	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
•	and 4c.						
3	Breakdown of line 7:						
, a							
a b							
D C	Excess from 2013						
d	Excess from 2014						
u	Excess from 2014						

Schedule A (Form 990 or 990-EZ) 2015

FAMILY HEALTH INTERNATIONAL

Page 8

Schedule A (Form 990 or 990-EZ) 2015

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

		ATTACHMENT 1							
SCHEDULE A, PART III - OTHER INCOME									
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL			
OTHER REVENUE		28,357.	-45,137.	52,063.	665,984.	701,267.			
TOTALS		28,357.	-45,137.	52,063.	665,984.	701,267.			

Schedule B (Form 990, 990-EZ,

or 990-PF) Internal Revenue Service

Department of the Treasury

Schedule of Contributors

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. OMB No 1545-0047

2015

Name of the organization

FAMILY HEALTH INTERNATIONAL

Employer identification number

23-7413005

Organization type (check one	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

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

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

General Rule

or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization FAMILY HEALTH INTERNATIONAL

Page 2
Employer identification number

23-7413005

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,234,848.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,269,380.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$9,929.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization FAMILY HEALTH INTERNATIONAL

Page 2
Employer identification number

23-7413005

art I	Contributors (see instructions). Use duplicate copi		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page								
Name of organization	FAMILY HEALTH	INTERNATIONAL	Employer identification number					
			23-7413005					

(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
		 \$	

JSA 5E1254 2.000 7784FS 5275

V 15-7.18

Page 4
Employer identification number

			23-7413005
(10) that total more than \$1,000 for	the year from any	one contributor.	cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and
contributions of \$1,000 or less for the	e year. (Enter this in	formation once. S	
(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, ar			nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	(e) Transf	er of gift	
Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(t	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit (b) Purpose of gift 	(10) that total more than \$1,000 for the year from any the following line entry. For organizations completing Part contributions of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (b) Purpose of gift (c) Use (b) Purpose of gift (c) Use (c) Transferee's name, address, and ZIP + 4 (e) Transf (b) Purpose of gift (c) Use (c) Use (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use (b) Purpose of gift (c) Use (c) Transferee's name, address, and ZIP + 4 (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use (c) Transferee's name, address, and ZIP + 4 (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use (b) Purpose of gift (c) Use (b) Purpose of gift (c) Use (b) Purpose of gift (c) Use	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation (b) Purpose of gift (c) Use of gift (c)

V 15-7.18

			ental Financia				OMB No. 1545-0047
			8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				2015
Depa	artment of the Treasury		Attach to Form 990.				Open to Public
	nal Revenue Service	Information about Schedul	e D (Form 990) and its ir	nstructions is at www.i	-		Inspection
	e of the organization				Em	ployer identificat	
1	MILY HEALTH IN					23-741300	5
Pa	-	tions Maintaining Donor Adv			Acco	ounts.	
	Complete	e if the organization answered				<u></u>	
			(a) Donor advi	ised funds		(b) Funds and o	other accounts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor					
_		inization's property, subject to the	-	-			Yes No
6		on inform all grantees, donors, a					
		e purposes and not for the bene					
D		hissible private benefit?					Yes No
Pa		tion Easements. e if the organization answered	"Vos" on Form 000	Part IV/ line 7			
1		servation easements held by the					
•		n of land for public use (e.g., rec	•		ofah	istorically imp	ortant land area
		of natural habitat		Preservation			
					Ulac		
2		n of open space ı through 2d if the organization h	ald a qualified conserv	ation contribution in	the f	orm of a cons	envation
2		ast day of the tax year.	eiù a quaimeù conserv				End of the Tax Year
-					2a		
a ⊾		onservation easements			2a 2b		
b	-	tricted by conservation easements			20 20		
c d		vation easements on a certified rvation easements included in (c		. ,	20		
a		isted in the National Register			2d		
3		rvation easements modified, trar				by the organi	zation during the
3	tax year ►	rvation easements moulled, trai	isierieu, releaseu, exil	inguistica, or termin	aleu	by the organi	
4		where property subject to conse	rvation easement is loc				
- 5		ation have a written policy req			ion h	andling of	
3	-	orcement of the conservation ea				-	Yes No
6		hours devoted to monitoring, inspec					
0		nours devoted to monitoring, inspec	ang, nanunng or violatio	ins, and enforcing con	Scivat	ion easements	during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violatio	ons and enforcing o	onserv	vation easeme	ents during the year
•	►\$		ang, nananig or violati	ono, and onloroing o		allon cuconic	shie during the your
8		vation easement reported on line :	2(d) above satisfy the re	equirements of secti	on 17()(h)(4)(B)(i)	
-)(4)(B)(ii)?					Yes No
9		be how the organization reports					
-		d include, if applicable, the text of					
	organization's acc	ounting for conservation easeme	nts.	-			
Pa	rt III Organiza	tions Maintaining Collections	of Art, Historical T	reasures, or Othe	r Sim	ilar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 8.			
1a	If the organization	n elected, as permitted under SI	FAS 116 (ASC 958), r	not to report in its	reven	ue statement	and balance sheet
	works of art, hist	n elected, as permitted under Sl corical treasures, or other simila vide, in Part XIII, the text of the fo	ar assets held for pul	blic exhibition, edu statements that des	cation	, or research these items.	n in furtherance of
b		n elected, as permitted under					
5	works of art, hist	vide the following amounts relat	ar assets held for pul	blic exhibition, edu	cation	, or research	in furtherance of
		ded in Form 990, Part VIII, line 1					
	(ii) Assets include	d in Form 990, Part X				▶\$_	
2	If the organizatio	n received or held works of a	rt, historical treasures	s, or other similar	assets	for financial	gain, provide the
		s required to be reported under S					
а		in Form 990, Part VIII, line 1					
<u>b</u>	Assets included in	Form 990, Part X	<u> </u>	<u></u>		▶\$	
⊢or I	Paperwork Reduction	Act Notice, see the Instructions fo	r Form 990.			Sche	dule D (Form 990) 2015

V 15-7.18 60010945

PUBLIC INSPECTION COPY

	FAM	ILY HEAI	TH INTERN	NATIONAL			23-743	13005
Sche	dule D (Form 990) 2015							Page 2
Par	t III Organizations Maintainin	g Collect	ons of Art	, Historical	Treasures,	or Other Sim	nilar Asse	ts (continued)
3	Using the organization's acquisition	n, accessio	n, and other	records, cheo	ck any of th	e following that	are a sig	nificant use of its
	collection items (check all that apply	y):						
а	Public exhibition		(d 🗌 Loan	or exchange	e programs		
b	Scholarly research			e 🗌 Othei	-	1 0		
с	Preservation for future gener	ations						
4	Provide a description of the organ		llections and	l explain how	they furthe	r the organizatio	on's exemp	t purpose in Part
•	XIII.				anoy rarato	i ilo organizati		
5	During the year, did the organization	n solicit or i	eceive donat	ions of art his	torical treas	ures or other sir	nilar	
Ū	assets to be sold to raise funds rath							Yes No
Par	t IV Escrow and Custodial Arr				organizatio			
T al	Complete if the organization 990, Part X, line 21.			Form 990, P	Part IV, line	9, or reported	an amoun	t on Form
10	Is the organization an agent, truster		n or other int	ormodion/for	contribution	or other accete	not	
Id								Yes No
Ь	included on Form 990, Part X?	Dart VIII a	nd complete	the fellowing to			••••	
a	If "Yes," explain the arrangement in	i Part Alli a	na complete	the following ta			A	
	De nimeiro de la const						Amount	
c	Beginning balance							
a	Additions during the year							
e	Distributions during the year							
f	Ending balance						11 - 1- 11 to 0	
2a	Did the organization include an amo							Yes No
	If "Yes," explain the arrangement in	i Part XIII. (the explanatio	n nas been p	provided on Part	XIII	<u></u>
Par						10		
	Complete if the organizati							()-
	-	(a) Currer	t year	(b) Prior year	(c) Two yes	ars back (d) Thre	e years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	of the curre		palance (line 1g	, column (a)) held as:		
а	Board designated or quasi-endowm	ent 🕨	%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	▶	%					
	The percentages on lines 2a, 2b, a		•					
3a	Are there endowment funds not in t	he possess	sion of the or	ganization that	t are held ar	nd administered f	or the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the relate	d organizat	ions listed as	required on Sc	hedule R?			3b
4	Describe in Part XIII the intended u							
Par	t VI Land, Buildings, and Equi Complete if the organizat	pment.				44- 0 5	- 000 D-	
	Description of property				or other basis			d) Book value
_	Description of property		a) Cost or other (investment)		of other basis other)	(c) Accumulated depreciation		
1a	Land							
b	Buildings							
с	Leasehold improvements			15,	395,081.	6,426,808	3.	8,968,273.
d	Equipment				877,376.	10,286,040		4,591,336.
е	Other				220,012.	799,75		1,420,255.
Tota	I. Add lines 1a through 1e. (Column		ual Form 990					14,979,864.

Schedule D (Form 990) 2015

FAMILY HEALTH INTERNATIONAL

23-7413005

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Exotivating name description of security or category (b) Economical derivatives (b) Economical (c) Answer market value (1) Financial derivatives (c) Control of end of year market value (c) Answer market value (2) Closely-held equity interests (c) Control of end of year market value (c) Control of end of year market value (3) Other (c) Control of end of year market value (c) Control of end of year market value (c) Control of end of year market value (4) (c) Control of end of year market value (c) Control of end of year market value (c) Control of end of year market value (5) (c) Control of end of year market value (c) Control of end of year market value (c) Control of end of year market value (10) (c) Control of end of year market value (c) Method of valuation: Control of end of year market value (10) (c) Method of valuation: Control of end of year market value (c) Method of valuation: Control of end of year market value (10) (c) Method of valuation: Control of end of year market value (c) Method of valuation: Control of end of year market value (10) (c) Description of investrent (b) Book value (c) Metho	Schedule D (F	Form 990) 2015			Page 3
(a) Description of security or category (including name of security or category (control of a security of category (control of a secu	Part VII				
Cost or end-dryear market value Cost or end-dryear market value (1) Financial deviations		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.
(2) Closely-held equity interests			(b) Book value		
(2) Closely-held equity interests	(1) Financia	al derivatives			
(A) (B) (B) (C) (C) (C) (B) (C) (C) (
(A) (B) (B) (C) (C) (C) (B) (C) (C) ((3) Other_				
(C) (C) (E) (C) (F) (C) (G) ((A)				
(0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (3) (3) (4) (3) (5) (2) (6) (3) (7) (4) (6) (2) (7) (3) (2) (4) (3) (4) (4) (4) (5) (5) (6) (6) (7) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (6) (7) (6) (6) (6) (7)					
(5)	<u> </u>				
(F)	(D)				
(19)	(E)				
(if) (if) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Image: Column (b) must equal 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) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (c) (c) (3) (c) (c) (c) (c) (3) (c) (c) (c) (c) (c) (4) (c) (c) (c) (c) (c) (c) (6) (c)					
Todal, Column (b) must equal Form 90, Part X, oil (B) line 12) Image: Column (b) must equal Form 90, Part X, oil (B) line 12) Part VIIII Investments - Program Rolated. (c) Method of valuation: Cost or end-of-year market value (a) (c) (c) Method of valuation: Cost or end-of-year market value (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c) (c)					
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) (2) (c) (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (a) (c) (c) (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (c) (a)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (c) (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (c) (8) (c) (c) (c) (c) (c) (c) (1) (c) (c) (c) (c) (c) (c) (c) (c) (c) (1) (c)					
(a) Description of investment (b) Book value (c) Method of valuation: Cast or end-of-year market value (1) (a) (b) (c) ("Yes" on Form 990	. Part IV. line 11c. See Form 990	. Part X. line 13.
(1)				(c) Method of valua	tion:
(3)	(1)			,,,,,,, _	
(3) (4) (4) (4) (5) (5) (6) (7) (7) (7) (8) (7) (9) (7) (1) (9) (2) (9) (3) (9) (4) (9) (6) (1) (2) (2) (3) (1) (4) (2) (5) (2) (6) (1) (6) (2) (7) (2) (8) (9) (9) (1) (1) (2) (2) (3) (6) (4) (7) (5) (9) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (1) (6) (2) (7) (3) (8) (9) (9) (1) (1)					
(4) (5) (5) (6) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (8) (7) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (4) (6) (5) (6) (7) (7) (8) (7) (9) (1) (1) (2) (2) (1) (6) (2) (7) (2) (8) (2) (9) (1) (1) (2) (2) (1) (2) (1) (3) (2) (4) (2) (5) (2) (6) (1) (7) (1) (6) (2) (7) (2)					
(6)					
(6) (7) (7) (7) (8) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (a) Description (2) (b) Book value (4) (1) (6) (1) (7) (6) (7) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (b) Eook value (1) Federal income taxes (c) (2) Due To FHI 1360 (b) Book value (1) Federal income taxes (c) SUBLEASE INCENTIVES PAYABLE (2) SUB-TENANT SECURITY DEPOSIT 30,480. (6) SUBLEASE INCENTIVES PAYABLE (63,800. (6) (6) (9) (1) Federal INATION DUES					
(8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (1) (3) (1) (4) (5) (6) (1) (7) (1) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (1) (9) (1) (1) (2) (3) (1) (4) (5) (5) (2) (7) (2) (9) (2) (9) (2) (1) (2) (1) (2) (1) (2) (2) (2) (3) (2) (4) (5) (5) (2) (6) (2) (7) (3) (9) (4) (1) (4) (2) (2) (1)					
(9)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)	(8)				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) DUE TO FHI 360 (a) 0.99, 0.08. (3) DEFERED RENT (b) Book value (1) Federal income taxes (c) (2) DUE TO FHI 360 (b) 99, 0.08. (3) DEFERED RENT (b) 6, 559, 0.58. (4) SUB-TENANT SECURITY DEPOSIT (c), 480. (6) SUBLEASE TERMINATION DUES 416, 667. (7) (c) (9)<					
(a) Description (b) Book value (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO FHI 360 699,008. (3) DEFERED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (7) (9) (1)	Part IX		"Vee" on Form 000	Dart IV line 11d See Form 000	Dort Viling 15
(1)		· •		, Fait IV, line Thu. See Form 990	
(2) (3) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (7) (8) (9)	(1)	(a) Des			
(3) (4) (5) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (6) (9) (1) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (7) (8) (9)					
(4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (7) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (1) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) DUE TO FHI 360 (2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (8) (9)					
(5) (6) (7) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (7) (8) (9)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(6) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.1.(a) Description of liability(b) Book value(1) Federal income taxes(2) DUE TO FHI 360699,008.(3) DEFERRED RENT6,559,058.(4) SUB-TENANT SECURITY DEPOSIT30,480.(5) SUBLEASE INCENTIVES PAYABLE663,800.(6) SUBLEASE TERMINATION DUES416,667.(7)(8)(9)(1)			ne 15.)	· · · · · · · · · · · · · · · · · · ·	
line 25.1.(a) Description of liability(b) Book value(1) Federal income taxes	Part X		"Ves" on Form 000	Part IV line 11e or 11f See For	m 000 Part X
(1) Federal income taxes (2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (1) (8) (2) (9) (2)					111 990, Fait A,
(2) DUE TO FHI 360 699,008. (3) DEFERRED RENT 6,559,058. (4) SUB-TENANT SECURITY DEPOSIT 30,480. (5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (8) (9) (9)			(b) Book valu	e	
(3) DEFERRED RENT6,559,058.(4) SUB-TENANT SECURITY DEPOSIT30,480.(5) SUBLEASE INCENTIVES PAYABLE663,800.(6) SUBLEASE TERMINATION DUES416,667.(7)(8)(9)(9)					
(4) SUB-TENANT SECURITY DEPOSIT30,480.(5) SUBLEASE INCENTIVES PAYABLE663,800.(6) SUBLEASE TERMINATION DUES416,667.(7)(8)(8)(9)					
(5) SUBLEASE INCENTIVES PAYABLE 663,800. (6) SUBLEASE TERMINATION DUES 416,667. (7) (8) (8) (9)					
(6) SUBLEASE TERMINATION DUES 416,667. (7) (8) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
		nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 8,369,0	013.	

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

60010945

Х

FAMILY HEALTH INTERNATIONAL

Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	682,474,653.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
	Recoveries of prior year grants.	1	
C L	Other (Describe in Part XIII.)		
d		2e	
e	Add lines 2a through 2d	3	682,474,653.
3	Subtract line 2e from line 1	-	002,171,055.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		17 500 666
_ c	Add lines 4a and 4b	4c	17,529,666.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	700,004,319.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	675,767,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
ç	Other losses.	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
-	Subtract line 2e from line 1	3	675,767,591.
3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		4.	17 529 667
_ c	Add lines 4a and 4b	4c	17,529,667.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	693,297,258.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

V 15-7.18

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

Schedule D (Form 990) 2015

FHI 360 IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.

FAMILY HEALTH INTERNATIONAL

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 - AND HAS CONCLUDED THAT AS OF SEPTEMBER 30, 2016 AND 2015, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4B DISREGARDED ENTITY REVENUE \$17,529,666

SCHEDULE D, PART XII, LINE 4B DISREGARDED ENTITY EXPENSES \$17,529,667

7784FS 5275

(10)		IEDULE F	Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047		
Operation about Schedule F (Form 990) and its instructions is at <i>WWx/Hz gov/form990.</i> Operation (Points) Operation ((For	'm 990)	► Complete	e if the organiza	2015					
DEALTH INTERNATIONAL 23-7413005 Part General Information on Activities Outside the United States. Complete if the organization answered Yes" on Four 500, Part IV, Ine 14b. No 1 Forgrammakers. Does the organization maintain records to substantiate the amount of its grants and other assistance? X ves No 2 Forgrammakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. X ves No 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (0) region (0) Total approximate organization's procedures in region in region (0) region in region (0) Total approximate organization approximate org			► Informatio	on about Schedu						
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 900, Part IV, line 14b. 1 For grammakers. 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? 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.) (Ø)Achiefer conducted in 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.) (Ø)Achiefer conducted in organization's procedures for monitoring the use of its grants and other assistance. (B) Activity is the incident of the organization of the approx and the section of the organization and the section of the organization of the organizati	Name	of the organization					Employer id	entification number		
Form 990, Part IV, line 14b. 1 Programmakers. 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? IX Yes No 2 For grantmakers. Does the in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. IV										
assistance, the grantes? eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Transmission of the selection criteria used to award the grants or assistance of the grantmarkers. 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.) (f) Tealet assistance of the grant of the grants or assistance, and the use of its grantmarker. (f) Tealet assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Tealet for state for an incident of the grant o	Part				Outside the	United States. Complete	e if the organization a	answered "Yes" on		
assistance outside the United States. 3 Activities per Region. (The following Part I, Ine 3 table can be duplicated if additional space is needed.) (a) Region (b) Region (b) Region (b) Participation of the second state		assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the								
(e) Region (b) Number of other sectors (c) Number of agents and incontrast, and incon										
Offices in the region Opfices in the region Tragin (by type) (e.g., incomposition, organise service, incomposition, organise service, incompositent service, incomposition, organise service, incomposition, or	3	Activities per Regio	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional s	pace is needed.)			
Image: Service Services Description Descrest and descrest and description Description </th <th></th> <th>(a) Region</th> <th></th> <th>offices in the</th> <th>employees, agents, and independent contractors</th> <th>region (by type) (e.g., fundraising, program services, investments, grants to recipients</th> <th>a program service describe specific type</th> <th>e of expenditures for and investments</th>		(a) Region		offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	a program service describe specific type	e of expenditures for and investments		
(3) CENTERL AMERICA/CARTBREAN 6. 79. PROGRAM SERVICES RESEARCH PROGRAM MONT 20,330,788. (4) MIDDLE EAST AND NORTH AFRICA 9. 115. PROGRAM SERVICES RESEARCH PROGRAM MONT 294,571,781. (5) SUB-SANABRAN AFRICA 84. 2,820. PROGRAM SERVICES RESEARCH PROGRAM MONT 232,533,118. (6)	(1)	EAST ASIA AND THE	PACIFIC	28.	496.	PROGRAM SERVICES	RESEARCH PROGRAM N	1GMT 63,860,148.		
(4) NIDDLE EAST AND NORTH AFFICA 9. 115. PROGRAM SERVICES RESEARCH PROGRAM MORT 294,571,781. (5) SUB-SAHAWAN AFRICA 84. 2,820. PROGRAM SERVICES RESEARCH PROGRAM MORT 232,533,118. (6)	(2)	EUROPE		2.	191.	PROGRAM SERVICES	RESEARCH PROGRAM N	4GMT 39,477,933.		
(5) SUB-SAHARAN AFRICA 84. 2,820. PROGRAM SERVICES RESEARCH PROGRAM MONT 232.533,118. (6) (7) (7) (7) (7) (7) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (14) (15) (16) (17) (17) (18) (19) (19) (11) (11) (12) (13) (14) (14) (15) (16) (17) (17) (18) (19) (19) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (17) (18) (19) (19) (19) (10) (11) (12) (12) (13) (14) (15) (16) (17) (17) (17) (19) (10) (10) (11) (11) (12) (12) (13) (12) (17) (12) (13) (12) (13) (12) (11) (11) (11) (12) (12) (13) (13) (14) (15) (16) (17)	(3)	CENTRAL AMERICA/CA	RIBBEAN	6.	79.	PROGRAM SERVICES	RESEARCH PROGRAM N	1GMT 20,330,758.		
(6) (7) (7) (8) (9) (9) (10) (10) (11) (11) (12) (12) (13) (14) (14) (15) (16) (17) 3a Sub-total,,, b Total from continuation sheets to Part 1,, b 129. 129. 3,701. 129. 3,701. 550,773,738.	(4)	MIDDLE EAST AND NO	ORTH AFRICA	9.	115.	PROGRAM SERVICES	RESEARCH PROGRAM N	4GMT 294,571,781.		
(7)	(5)	SUB-SAHARAN AFRICA	4	84.	2,820.	PROGRAM SERVICES	RESEARCH PROGRAM N	IGMT 232,533,118.		
(8)	(6)									
(9)	(7)									
(10)	(8)									
(11)	(9)									
(12)	<u>(10)</u>									
(13)	<u>(11)</u>									
(14)	<u>(12)</u>									
(15)	<u>(13)</u>									
(16) (17) 3a Sub-total 129. 3,701. b Total from continuation sheets to Part I 129. 3,701. c Totals (add lines 3a and 3b) 129. 3,701.	<u>(14)</u>									
(17) 129. 3,701. 650,773,738. 3a Sub-total 129. 3,701. 650,773,738. b Total from continuation sheets to Part I 129. 3,701. 650,773,738. c Totals (add lines 3a and 3b) 129. 3,701. 650,773,738.	<u>(15)</u>									
3a Sub-total 129. 3,701. 650,773,738. b Total from continuation 129. 3,701. 650,773,738. c Totals (add lines 3a and 3b) 129. 3,701. 650,773,738.	<u>(16)</u>									
b Total from continuation sheets to Part I Image: Control of the state of	<u>(17)</u>									
	b	Total from c sheets to Part I	continuation	129.	3,701.			650,773,738.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1274 1.000 7784FS 5275

FAMILY HEALTH INTERNATIONAL

Schedule F (Form 990) 2015

Page **2**

Part II	Grants and Other Assist	tance to Organizat	ions or Entities Outside	e the United	States. Complete	e if the organ	nization answered	"Yes" on Fo	orm 990,
	Part IV, line 15, for any re	ecipient who receiv	ed more than \$5,000. F	Part II can be o	duplicated if addi	tional space i	s 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)
				GLOBAL					
(1)			EAST ASIA/PACIFIC	LEARNING	66,981.	WIRE TRANSFR			
				GLOBAL					
(2)			SUB-SAHARAN AFRICA	HEALTH	62,891.	WIRE TRANSFR			
(3)									
(4)									
(5)									
(0)									
(6)									
(7)									
(7)									
(8)									
(0)									
(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-exemple	t
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►	1.
3	Enter total number of other organizations or entities.	1.

Schedule F (Form 990) 2015

FAMILY HEALTH INTERNATIONAL

Schedule F (Form 990) 2015

Part III	(Form 990) 2015 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part I 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)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
<u>(</u> 15)								
(16)								
<u>(17)</u>								
<u>(18)</u>								

Schedule F (Form 990) 2015

JSA 5E1276 1.000 Page 3

FAMILY HEALTH INTERNATIONAL

23-7413005

Sched	ıle F (Form 990) 2015		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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)	X 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? <i>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)</i>	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

60010945

FAMILY HEALTH INTERNATIONAL

23-7413005

Page **5**

Schedule F (Form 990) 2015

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)				Assistance t ndividuals ir	•	•	-	омв No. 1545-0047 20 15			
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.					
Department of the Treasury			► Att	tach to Form 990.				Open to Public			
Internal Revenue Service	► Informa	ation about So	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection			
Name of the organization							Employer identific	ation number			
FAMILY HEALTH]	INTERNATIONAL						23-7413005	5			
Part I General I	nformation on Grants ar	nd Assistanc	е								
1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance, and				
the selection crit	eria used to award the grar	nts or assistanc	æ?					X Yes No			
2 Describe in Part	IV the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance											
	government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance			
(1) HELEN KELLER INTE	RNATIONAL							CANCER PREVENTION			
	0 NEW YORK, NY 10010	13-5562162	501(C)(3)	6,429,967.				TECH DEVELOPMENT			
(2) HOWARD UNIVERSITY											
	# 137 WSHNGTN, DC 20059	53-0204707	501(C)(3)	3,889,446.				HIV/ AIDS PREVENTION			
(3) UNIVERSITY OF MAS	SACHUSETTS			· · ·							
	9 HADLEY, MA 01035	04-3167352	GOVERNMENT	3,824,402.				GENERAL SUPPORT			
(4) UNIV OF NORTH CAR	OLINA AT CHAPEL HILL										
CAMPUS BOX #1220	CHPL HLL, NC 27599-1220	56-6001393	501(C)(3)	3,348,976.				GENERAL SUPPORT			
(5) CARE INC											
151 ELLIS ST, NE	ATLANTA, GA 30303-2440	13-1685039	501(C)(3)	2,618,283.				HIV/ AIDS PREVENTION			
(6) PACT INC											
1828 L ST NW #300	WSHNGTN, DC 20036	13-2702768	501(C)(3)	2,518,739.				GENERAL SUPPORT			
(7) ABT ASSOCIATES IN	C										
P. O. BOX 84-5586	BOSTON, MA 02284-5586	04-2347643		2,133,339.				HIV/ AIDS PREVENTION			
(8) ACCELOVANCE INC											
2275 RSRCH BLVD #	700 ROCKVILLE, MD 20850	20-0956757		1,999,065.				GENERAL SUPPORT			
(9) MANAGEMENT SCIENC	ES FOR HEALTH INC	_									
784 MEMORIAL DR C	AMBRIDGE, MA 02139-4613	04-2482188	501(C)(3)	1,876,178.				HIV/ AIDS PREVENTION			
(10) REGENTS OF THE UN	IVERSITY OF CALIFORNIA	_									
3333 CA ST #315 S	AN FRAN, CA 94541	94-6036493	GOVERNMENT	1,859,081.				GENERAL SUPPORT			
(11) PATHFINDER INTERN	ATIONAL	_									
	ATERTOWN, MA 02472-4501	53-0235320	501(C)(3)	1,679,442.				GENERAL SUPPORT			
(12) INTRAHEALTH INTER	NATIONAL, INC.	_									
	#200 CHPL HL, NC 27517	55-0825466		1,590,967.	<u> </u>			GENERAL SUPPORT			
	nber of section 501(c)(3) a	•	•								
3 Enter total nun	nber of other organizations	listed in the li	ne 1 table			<u> </u>	<u></u>				

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

Schedule I (Form 990) (2015)

		nts. and Ir	ndividuals in	o Organiza			OMB No. 1545-0047 നി പ്പ്
Com		•	wered "Yes" on F				2015
Department of the Treasury	•	-	tach to Form 990.				Open to Public
	ation about Se	chedule I (Form	n 990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection
Name of the organization						Employer identific	ation number
FAMILY HEALTH INTERNATIONAL						23-7413005	5
Part I General Information on Grants ar	nd Assistanc	e				÷	
1 Does the organization maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection criteria used to award the grar							X Yes No
2 Describe in Part IV the organization's proce							
Grants and Other Assistance to I 990, Part IV, line 21, for any recip 1 (a) Name and address of organization							es" on Form (h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisai, other)	non-cash assistance	or assistance
(1) DELOITTE CONSULTING LLP							
1919 N. LYNN ARLINGTON, VA 22209	06-1454513		1,546,237.				GENERAL SUPPORT
(2) UNIVERSITY OF NORTH CAROLINA							
104 APRT DR #2200 CHPL HL, NC 27599-1350	56-6001393	501(C)(3)	1,434,839.				HIV/ AIDS PREVENTION
(3) INT'L FOOD POLICY RESEARCH INSTITUTE							
2033 K ST NW WASHINGTON, DC 20006	52-1041632	501(C)(3)	1,416,774.				NUTRITION DEVELPMNT
(4) THE TRUSTEES OF COLUMBIA UNIVERSITY CITY							
630 W 168TH ST BOX 49 NEW YK, NY 10032	13-5598093	501(C)(3)	1,416,457.				GENERAL SUPPORT
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA							
9500 GLMN DR MC 0009 LA JOLLA, CA 92093	95-6006144	GOVERNMENT	1,402,580.				GENERAL SUPPORT
(6) HEALTH & DEVELOPMENT INTERNATIONAL							
318 SETH PLACE ROCKVILLE, MD 20850	30-0207842	501(C)(3)	1,383,227.				GENERAL SUPPORT
(7) UNIVERSITY OF WASHINGTON							
12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	501(C)(3)	986,466.				GENERAL SUPPORT
(8) JOHNS HOPKINS UNIVERSITY							
1809 ASLD AVE DRG HL #203 BLTM, MD 21205	52-0595110	501(C)(3)	949,315.				GENERAL SUPPORT
(9) REGENTS UNIV OF CALIFORNIA UCLA ADMIN							
1125 MRPY HL 405 HLGD AVE LA, CA 90095	95-6006143	GOVERNMENT	940,699.				HIV RELATED RESEARCH
10) INT'L CITY COUNTY MANAGEMENT ASSOCIATION							
777 N CPTL ST NE #500 WTN, DC 20002	36-2167755	501(C)(3)	911,099.				GENERAL SUPPORT
(11) PURDUE UNIVERSITY							
HVD HL 610 PRDE ML W LFYT, IN 47907	35-6002041	501(C)(3)	865,114.				GENERAL SUPPORT
(12) CATHOLIC RELIEF SERVICES USCCB	_						
228 W LXNGTN ST BALTIMORE, MD 21201-3443	13-5563422		784,163.				GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 	•	•					

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)				Assistance t ndividuals ir				омв №. 1545-0047 20 15			
	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.					
Department of the Treasury			► At	tach to Form 990.				Open to Public			
Internal Revenue Service	► Informa	ation about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection			
Name of the organization							Employer identific	ation number			
FAMILY HEALTH	INTERNATIONAL						23-7413005	5			
Part I General I	nformation on Grants ar	nd Assistanc	e								
1 Does the organiz	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and				
	eria used to award the grar							X Yes No			
2 Describe in Part	IV the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance											
	government	()	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance			
(1) TRUSTEES OF TUFTS	COLLEGE										
169 HOLLAND STREE	T SOMERVILLE, MA 02144	04-2103634	501(C)(3)	711,920.				GENERAL SUPPORT			
(2) MENNONITE ECONOMI	C DEVELOPMENT										
1891 SB DR #201 I	ANCASTER, PA 17601-4106	23-7398678	501(C)(3)	697,945.				GENERAL SUPPORT			
(3) SAVE THE CHILDREN	[
501 KNG HHWY E #4	00 FRFLD, CT 06825	06-0726487	501(C)(3)	543,669.				HIV/ AIDS PREVENTION			
(4) AMERICAN INSTITUT	'ES FOR RESEARCH										
PO BOX 28126 NEW	YORK, NY 10087-8126	25-0965219	501(C)(3)	500,812.				GENERAL SUPPORT			
(5) GRAMEEN FOUNDATIC	N USA							INTERNATIONAL			
1101 15TH ST NW 3	RD FL WSHNGTN, DC 20005	73-1502797	501(C)(3)	492,858.				ECONOMIC DEVELOPMENT			
(6) AIDS PROJECT LOS	ANGELES										
611 S. KINGSLEY D	R LOS ANGELES, CA 90005	95-3842506	501(C)(3)	489,767.				GENERAL SUPPORT			
(7) INTERNATIONAL RES	EARCH & EXCHANGE BOARD										
1275 K ST NW #600	WSHNGTN, DC 20005	22-3087809	501(C)(3)	469,736.				GENERAL SUPPORT			
(8) BALL STATE UNIVER	SITY	_									
2000 W UNIV AVE M	UNCIE, IN 47306-0750	35-6024566	501(C)(3)	456,423.				GENERAL SUPPORT			
(9) FSG INC		_						MANAGEMENT &			
123 MISSION ST 81	H F SAN FRAN, CA 94105	20-2776974	501(C)(3)	445,210.				TECHNICAL ASSISTANCE			
(10) ROUGHRIDER EDUCAT	ION SERVICES PROGRAM	_									
1173 3RD AVE W #6	DCKINSN, ND 58601	27-0230307	GOVERNMENT	441,638.				GENERAL SUPPORT			
(11) SSG ADVISORS LLC		_									
	01 BURLINGTON, VT 05401	27-1226648		437,064.				GENERAL SUPPORT			
(12) CHILDFUND INTERNA	TIONAL	_									
	WY RICHMOND, VA 23294	54-0536100		417,834.				GENERAL SUPPORT			
	nber of section 501(c)(3) and	•	•								
3 Enter total nun	nber of other organizations	listed in the li	ne 1 table				<u> </u>				

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Go	overnmei	nts, and Ir	Assistance t ndividuals ir	n the United	d States		омв №. 1545-0047 20 15		
			-	tach to Form 990.		,		Open to Public		
Department of the Treasury Internal Revenue Service	► Informa	tion about So	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection		
Name of the organization			•	-			Employer identific	ation number		
FAMILY HEALTH	INTERNATIONAL						23-7413005	5		
Part I General I	nformation on Grants and	d Assistanc	e							
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and			
the selection crit	eria used to award the grant	ts or assistanc	e?					X Yes No		
	IV the organization's proceed									
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant										
	address of organization 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) PH SCIENCE HOLDIN	IGS INC					,		COMMUNITY HEALTH		
	# F LYNNWOOD, WA 98087	91-2181922	501(C)(3)	417,053.				SYSTEMS		
(2) MID-DAKOTA EDUCAT	· · · · · · · · · · · · · · · · · · ·	51 2101922	562(6)(5)	11,70001						
215 2ND STREET SE		45-6001841	GOVERNMENT	416,587.				GENERAL SUPPORT		
(3) NORTHEAST EDUCATI										
	EVILS LK, ND 58301	45-6001342	GOVERNMENT	413,500.				GENERAL SUPPORT		
(4) RED RIVER VALLEY										
2400 47TH AVE S G	RND FRKS, ND 58106-6000	45-0333456	501(C)(3)	411,339.				GENERAL SUPPORT		
(5) BETH ISRAEL DEACC	NESS MEDICAL CENTER INC									
330 BRKLINE AVE #	BR-109 BOSTON, MA 02215	04-2103881	501(C)(3)	394,855.				GENERAL SUPPORT		
(6) EMORY UNIVERSITY		_								
1599 CLIFTON RD A	ATLANTA, GA 30322	58-0566256	501(C)(3)	371,728.				GENERAL SUPPORT		
(7) INTERNEWS NETWORK	τ	_						INTERNTINL DVLPMNT		
PO BOX 4448 ARCAT	CA, CA 95518	94-3027961	501(C)(3)	371,004.				RELIEF SERVICES		
(8) SOUTH EAST EDUCAT	TION COOPERATIVE	_								
1305 9TH AVE S NR	RTH FRGO, ND 58103	45-6000294	GOVERNMENT	367,098.				EDUCATNL DEVELOPMENT		
(9) GEORGE WASHINGTON	J UNIVERSITY	_								
45155 RESEARCH PI	ASHBURN, VA 20147	53-0196584	501(C)(3)	401,443.				GENERAL SUPPORT		
(10) EQUAL ACCESS INTE	RNATIONAL	_								
271 ASTN ST SAN F	FRANCISCO, CA 94109	94-3402601	501(C)(3)	333,089.				GENERAL SUPPORT		
(11) INTERNATIONAL RES	SCUE COMMITTEE	_								
122 EAST 42ND ST	NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	331,696.				GENERAL SUPPORT		
(12) TRUSTEES OF THE U	INIVERSITY OF PENNSYLVANIA	_								
	21 FRKN BG PHL, PA 19101	23-1352685		328,910.	- 1. 1.			GENERAL SUPPORT		
	nber of section 501(c)(3) an	-	•							
3 Enter total nun	nber of other organizations l	isted in the lir					<u></u>			

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

Schedule I (Form 990) (2015)

Department of the Treasury	and Assistance to substantiate the prants or assistance cocedures for mo co Domestic Or copient that reconstruction (b) EIN	► At schedule I (Form the amount of th ce? nitoring the use rganizations a	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	nce, the grantees of United States.	<i>w.irs.gov/form990.</i>	Employer identific 23-7413005 ts or assistance, and ation answered "Ye	5 X Yes No
Internal Revenue Service ▶ Info Name of the organization FAMILY HEALTH INTERNATIONAL Part I General Information on Grants 1 Does the organization maintain records the selection criteria used to award the general IN on the organization's pr Part II Grants and Other Assistance of 990, Part IV, line 21, for any restance of the selection criteria used to award the general information or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	and Assistance to substantiate the prants or assistance occedures for mo co Domestic Or co Domes	chedule I (Form ce he amount of th ce? nitoring the use ganizations an ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	e grants or assista of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	nce, the grantees e United States. /ernments. Com can be duplicat	' eligibility for the gran plete if the organizated if additional spa	Employer identific 23-7413005 ts or assistance, and ation answered "Ye ice is needed.	Inspection cation number 5 X Yes No es" on Form (h) Purpose of grant or assistance GENERAL SUPPORT
Internal Revenue Service ▶ Info Name of the organization FAMILY HEALTH INTERNATIONAL Part I General Information on Grants 1 Does the organization maintain records the selection criteria used to award the general IN on the organization's pr Part II Grants and Other Assistance of 990, Part IV, line 21, for any restance of the selection criteria used to award the general information or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	and Assistance to substantiate the prants or assistance occedures for mo co Domestic Or co Domes	e he amount of th ce? nitoring the use ganizations a ceived more th (c) IRC section if applicable government 501 (C) (3)	e grants or assista of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	nce, the grantees e United States. /ernments. Com can be duplicat	' eligibility for the gran plete if the organizated if additional spa	23-7413005 ts or assistance, and ation answered "Ye ice is needed.	Eation number 5 X Yes No es" on Form (h) Purpose of grant or assistance GENERAL SUPPORT
 FAMILY HEALTH INTERNATIONAL Part I General Information on Grants 1 Does the organization maintain records the selection criteria used to award the g 2 Describe in Part IV the organization's pr Part II Grants and Other Assistance 9990, Part IV, line 21, for any research 990, Part IV, line 21, for any research 1 (a) Name and address of organization or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 	to substantiate th prants or assistan- pocedures for mo to Domestic Or propient that red (b) EIN 666-0427034 04-2103580	he amount of th ce? nitoring the use 'ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. /ernments. Com can be duplicat	plete if the organizated if additional spa	23-7413005 ts or assistance, and ation answered "Ye ice is needed.	X Yes No es" on Form (h) Purpose of grant or assistance general SUPPORT
 Part I General Information on Grants 1 Does the organization maintain records the selection criteria used to award the g 2 Describe in Part IV the organization's pr Part II Grants and Other Assistance and 990, Part IV, line 21, for any research or government 1 (a) Name and address of organization or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 	to substantiate th prants or assistan- pocedures for mo to Domestic Or propient that red (b) EIN 666-0427034 04-2103580	he amount of th ce? nitoring the use 'ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. /ernments. Com can be duplicat	plete if the organizated if additional spa	ts or assistance, and ation answered "Ye ice is needed.	X Yes No es" on Form (h) Purpose of grant or assistance GENERAL SUPPORT
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's pr Part II Grants and Other Assistance f 990, Part IV, line 21, for any re 1 (a) Name and address of organization or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 	to substantiate th prants or assistan- pocedures for mo to Domestic Or propient that red (b) EIN 666-0427034 04-2103580	he amount of th ce? nitoring the use 'ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. /ernments. Com can be duplicat	plete if the organizated if additional spa	ation answered "Ye ice is needed.	X Yes No es" on Form (h) Purpose of grant or assistance general support
the selection criteria used to award the generation of the organization's preserved in Part IV the organization's preserved in Part III Grants and Other Assistance of 990, Part IV, line 21, for any reserved in the selection of government in the selection of government is the selection of government is the selection of the se	rants or assistant ocedures for mo co Domestic Or cipient that rec (b) EIN 666-0427034 04-2103580	ce? nitoring the use ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. /ernments. Com can be duplicat	plete if the organizated if additional spa	ation answered "Ye ice is needed.	X Yes No es" on Form (h) Purpose of grant or assistance general support
the selection criteria used to award the generation of the organization's preserved in Part IV the organization's preserved in Part III Grants and Other Assistance of 990, Part IV, line 21, for any reserved in the selection of government in the selection of government is the selection of government is the selection of the se	rants or assistant ocedures for mo co Domestic Or cipient that rec (b) EIN 666-0427034 04-2103580	ce? nitoring the use ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. /ernments. Com can be duplicat	plete if the organizated if additional spa	ation answered "Ye ice is needed.	X Yes No es" on Form (h) Purpose of grant or assistance GENERAL SUPPORT
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance 9 990, Part IV, line 21, for any re 1 (a) Name and address of organization or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	(b) EIN 66-0427034 04-2103580	nitoring the use ganizations a ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	of grant funds in the nd Domestic Gov an \$5,000. Part II (d) Amount of cash grant 322,938. 318,757.	e United States. vernments. Com can be duplicat (e) Amount of non-	plete if the organizated if additional spa	ation answered "Ye ice is needed.	(h) Purpose of grant or assistance GENERAL SUPPORT
Part II Grants and Other Assistance is 990, Part IV, line 21, for any reserve in the second seco	co Domestic Or cipient that red (b) EIN 66-0427034 04-2103580	ganizations all ceived more th (c) IRC section if applicable GOVERNMENT 501(C)(3)	Image: constraint of the system Constraint Constand Constant Constraint	vernments. Com can be duplicat	ed if additional spa	(g) Description of	(h) Purpose of grant or assistance GENERAL SUPPORT
 or government (1) MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 	66-0427034 04-2103580	GOVERNMENT	grant 322,938. 318,757.		(book, FWV, appraisal, other)		GENERAL SUPPORT
3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	04-2103580	501(C)(3)	318,757.				
3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	04-2103580	501(C)(3)	318,757.				
 (2) HARVARD BUSINESS SCHOOL 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 	04-2103580	501(C)(3)	318,757.				
23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801							GENERAL SUPPORT
 (3) UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 							
IRC/HMC 325 9TH AV #359927 SEA, WA 98104 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	99-9999999	GOVERNMENT	015 600				
 (4) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE #100 NASHVILLE, TN 37203 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 			315,693.				GENERAL SUPPORT
 (5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801 							SOCIO-ECONOMIC
75 FRANCIS STREET BOSTON, MA 02241-3887 (6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	35-2528741	501(C)(3)	313,321.				DEVELOPMENT
(6) TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801							
1120 19TH ST NW 8TH FL WSHNGTN, DC 20036 (7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801	04-2312909	501(C)(3)	311,775.				GENERAL SUPPORT
(7) GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON, ND 58801							
1410 UNIV AVE WILLISTON, ND 58801	13-2626135	501(C)(3)	309,576.				GENERAL SUPPORT
(8) SCHOOL TO SCHOOL INTERNATIONAL	06-1759315	GOVERNMENT	303,642.				GENERAL SUPPORT
200 SAN MARLO WY #3 PACIFICA H, CA 94044	02-0600889	501(C)(3)	297,558.				EDUCATNL DEVELOPMENT
(9) PLAN INTERNATIONAL USA INC							INTERNTINL DVLMNT
155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	278,319.				RELIEF SERVICES
(10) EDUCATION FOR EMPLOYMENT							INTERNTINL DVLMNT
1612 K ST NW # 800 WASHINGTON, DC 20006	82-0578781	501(C)(3)	267,276.				RELIEF SERVICES
(11) WASHINGTON UNIVERSITY WUSL							
700 ROSEDALE AVE ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	261,955.				HIV/ AIDS PREVENTION
(12) FORUM ONE COMMUNICATIONS CORP							
15954 JKSN CK PKWY #B374 MNMNT, CO 80132	94-3261569		258,183.				GENERAL SUPPORT
 2 Enter total number of section 501(c)(3 3 Enter total number of other organization 				ahla		•	

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)				Assistance t ndividuals ir	•	•	-	OMB No. 1545-0047			
	Comp	lete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.					
Department of the Treasury	-		► At	tach to Form 990.				Open to Public			
Internal Revenue Service	Informat	tion about Se	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection			
Name of the organization							Employer identific	ation number			
FAMILY HEALTH	INTERNATIONAL						23-7413005	5			
Part I General I	nformation on Grants and	d Assistanc	e								
1 Does the organiz	zation maintain records to ຣເ	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and				
the selection crit	eria used to award the grant	s or assistanc	xe?					X Yes No			
2 Describe in Part	IV the organization's proced	lures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (book, FMV, appraisal) (g) Description of (h) Purpose of grant											
or	government	(-,	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance			
(1) PUBLIC INTER LAW	AND POLICY GROUP										
888 16TH ST NW #8	31 WASHINGTON, DC 20006	04-3309296	501(C)(3)	247,830.				GENERAL SUPPORT			
(2) MCCANN GLOBAL HEA	ALTH										
13801 FNB PARKWAY	2 OMAHA, NE 68154	13-1938691		245,250.				GENERAL SUPPORT			
(3) PUBLIC HLTH FOUND	DATION ENTERPRISES, INC.										
12801 CRDS PWY S	#200 INDUSTRY, CA 91746	95-2557063	501(C)(3)	240,182.				PUBLIC HLTH PROGRAM			
(4) WINROCK INTERNATI	ONAL										
2101 RIVERFRONT D	DR LITTLE ROCK, AR 72202	71-0603560	501(C)(3)	237,184.				GENERAL SUPPORT			
(5) EDUCA VISION INC											
7550 NW 47 AVE CC	CONUT CREEK, FL 33073	59-3269650		231,622.				GENERAL SUPPORT			
(6) AVAC											
423 W 127TH ST 41	TH FL NEW YORK, NY 10027	94-3240841	501(C)(3)	230,224.				GENERAL SUPPORT			
(7) CONTINUUM LLC											
1220 WASHINGTON S	ST WEST NEWTON, MA 02465	27-3892653		226,700.				GENERAL SUPPORT			
(8) CENTER FOR INTL F	PRIVATE ENTERPRISES	_									
1211 CT AVE NW #7	00 WASHINGTON, DC 20036	52-1398742	501(C)(3)	218,576.				GENERAL SUPPORT			
(9) WORLD LEARNING		_						INTERNTINL DVLPMNT			
1015 15TH ST NW 7	TH F WSHNGTN, DC 20005	03-0179592	501(C)(3)	208,112.				RELIEF SERVICES			
(10) FREEDOM FROM HUNG	ER	_									
1644 DA VINCI COU	JRT DAVIS, CA 95618	95-1647835	501(C)(3)	205,883.				GENERAL SUPPORT			
(11) WEILL MEDICAL COL	LEGE OF CORNELL UNIVERSITY										
575 LXNGTN AVE 91	CH F NEW YORK, NY 10022	13-1623978	501(C)(3)	202,666.				GENERAL SUPPORT			
(12) UN DEVELOPMENT PR	ROGRAMME HEALTH & HIV										
	REET NEW YORK, NY 10017	58-2368165		199,974.				HIV/ AIDS PREVENTION			
2 Enter total nun	nber of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 t	able						
3 Enter total nun	nber of other organizations li	sted in the lin	ne 1 table				<u></u>				

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants ar	nd Other	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	G	overnmei	nts, and li	ndividuals ir	n the United	d States		2015
	Com	plete if the or	ganization and	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			► At	tach to Form 990.				Open to Public
Internal Revenue Service	► Inform	ation about So	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	ation number
FAMILY HEALTH	INTERNATIONAL						23-7413005	1
Part I General I	nformation on Grants ar	nd Assistanc	e				·	
1 Does the organiz	zation maintain records to s	substantiate th	e amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grar	nts or assistanc	æ?					X Yes 🗌 No
	IV the organization's proce							
Part II Grants ar	nd Other Assistance to I	Domestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Ye	es" on Form
	IV, line 21, for any recip							
,	· · · ·		1	. ,	•	•		
	address of organization 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
	government			grant		otner)		
(1) AWHERE INC								
	275 WHT RIDGE, CO 80033	75-2811990		198,162.				GENERAL SUPPORT
(2) PATH		_						
	E #200 SEATTLE, WA 98107	91-1157127	501(C)(3)	197,148.				GENERAL SUPPORT
(3) WORLDREADER.ORG		_						
	RANCISCO, CA 94103	27-2092468	501(C)(3)	196,417.				GENERAL SUPPORT
(4) NORTH CENTRAL EDU								
(-)	CA CLG BTTNEAU, ND 58318	45-6000140	GOVERNMENT	195,612.				GENERAL SUPPORT
(5) UNIVERSITY OF ALA								
	3 242 BMNGHM, AL 35294	63-0649108	501(C)(3)	189,221.				GENERAL SUPPORT
(6) RTI INTENTERNATIC		_						
()	ALEIGH, NC 27675-9000	56-0686338	501(C)(3)	181,977.				GENERAL SUPPORT
(7) OPEN REVOLUTION I		_						
4-1	.025 WSHNTN, DC 20036	27-0541509		181,818.				GENERAL SUPPORT
	TRAINING INSTITUTE INC	-						
	1TH F ARLNGTN, VA 22209	04-2679824	501(C)(3)	173,547.				GENERAL SUPPORT
(9) HAGER SHARP INC				100 044				
	600E WSHNGTN, DC 20005	52-0983278		166,644.				GENERAL SUPPORT
(10) UNIV. OF NEBRASKA		47.0705575	501(0)(2)	154 000				CENEDAL GUDDODE
(11) YALE UNIVERSITY	BX 985100 OMH, NE 68198	47-0785575	501(C)(3)	154,923.				GENERAL SUPPORT
	IEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	150,686.				GENERAL SUPPORT
(12) 522 PRODUCTIONS I		00-00409/3	501(0)(3)	150,000.				GENERAL SUPPORT
	FL ALEXANDRIA, VA 22314	20-0564214		150,033.				GENERAL SUPPORT
	nber of section 501(c)(3) a		t organizations		able		•••••	JOINDIGH DUPPORT
	nber of other organizations	•	•				· · · · · · · · · · · · · · · · · · ·	

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

Schedule I (Form 990) (2015)

SCHEDULE I				Assistance t	•			OMB No. 1545-0047
(Form 990)	G	overnme	nts, and li	ndividuals ir	n the United	d States		2015
	Com	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Dependence of the Treesum			-	tach to Form 990.			·	Open to Public
Department of the Treasury Internal Revenue Service	► Informa	ation about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization				-		_	Employer identific	cation number
FAMILY HEALTH	INTERNATIONAL						23-741300	5
Part I General I	nformation on Grants ar	nd Assistanc	e					
1 Does the organi	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	teria used to award the grar							X Yes No
	IV the organization's proce							
Part II Grants a	nd Other Assistance to I	Domestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form
	IV, line 21, for any recip							
	···, ···· _ ·, ···, · · ···							1
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GFK CUSTOMS RESEA	ARCH LLC							
	H FL NEW YORK, NY 10011	36-2948619		145,184.				GENERAL SUPPORT
(2) PANAGORA GROUP LI								
	UE KENSINGTON, MD 20895	27-4148413		144,352.				GENERAL SUPPORT
(3) COLUMBIA UNIVERSI								
	TH F NEW YK, NY 10032	13-5598093	501(C)(3)	129,642.				GENERAL SUPPORT
(4) GEORGIA TECH RESP								
505 10TH ST NW ST	FE 300 ATLANTA, GA 30332	58-0603146	501(C)(3)	129,065.				GENERAL SUPPORT
(5) GEORGIA STATE UNI	IVERSITY RESEARCH FDN INC							SOCIO-ECONOMIC
P O BOX 3999 ATL	ANTA, GA 30302-3999	58-1845423	501(C)(3)	125,454.				DEVELOPMENT
(6) REBOOT DESIGN, LI	LC							
45 E 20TH ST 5TH	F NEW YK, NY 10003	27-3684870		122,177.				GENERAL SUPPORT
(7) EDUCATION DEVELOR	PMENT CTR INC							
43 FOUNDRY AVENUE	E WALTHAM, MA 02453	04-2241718	501(C)(3)	121,990.				GENERAL SUPPORT
(8) PANGAEA GLOBAL AI	IDS							
436 14TH STREET,	# 920 OAKLAND, CA 94612	91-2167423	501(C)(3)	120,864.				GENERAL SUPPORT
(9) ORBIS BIOSCIENCES	5, INC.	_						
8006 REEDER ST. I	LENEXA, KS 66214	26-2360301		118,587.				GENERAL SUPPORT
(10) PPD DEVELOPMENT I	LC							
2244 DABNEY ROAD	RICHMOND, VA 23230	74-2325267		115,452.				GENERAL SUPPORT
(11) THE RESEARCH FOUR	NDATION FOR STATE OF NY							
1400 WSHNTN AVE M	MSC 312 ALBANY, NY 12222	14-1368361	501(C)(3)	110,448.				GENERAL SUPPORT
(12) MCMAHON CONSULTIN	NG GROUP, LLC	_						
	DNSVILLE, MD 21228	27-2953125	<u> </u>	105,680.	l			GENERAL SUPPORT
	nber of section 501(c)(3) a							
3 Enter total nur	nber of other organizations	listed in the li	ne 1 table 🚬 🚬				🕨	

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants a	nd Other /	Assistance t	o Organiza	tions,	\vdash	OMB No. 1545-0047
(Form 990)	G	overnme	nts, and li	ndividuals ir	n the United	d States		2015
	Con	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treesury		•	-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	► Inform	ation about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identif	cation number
FAMILY HEALTH]	INTERNATIONAL						23-741300	5
Part I General I	nformation on Grants a	nd Assistanc	е					
1 Does the organiz	zation maintain records to	substantiate th	e amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	1
-	eria used to award the gra			-	-			X Yes No
	IV the organization's proce							
Part II Grants ar	nd Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form
	IV, line 21, for any reci							
,	, , ,	1		. ,	•			
	address of organization 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
	5			gran		otner)		
(1) VARELA CONSULTING	; LLC							
	R. TUCSON, AZ 85710	46-4433483		105,000.				GENERAL SUPPORT
(2) ICNL								
	400 WHTN, DC 20036	52-1818273	501(C)(3)	100,763.				GENERAL SUPPORT
(3) REGENTS OF THE UN								
	IRVINE, CA 92796-7600	95-2226406	501(C)(3)	92,850.				GENERAL SUPPORT
(4) UNIVERSITY OF ORE								
	SN EUGENE, OR 97403-5219	46-4727800	GOVERNMENT	91,961.				GENERAL SUPPORT
(5) FHI SOLUTIONS LLC								
	AVE NW WSHNTN, DC 20009	45-2462813		91,241.				GENERAL SUPPORT
(6) MEDIC MOBILE INC								
	SAN FRANCISCO, CA 67110	27-5104203	501(C)(3)	90,646.				GENERAL SUPPORT
(7) THE SEEP NETWORK				00.105				
	NIONDALE, NY 11555-0455	13-3840611	501(C)(3)	89,185.				GENERAL SUPPORT
(8) WORLDCHICAGO		36-2406639	501(C)(3)	88,732.				CENEDAL CUDDODE
	CHICAGO, IL 60601 DUCATIONAL COOPERATIVE	36-2406639	501(C)(3)	88,732.				GENERAL SUPPORT
	MANDAN, ND 58554	45-6000242	GOVERNMENT	86,784.				GENERAL SUPPORT
(10) CARDLOGIX	MANDAN, ND 56554	45-6000242	GOVERNMENT	00,704.				GENERAL SUPPORT
) IRVINE, CA 92618	33-0608026		86,220.				GENERAL SUPPORT
(11) WORLD AFFAIRS COU		55 0000020		00,220.				GENERAL SUFFORT
	RD F PTLD, OR 97205	93-0568356	501(C)(3)	85,612.				GENERAL SUPPORT
(12) DREXEL UNIVERSITY				05,012.				CLARINE DOTTOR
x) PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	84,728.				GENERAL SUPPORT
	nber of section 501(c)(3) a				able	,	. . ▶	•
	nber of other organizations	•	•					

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

Schedule I (Form 990) (2015)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Name of the organization Employer identification number 23-7413005 FAMILY HEALTH INTERNATIONAL 23-7413005 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1	SCHEDULE I			Assistance t	•	•		OMB No. 1545-0047
Participant of the Transver Protection Open to Public Name of the organization Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employe identification number PANILY HEALTH 23-7413005 23-7413005 Panil General Information on Grants and Assistance 23-7413005 23-7413005 Panil General Information on Grants and Assistance 23-7413005 23-7413005 Panil General Information on Grants and Assistance in an other organizations and the selection criteria used to award the grants or assistance?			•					2015
International point Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Inspection Part Line HIRALITH: INTERNATIONAL Employee installation number 23 - 7413005 Part Line General Information 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 and the selection criteria used to award the grants or assistance. The organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. Yes No 1 (a) Name and address of cognization (b) EN (c) Cognization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. (c) 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 cognization (b) EN (c) Cognization so and cognization and part of the cognization and the cognization and the cognization and the cognization and part of the cognization and the cognization and the cognit cognis and cognization and part of the cognit cognization and			-			,		Open to Public
FMILLY HEALTH INTERNATIONAL 23-7413005 PartIL General Information on Crants and Assistance Image: Comparization anishian records to substantiate the amount of the grants or assistance, the grants era assistance, and the selection orienta used to award the grants or assistance? Image: Comparization anishian records to substantiate the amount of the grants or assistance, the grants era assistance, and the selection orienta used to award the grants or assistance? Image: Comparization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government. (b) EIN (e) EIN (e		ation about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Part I General Information on Grants and Assistance 1 Does the organization minimum records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unled States. Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unled States. Someward Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization of grants and Domestic Organization of grant and assistance in the second of grant and assistance is address of organization of grant and address of organization of grant and address of organization of grant and assistance is address of organization of grant and address of organization of grant address of organization of gr	Name of the organization		`				Employer identific	ation number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of Conten of Content of Content o	FAMILY HEALTH INTERNATIONAL						23-7413005	5
Loes the organization maintain records to substantiate the anount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Les of the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organizations (b) EN (c) EC assist (c) 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 organizations (b) EN (c) EC assist (c) 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 (b) EN (c) EC assistence (c) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (c) Name and address of organizations (d) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (c) Name and address of organizations (d) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (c) Name and address of organizations and Domestic Governments. (d) Part IV, line 21, for any recipient that received more than \$5,000. Part IV address of organizations and Domestic Governments. (d) Part IV and Part IV address of organizations and Domestic Governments. (d) Part IV address of organizations and Domestic Governments. (d) Part IV address of the 1200 terms, nr 14012 (d) Part IV address of the 1200 terms, nr 14012 (d) Part IV address of the	Part I General Information on Grants a	nd Assistanc	е					
Ite selection criteria used to award the grants or assistance? IX Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) EC enclose grant (d) Amount of each grant and others of grant funds in the United States. (e) Amount of reach grant and others of grant funds in the United States. (e) Amount of reach grant and others of organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed. (f) Marting Amount and address of organization (f) Parting Amount of each grant funds in the United States. (f) Amount and address of organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000, Part II can be duplicated if additional space is needed. (f) Parting Amount Amount Amount Amount Amount and address of organization answered "Yes" on Form 990, Part IV, line 21, for any received part funds in the United States. (f) Parting Amount Amo	1 Does the organization maintain records to	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Revenments. Complete if the organization answered "Yes" on Form 99(0, 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 any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) EN (c) RC section of grant (c) Amount of can organization answered "Yes" on Form cash assistance (c) Description of non-cash assistance (c) Description of non-cash assistance (c) Description of cash cassistance (c)	the selection criteria used to award the gra	nts or assistand	æ?	-				X Yes No
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 of the policities of organization or government. (b) EIN (e) PC section of grant organization of the policities of organization of the policities of organization of the policities of the policitie								
Image: Constraint of the second constraint second constraint of the second constraint of the secon			-					es" on Form
(1) WATER AID AMERICA INC BO-10017	1 (a) Name and address of organization or government	(b) EIN				(book, FMV, appraisal,		
315 MESN AVE #2301 NEW YX, NY 10017 30-0181674 501(c)(3) 82,230. GENERAL SUPPORT (2) THE UNIVERSITY OF TENNESSEE CHATTANCOAL 613 MCCLLB AVE DPT 4905 CTENGA, TN 37403 62-600136 GOVERNMENT 80,659. GENERAL SUPPORT (3) LAIN NEWMAN RESEARCH 1025 BLERS PW 4401 ECHED, VA 23225 54-1090609 80,529. GENERAL SUPPORT (4) ENLIDEE LTD 36-3556389 80,085. DEVELOPMENT SOCIO-ECONOMIC (5) SAPE SPACE NYC INC 36-3556389 80,085. DEVELOPMENT GENERAL SUPPORT (6) GEORGETONI INIVERSITY 51-107101 501(c)(3) 79,653. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INFERNATIONAL 43137 LANDERN MESA RE DAONIA, CO 81428 52-1659722 501(c)(3) 74,664. GENERAL SUPPORT (6) MEXCESSION MEDICAL SUBSICAL INC 52-1659722 501(c)(3) 73,201. GENERAL SUPPORT (6) MEXCESSION MEDICAL SUBSICAL INC 52-1659722 501(c)(3) 69,756. GENERAL SUPPORT (10) MEDICAL SUBSICAL INC 52-1215041 501(c)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 551 1271 H ST 100 H ZADAL, CO 34607 94-1646278 501(c)(3								
(2) THE UNIVERSITY OF TENDESSEE CHATAMOGA 62-6001636 GOVERNMENT 80,659. GENERAL SUPPORT (3) ALIAN NEWMAN RESERCH 1025 SCIENCEAL SUPPORT 80,659. GENERAL SUPPORT (4) ENCLIDE AVE DYT 4010 CRHD, VA 23225 54-1090609 80,529. GENERAL SUPPORT (4) ENCLIDE LTD SOCIO-ECONOMIC BSOCIO-ECONOMIC DEVELOPMENT (5) SAFE SPACE NYC INC SOCIO-ECONOMIC DEVELOPMENT GENERAL SUPPORT (6) GOOGETOWN UNIVERSITY 30/14 & 0 STREET, NN WASHINGTON, DC 20057 53-0196603 501(C)(3) 74,604. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (6) OCKEESSON MEDICAL SUGICAL INC 9934 MRUD RAKED PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (10) PUBLIC HEALT NUTRIENTIVE 511(C)(3) 69,756. GENERAL SUPPORT GENERAL SUPPORT (11) NUTVERSITY OF NOTRE DATE 511(C)(3) 69,756. GENERAL SUPPORT GENERAL SUPPORT (11) NUTVERSITY OF NOTRE MATIONAL HART INSTITUTE 555 12TH ST 10TH F OANLD, CA 94607 <			501(0)(2)	02.020				GENERAL GURRADE
615 MCCLLE AVE DPT 4905 CTTNGA, TN 37403 62-6001636 GOVERNMENT 80,659. GENERAL SUPPORT (3) ALAN INMAMA RESEARCH		30-0181674	501(C)(3)	82,230.				GENERAL SUPPORT
(3) ALAN NEWMAN RESEARCH B 1025 BLDRS PW 1401 RCHRD, VA 23225 54-1090609 80,529. GENERAL SUPPORT (4) BURLINGE LITD 36-3556389 80,085. SOCIO-ECONOMIC 1220 157H ST NW 4200 WSTN, DC 20036 36-3556389 80,085. DEVELOPMENT (5) SAFE SPACE NYC INC B9-74 162ND ST 57H F JAMAICA, NY 11432 11-1711014 501(C)(3) 79,653. GENERAL SUPPORT (6) GEORGETOWN UNIVERSITY S3-0196603 501(C)(3) 74,604. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (8) MCKESSON MEDICAL SURGICAL INC 9954 M4000 RICHMOND, VA 2323 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NN 4200 NASHINSTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT 130 CT AVE NN 4200 NASHINSTON, DC 20036 52-1215041 501(C)(3) 68,796. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 551 12TH E ST 10TH E OAKED S01(C)(3) 68,796. GENERAL SUPPORT 131 GRACE HALL NOTRE DAME. 731 GRACE HALL NOTRE DAME.		62-6001626	COVEDNMENT	80 659				CENEDAL CUDDODT
1025 BLDRS PWY #401 RCHUDE Seneral SUPPORT 1(4) ENCLUDE 1220 19TH ST SOCIO-ECONOMIC 1220 19TH ST W 200 WSTN, DC 20036 36-3556389 80,085. 15) SAFE SPACE NYC INC SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (5) SAFE SPACE NYC INC SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (6) GEORGETONN UNIVERSITY SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (9) MANOGENEMT INTERNATIONAL SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (9) MANOGENEMT SYSTEMS INTERNATIONAL INC SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (10) POBLIC HEALTH INSTITUTE SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME SENERAL SUPPORT		02-0001030	GOVERNMENT	80,039.				GENERAL SUPPORT
(4) ENCLUDE LTD SOCIO-ECONOMIC 1220 19TH ST NW H200 WSTN, DC 20036 36-3556389 80,085. DEVELOPMENT (5) SAFE SPACE NYC INC 99-74 162ND ST 5TH F JAMAICA, NY 11432 11-1711014 501(C)(3) 79,653. DEVELOPMENT (6) GEORGETOW UNIVERSITY 37TH & 0 STREET, NW WASHINGTON, DC 20057 53-0196603 501(C)(3) 74,604. DEVELOPMENT (7) NEDLA FOR DEVELOPMENT INTERNATIONAL 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (6) MCKESSON MEDICAL SURGICAL INC 9954 MAYLD DR H4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (10) MUNAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW 4200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 551 C12H ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME, IN 46556 35-0868188 501(C)(3) 67,471. GENERAL SUPPORT (12) AFICARE 37-116952 501(C)(3) 67,471. GENERAL SUPPORT (13) AFICARE 35-0868188 501(C)(3) 67,471.		54-1090609		80 529				GENERAL SUDDORT
1220 19TH ST NW 4200 WSTN, DC 20036 36-3556389 80,085. DEVELOPMENT (5) SAFE SPACE NYC INC 89-74 162NS ST 5TH F JAMAICA, NY 11432 11-1711014 501(C)(3) 79,653. GENERAL SUPPORT (6) GEORGETOWN UNIVERSITY 371H & O STREET, NW WASHINGTON, DC 20057 53-0196603 501(C)(3) 74,604. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (6) MCKESSON MEDICAL SURGICAL INC 9954 MEXILD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 911300 CT AVE NN 4200 WASHINGTON, DC 20036 501(C)(3) 69,756. GENERAL SUPPORT (11) DIVERSITY OF NOTRE DAME 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (12) AFRICARE 1140 CT AVE NN 4260 35-0866188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 1140 CT AVE NN 42601 22-7116952 501(C)(3) 67,471. GENERAL SUPPORT (12) AFRICARE 1001 CH OAKLD, C2 02011 22-7116952 501(C)(3) 67,471. GENERAL SUPPORT (12) AFRICARE 400 R ST NW WASHINGTON, DC 200		51 10,000						
(5) SAFE SPACE NYC INC GENERAL SUPPORT 89-74 162ND ST 5TH F JAMAICA, NY 11432 11-1711014 501(C)(3) 79,653. GENERAL SUPPORT (6) GEORGETOWN UNIVERSITY GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL GENERAL SUPPORT GENERAL SUPPORT (17) MEDIA FOR DEVELOPMENT INTERNATIONAL GENERAL SUPPORT GENERAL SUPPORT (18) MCKESSON MEDICAL SURGICAL INC GENERAL SUPPORT GENERAL SUPPORT (19) MANAGEMENT SYSTEMS INTERNATIONAL INC GENERAL SUPPORT GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE GENERAL SUPPORT GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE GENERAL SUPPORT GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME GENERAL SUPPORT GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME GENERAL SUPPORT GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME GENERAL SUPPORT GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME GENERAL SUPPORT GENERAL SUPPORT (12)		36-3556389		80,085.				
B9-74 162ND ST 5TH F JAMAICA, NY 11432 11-1711014 501(C)(3) 79,653. GENERAL SUPPORT (6) GEORGETOWN UNIVERSITY 37TH & O STREET, NW WASHINGTON, DC 20057 53-0196603 501(C)(3) 74,604. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (8) MCKESSON MEDICAL SURGICAL INC 9954 MEYLD DR H4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 551 (C)(3) 68,796. GENERAL SUPPORT GENERAL SUPPORT 731 GRACE HALL NOTRE DAME 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFFICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 57.471. GENERAL SUPPORT	(-)							
(6) GEORGETOWN UNIVERSITY GENERAL SUPPORT 37TH & O STREET, NW WASHINGTON, DC 20057 53-0196603 501(C)(3) 74,604. GENERAL SUPPORT (7) MEDIA FOR DEVELOPMENT INTERNATIONAL GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (8) MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME. 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GENERAL SUPPORT GENERAL SUPPORT		11-1711014	501(C)(3)	79,653.				GENERAL SUPPORT
(7) MEDIA FOR DEVELOPMENT INTERNATIONAL general support 41367 LAMBORN MESA RD PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. General support (8) MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. General support (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. General support (10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. General support (11) UNIVERSITY OF NOTRE DAME 35-0868188 501(C)(3) 68,570. General support (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. General support 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table 67,471. General support								
41367 LAMBORN MESA RD PAONIA, CO 81428 52-1659722 501(C)(3) 73,201. GENERAL SUPPORT (8) MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GENERAL SUPPORT	37TH & O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	74,604.				GENERAL SUPPORT
(8) MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME. GENERAL SUPPORT GENERAL SUPPORT (12) AFFLICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table C	(7) MEDIA FOR DEVELOPMENT INTERNATIONAL							
9954 MRYLD DR #4000 RICHMOND, VA 23233 94-2640465 70,654. GENERAL SUPPORT (9) MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 501(C)(3) 69,756. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	41367 LAMBORN MESA RD PAONIA, CO 81428	52-1659722	501(C)(3)	73,201.				GENERAL SUPPORT
(9) MANAGEMENT SYSTEMS INTERNATIONAL INC general support 1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. general support (10) PUBLIC HEALTH INSTITUTE sol(C)(3) 68,796. general support 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. general support (11) UNIVERSITY OF NOTRE DAME sol(C)(3) 68,570. general support 731 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 68,570. general support (12) AFRICARE za-7116952 501(C)(3) 67,471. general support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table sol(C)(3) 67,471. sol(C)(3)	(8) MCKESSON MEDICAL SURGICAL INC							
1130 CT AVE NW #200 WASHINGTON, DC 20036 52-1215041 501(C)(3) 69,756. GENERAL SUPPORT (10) PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Content table	9954 MRYLD DR #4000 RICHMOND, VA 23233	94-2640465		70,654.				GENERAL SUPPORT
(10) PUBLIC HEALTH INSTITUTE 94-1646278 501(C)(3) 68,796. General support 555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. General support (11) UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 68,570. General support (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. General support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table	(9) MANAGEMENT SYSTEMS INTERNATIONAL INC	_						
555 12TH ST 10TH F OAKLD, CA 94607 94-1646278 501(C)(3) 68,796. GENERAL SUPPORT (11) UNIVERSITY OF NOTRE DAME	1130 CT AVE NW #200 WASHINGTON, DC 20036	52-1215041	501(C)(3)	69,756.				GENERAL SUPPORT
(11) UNIVERSITY OF NOTRE DAME 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT 731 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Finde 1 Content 1	(10) PUBLIC HEALTH INSTITUTE							
731 GRACE HALL NOTRE DAME, IN 46556 35-0868188 501(C)(3) 68,570. GENERAL SUPPORT (12) AFRICARE 440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table b	555 12TH ST 10TH F OAKLD, CA 94607	94-1646278	501(C)(3)	68,796.				GENERAL SUPPORT
(12) AFRICARE 23-7116952 501(C)(3) 67,471. general support 440 r st nw washington, dc 20001 23-7116952 501(C)(3) 67,471. general support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table table table table	(11) UNIVERSITY OF NOTRE DAME	_						
440 R ST NW WASHINGTON, DC 20001 23-7116952 501(C)(3) 67,471. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	731 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	68,570.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) AFRICARE	_						
								GENERAL SUPPORT
		•	•					

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)				Assistance t ndividuals ir	•	•	-	<u>OMB №. 1545-0047</u> എ ി 1 ⊑			
				swered "Yes" on F				2015			
			-	tach to Form 990.	onn 000, 1 ant 11,			Open to Public			
Department of the Treasury Internal Revenue Service	► Informa	ation about Se	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.aov/form990.		Inspection			
Name of the organization				···· , · · · · · · · · · · · · · · · · · · ·			Employer identifie	ation number			
FAMILY HEALTH	INTERNATIONAL						23-741300	5			
	nformation on Grants an	d Assistanc	e								
	zation maintain records to s			e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and				
	eria used to award the gran							X Yes No			
	IV the organization's proce										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 4 (c) Name and address of exempletion (b) Exemple to be address of exempletion											
	address of organization 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) OREGON HEALTH & S	CIENCE UNIVERSITY										
	1060PAM PRTLD, OR 97239	93-1176109	GOVERNMENT	66,559.				GENERAL SUPPORT			
(2) PACER CENTER											
	BLVD MPLS, MN 55437	41-1306304	501(C)(3)	63,026.				GENERAL SUPPORT			
(3) THE CENTER FOR VI	CTIMS OF TORTURE										
649 DAYTON AVE ST	. PAUL, MN 55104-6631	36-3383933	501(C)(3)	61,696.				GENERAL SUPPORT			
(4) THE HANNON GROUP	LLC										
10002 EDGWTR TRCE	#100 FT WSTN, MD 20744	32-0044001		59,896.				GENERAL SUPPORT			
(5) WORLD COUNCIL OF	CREDIT UNIONS										
5710 MNRL PNT RD	MADISON, WI 53705-4493	39-1143339	501(C)(3)	57,565.				GENERAL SUPPORT			
(6) MEMOTEXT LLC											
4416 E W HWY 4TH	F BETHESDA, MD 20814	46-0521076		57,351.				GENERAL SUPPORT			
(7) UNIVERSITY OF TEX	AS HEALTH SCIENCE CENTER										
UCT 1006 C 7000 F	ANNIN HOUSTON, TX 77030	74-1761309	GOVERNMENT	55,807.				GENERAL SUPPORT			
(8) NYU SCHOOL OF MED	DICINE										
550 FIRST AVENUE	NEW YORK, NY 10016	13-5562309	501(C)(3)	52,832.				GENERAL SUPPORT			
(9) CHILD TRENDS											
7315 WSCS AVE 120	00W BTHDA, MD 20814	13-2982969	501(C)(3)	52,415.				GENERAL SUPPORT			
(10) PATWELL PHARMACEU	TICAL SOLUTIONS LLC										
555 FOX CHASE #10	2 COATESVILLE, PA 19320	74-3086179		49,916.				GENERAL SUPPORT			
(11) EMORY UNIVERSITY	OFF. OF SPONS										
PO BOX 935084 ATI	JANTA, GA 31193	58-0566256	501(C)(3)	49,359.				GENERAL SUPPORT			
(12) REGENTS OF THE UN	NIVERSITY OF MICHIGAN										
	WER ANN ARBOR, MI 48109	38-6006309		49,198.				NUTRITION DEVELPMNT			
	nber of section 501(c)(3) ar	-	•								
3 Enter total nun	nber of other organizations	listed in the lin	ne 1 table				<u></u>				

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants a	nd Other	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	Go	overnme	nts, and li	ndividuals ir	n the United	d States		2015
				wered "Yes" on F				
			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	► Informa	tion about Se	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization				,			Employer identific	ation number
FAMILY HEALTH	INTERNATIONAL						23-7413005	5
Part I General I	nformation on Grants an	d Assistanc	e					·
	zation maintain records to s			e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
	teria used to award the gran							X Yes No
	IV the organization's proce							
	nd Other Assistance to D		-	-		unlete if the organiz	ation answered "V	es" on Form
	IV, line 21, for any recip							55 0111 0111
550, 1 41				an 40,000. r art n	can be duplicat	ed il additional spa		
	address of organization 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 DAKOTA INFO	DRMATION							
	PT 112 BISMARK, ND 58505	45-0457215		47,500.				GENERAL SUPPORT
(2) SALAM PEACE AND J	· · · · · · · · · · · · · · · · · · ·							
	304 WASHINGTON, DC 20016	56-2455292	501(C)(3)	45,178.				GENERAL SUPPORT
(3) RESEARCH FOUNDATI	ION FOR MENTAL HYGIENE INC							
150 BROADWAY SUIT	TE 301 MENANDS, NY 12204	14-1410842	501(C)(3)	44,406.				GENERAL SUPPORT
(4) MAKING CENTS INTE	ERNATIONAL							
1155 30TH ST NW #	\$300 WHTN, DC 20007	84-1672193		44,285.				GENERAL SUPPORT
(5) POPULATION SERVIC	CES INTERNATIONAL PSI							
1120 19TH ST NW #	\$600 WSHINGTON, DC 20036	56-0942853	501(C)(3)	43,780.				GENERAL SUPPORT
(6) SPORTS AND ARTS I	IN SCHOOLS FOUNDATION							
58-12 QUEENS BLVD	WOODSIDE, NY 11377	11-3112635	501(C)(3)	43,766.				GENERAL SUPPORT
(7) JOHNS HOPKINS UNI	IV SCHOOL OF MEDICINE							
733 N BROADWAY BA	ALTIMORE, MD 21205-1832	52-1259299	501(C)(3)	43,663.				GENERAL SUPPORT
(8) SEATTLE CHILDRENS	5 HOSPITAL							
PO BOX 5371 M/S R	RC-507 SEATTLE, WA 98145	91-0564748	501(C)(3)	43,151.				GENERAL SUPPORT
(9) AVENIR HEALTH INC	2							
41-A NEW LNDN TRN	NPK GLASTONBURY, CT 06033	20-4816286	501(C)(3)	42,535.				GENERAL SUPPORT
(10) ROTARY INTERNATIO	DNAL							
1560 SHERMAN AVE	EVANSTON, IL 60201	36-1707667	501(C)(3)	42,127.				GENERAL SUPPORT
(11) PARTICLE SCIENCES	5 INC							
3894 CRTNEY ST #1	180 BETHLEHEM, PA 18017	23-2949752		40,795.				GENERAL SUPPORT
(12) INSTITUTE FOR CLI	INICAL RESEARCH INC.	4						
	HINGTON, DC 20017-0745	52-1336656		39,196.				GENERAL SUPPORT
	nber of section 501(c)(3) an	•	•					
3 Enter total nun	nber of other organizations	listed in the lin	ne 1 table	<u></u>		<u></u>	<u></u>	

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants a	nd Other	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	G	overnme	nts, and li	ndividuals ir	n the United	d States		2015
	Con	nplete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treesury		•	► At	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	► Inform	ation about Se	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization				-		_	Employer identific	cation number
FAMILY HEALTH INT	TERNATIONAL						23-741300	5
Part I General Info	ormation on Grants a	nd Assistanc	e					
1 Does the organizat	tion maintain records to	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
•	ia used to award the grai			•	-	U		X Yes No
	' the organization's proce							
Part II Grants and	Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organization	ation answered "Y	es" on Form
	, line 21, for any reci							
	, , , , ,	1	1	+ - ,	1	-		
	dress of organization ernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OI 90V				grant		other)	non-cash assistance	
(1) PERIGEE LABS INC								
13311 LAWRENCE LANE	BRISTOW, VA 20136	46-5528852		36,850.				GENERAL SUPPORT
(2) FENWAY COMMUNITY HEA	ALTH CENTER							
1340 BOYLSTON ST 8TH	H F BOSTON, MA 02215	04-2510564	501(C)(3)	36,629.				GENERAL SUPPORT
(3) INTERNATIONAL DEVELO	OPMENT ENTERPRISES							
1031 33RD ST #270 DI	ENVER, CO 80205	23-2220051	501(C)(3)	36,296.				GENERAL SUPPORT
(4) THE HOWARD UNIVERSIT	ТҮ							
525 BRYANT ST NW #13		53-0204707	501(C)(3)	36,135.				GENERAL SUPPORT
(5) EASTERN VIRGINIA MEI								
	X 1980 NRFK, VA 23501	54-6055378	501(C)(3)	35,418.				GENERAL SUPPORT
(6) TULANE UNIVERSITY								
800 E CMMECE RD #203		72-0423889	501(C)(3)	32,758.				GENERAL SUPPORT
(7) CITY AND COUNTY OF S		-						
	A SAN FRAN, CA 94103	94-6000417	GOVERNMENT	32,119.				GENERAL SUPPORT
(8) YMCA OF THE USA	00 CHICAGO, IL 60606	36-3258696	501(C)(3)	00 510				
(9) NETHOPE INC.	UU CHICAGO, IL 60606	30-3258696	501(C)(3)	29,710.				GENERAL SUPPORT
	402 FAIRFAX, VA 22030	20-1782011		26,905.				CENED AL CUDDOD
(10) KYDES PHARMACEUTICAI		20-1782011		20,905.				GENERAL SUPPORT
1450 S ROLLING RD HA		20-1816126		25,940.				GENERAL SUPPORT
(11) AMDEE LLC	100110(KFB, PD 2122)	20 1010120		25,940.				SUMBIAL SUFFORT
10611 PN HVN TRCE N	BTHDA, MD 20852	27-2225163		25,020.				GENERAL SUPPORT
(12) JAMES MADISON UNIVER		2. 2225105		25,020.				Softoni
	5705 HRSNBG, VA 22807	54-6001756	501(C)(3)	24,737.				GENERAL SUPPORT
	er of section 501(c)(3) a				able		. . ▶	
	er of other organizations	•	•					

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

Schedule I (Form 990) (2015)

Governments, and Individuals in the United States Department of the Tostary Department of the Tostary Department of the Tostary Note of the organization answered "Ves" on Form 990, Part IV, line 21 or 22. Department of the Tostary Information about Schedule (Form 990) and its instructions is at www.kr.gov/form990. Department of the Tostary Part IO Control INFORMATIONAL Endpower identification number Part IO Control INFORMATIONAL Colspan="2">Control INFORMATION CONTROL INFORMATIONAL Control INFORMATION CONTROL INFORMAT	SCHEDULE I		Grants a	nd Other	Assistance t	o Organiza	tions,		OMB No. 1545-0047
Complete if the organization answered 'Yes' on Form '90, Part IV, line 21 of 22. Part IV, line 21 of 22. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Description infinition number Part IV colspan="2">Endextee Information on Grants and Assistance Part IV colspan="2">Colspan="2"	(Form 990)	G	overnme	nts, and li	ndividuals ir	n the United	d States		୬ଲ 1 ନ
Dependence Particle to Form 990. Open to Public Inspection Insume free mask system Imformation about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employee identification number PANLLY HEALTH INTERNITIONAL 23-7413005 23-7413005 Panl General Information on Grants and Assistance 32-7413005 23-7413005 Panl General Information on Grants and Assistance 32-7413005 32-7413005 Panl General Information on Grants and Assistance 32-7413005 32-7413005 Panl General Information on Grants and Absistance 32-7413005 32-76200 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 32-76100 32-76200 Part II Grants and Other Assistance to Domestic Organizations and Domestic Grant and states. 900 permiter of "Yes" on Form 990. 900 permiter of "Yes" on Form 990. 900 permiter of "Yes" on Form 990. (1) Contractions South Controls to Base and the states of organization with the requested more than \$5,000. Part II can be duplicated if additional space is needed. 900 permiter of "Yes" on Form 990. (2) Controls South Controls to Base and the states of organization and with the fund States. 900 permiter of "Yes" on Form 990. 900 permiter of "Yes" on Form 990. (3) Controls South Cont				•					
International book Internationabout Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Inspection Partill General Information on Grants and Assistance Envice Weaking Control (Form 900) and its instructions is at www.lrs.gov/form990. Envice Weaking Control (Form 900) and its instructions is at www.lrs.gov/form990. Envice Weaking Control (Form 900) and its instructions is at www.lrs.gov/form990. Envice Weaking Control (Form 900) and its instructions is at www.lrs.gov/form990. Envice Weaking Control (Form 900) and its instructions is at www.lrs.gov/form990. Partill General Information on Grants and Assistance Does the organization sprodures for monotoring the use of grant funds in the United States. Yes (No No Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (I) Demense for additional space is needed. (I) Provide of grant additional space is needed. 1 (a) Name and address of organization and the 4 states. (I) Control form additional space is needed. (I) Provide of grant additional space is needed. (I) Provide additional space is needed. 1 (a) Name and address of organization provide is additional space is needed. (I) Provide additional space is needed. (I) Provide address of grant additional space is needed. (I) Provide additis additional space is needed. (I) Pro	Demonstration of the Transvery		•	-					Open to Public
PANLLY HEALTH INTERNATIONAL 23-7413005 Part General Information on Grants and Assistance I 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 oriteria used to award the grants or assistance?		► Inform	ation about So	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance? X* Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unled States. X* Yes No 900, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of the duplicated if additional space is needed. 1 (a) Name and address of organization of grants or assistance, and or grant or assistance in the selection of grant in the selection of grant or assistance in the sele	Name of the organization						_	Employer identific	ation number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of the grants or assistance?	FAMILY HEALTH	INTERNATIONAL						23-7413005	5
the selection orienta used to award the grants or assistance? Image: Constraint of the origination of the selection or assistance of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Constraint of	Part I General I	nformation on Grants ar	nd Assistanc	e					
the selection orienta used to award the grants or assistance? Image: Constraint of the origination of the selection or assistance of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Constraint of	1 Does the organi	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,0000. Part III can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (e) Proceeding (f) Amount or cash assistance (f) Amount or cash assistance (f) Description of non-cash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (e) Proceeding (f) Amount or cash assistance (f) Amount or cash assistance (f) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (e) Proceeding (f) Amount or cash assistance (f) Amount or cash assistance (f) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (e) Proceeding (f) Amount or cash assistance (f) Purpose of grant or assistance <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X Yes No</td>									X Yes No
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 (e) PC section grant (e) Amount of ceal solutions in the solution of ceal solutions in the solution of the solutis of the solution of the solution of the solu									
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 (e) PC section grant (e) Amount of ceal solutions in the solution of ceal solutions in the solution of the solutis of the solution of the solution of the solu	Part II Grants a	nd Other Assistance to l	Domestic Or	anizations a	nd Domestic Gov	ernments Com	plete if the organiz:	ation answered "Y	es" on Form
1 (a) Name and address of organization or government (b) EIN (c) EIN or government (c) Amount of cash (c) Amount of cash grant (c) Amount of cash grant									
(4) Name and address of upper labeled (b) EN (c) Network and address of upper labeled (c) Network and address of upp		,							
(1) CENTRETER SOLUTIONS LLC B318 FORREST ST ELLICOTT CITY, MD 21043 52-2283998 24,455. BENERAL SUPPORT (2) GENTRER FOR NUTRETTON 352-2283998 24,455. BENERAL SUPPORT (3) MEBS GLOBER DE 100 OWARA, NE 68114 27-4333546 501(C)(3) 24,220. GENERAL SUPPORT (3) MEBS GLOBAL PEACH, LC 14930 BOGLE DE CIMINTLIX, VA 20151 20-4529940 22,943. GENERAL SUPPORT (4) PED GLOBAL CENTRAL LASS, LLC 2 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 22,851. GENERAL SUPPORT (6) LINC LLC 667 F STREET NE WASHINGTON, NC 28401 45-3806478 22,139. GENERAL SUPPORT (6) LINC LLC 667 F STREET NE WASHINGTON, NC 20002 46-2573007 22,139. GENERAL SUPPORT (6) LINC LLC 0 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (6) LINC LLC 0 0 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (6) LINC LLC 0 0 0 0 0 0 0 (6) LINC LLC 0 0			(b) EIN				(book, FMV, appraisal,		
8318 FORREST ST ELLICOTT CITY, MD 21043 52-2282998 24,455. GENERAL SUPPORT (2) GERTCHER NAMEON CENTER FOR NUTRITION GENERAL SUPPORT GENERAL SUPPORT (3) MEBS GLOBAL REACH, LC GENERAL SUPPORT GENERAL SUPPORT (4) PDG GLOBAL CENTRAL LARS, LLC 20-4529940 22,943. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 22,851. GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT 22,139. GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT 22,139. GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT 22,139. GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (6) LINC LLC GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT (6) LINC TAR OR ANS HOSHTAL INC GENERAL SUPPORT GENERAL SUPPORT (6) INCXX DENTER FOR COMMINICATIO							,		
(2) GRETCHEN SWANSON CENTER FOR NUTRITION 27-4313546 501(C)(3) 24,320. GENERAL SUPPORT (3) MEBS GLOBAL REACH, LC 14930 BOGLE DR CHATTLLY, VA 20151 20-4529940 22,943. GENERAL SUPPORT (4) PPD GLOBAL CENTRAL LABS, LLC 929 NORTH FRONT ST WILHINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMECS CITY JE, NEW YORK GENERAL SUPPORT GENERAL SUPPORT (6) LINC LLC 0 02-0590588 501(C)(3) 22,830. GENERAL SUPPORT (7) THE BRIGHMA AND MOMANS HOSPITAL INC 04-2512099 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DESTREET NE MASHINGTON, NC 21990 04-2512099 501(C)(3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION FNOORMES 111 MKT PL 4310 BALTMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. (10) RESEARCH FOR COMMUNICATION FORORMES 13-1988190 501(C)(3) 21,221. GENERAL SUPPORT (11) INTINGTOM OF CITY UNIV NY 200 BEDFORD PARK BLUC W BESTREMOX, ME 04092 35-2186625 21,395. GENERAL SUPPORT (11) INTINGTOM OF CITY UNIV NY 200 BEDFORD PARK BLUC W BESTREMOX, ME 04092 35-2186625 21,395.					24.455				CENEDAL CUDDOD
8401 W DDGE RD #100 OMANA, NE 68114 27-4313546 501(C)(3) 24,320. GENERAL SUPPORT (3) MERS GLORAL REACH, LC 14930 BOGLE DR CHANTULLY, VA 20151 20-4529940 22,943. GENERAL SUPPORT (4) PED GLOBAL CENTRAL LASS, LLC 929 NORTH FRONT ST WILMINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 02-059058 501(C)(3) 22,830. GENERAL SUPPORT (6) LINC LLC 0 0 0 0 0 0 (6) FUND FOR THE CITY OF NEW YORK 0 0 0 0 0 0 (6) LINC LLC 0			52-2282998		24,455.				GENERAL SUPPORT
(3) MERS GLORAL REACH, LC 20-4529940 22,943. GENERAL SUPPORT (4) PPD GLOBAL CENTRAL LABS, LLC 929 NORTH FRONT, ST VILLINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMRCS 6TH FL NEW YK, NY 10013 02-0590588 501(C)(3) 22,830. GENERAL SUPPORT (6) LINC LLC 657 F STREET NE WASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND WOMANS HOSPITAL INC 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOOK COMMUNICATION PROGRAMS 501(C)(3) 21,21. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BUY N 10468 13-1988190 501(C)(3) 21,221. GENERAL SUPPORT (11) ADIGNNACK ACCESSABILITY INC 04-512262-4012 52-0595110 501(C)(3) 20,630. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 12-0595110 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIGNNACK ACCESSABILITY INC 687 FIGERT RD				E01(0)(2)	24. 220				CENEDAL CUDDOD
14930 BOGLE DR CHANTILLY, VA 20151 20-4529940 22,943. GENERAL SUPPORT 929 NORTH FRONT ST WILHINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMECS GTH FL NEW YK, NY 10013 02-0590588 501(C)(3) 22,830. GENERAL SUPPORT (6) LINC LLC 667 F STREET NE WASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE ERIGHAM AND WOANS HOSPITAL INC 101 HUNTINGTON AVE #300 BOSTON, MA 02199 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MRT PL #310 BALTIMORE, MD 21202-4012 35-2186625 21,395. GENERAL SUPPORT (10) EXEX DISTRIBUTION INC 25-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) EXEX DRIVE WESTBROOK, ME 04092 35-2186625 21,291. GENERAL SUPPORT GENERAL SUPPORT (10) EXEX DRIVE WESTBROOK, ME 04092 35-2186625 21,292. GENERAL SUPPORT GENERAL SUPPORT (10) EXEX DRIVE WESTBROOK, ME 04092 35-2186625 21,292.			27-4313546	501(C)(3)	24,320.				GENERAL SUPPORT
(4) PPD GLOBAL CENTRAL LABS, LLC 929 NORTH FRONT ST NILMINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMRCS 6TH FL NEW YK, NY 10013 02-0590588 501(C) (3) 22,830. GENERAL SUPPORT (6) LINC LIC 667 F STREET NE MASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND MONANS HOSPITAL INC 04-2312909 501(C) (3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 501(C) (3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C) (3) 21,221. (10) RESEARCH FOUNDATION OF GITY UNIV NY 250 BEDFORD PARK BLUD W BROKK, NY 10468 13-1988190 501(C) (3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY RUCUD LID 1205 E MESN NY 13324 16-1587281 20,098. GENERAL SUPPORT 1205 E MESN RK H1 CHICAGO, LL 60615 45-2488264 20,000. GENERAL SUPPORT GENERAL SUPPORT 1205 E MESN RK H1 CHICAGO, LL 60615 45-2488264 <td></td> <td></td> <td>20-4529940</td> <td></td> <td>22 943</td> <td></td> <td></td> <td></td> <td>GENERAL SUDDORT</td>			20-4529940		22 943				GENERAL SUDDORT
929 NORTH FRONT ST WILMINGTON, NC 28401 45-3806478 22,851. GENERAL SUPPORT (5) FUND FOR THE CITY OF NEW YORK 121 AVE OF AMRCS 6TH FL NEW YK, NY 10013 02-0590588 501(C)(3) 22,830. GENERAL SUPPORT (6) LINC LLC 667 F STREET NE WASHINGTON, DC 20002 66-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND WOMANS HOSPITAL INC 101 HUNTINGTON AVE #300 BOSTON, MA 02199 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 501(C)(3) 21,395. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 135-2186625 21,395. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 21,221. (11) ADTIONDACK ACCESSABILITY INC 667 FIGRER TAD COLD BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (12) EMERY GROUP LTD 16-1587281 20,098. GENERAL SUPPORT GENERAL SUPPORT (12) EMERY GROUP LTD 12055 E MDSN K #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT (12) EMERY GROUP LTD<			20 4325540		22,945.				GENERAL SUFFORT
(5) FUND FOR THE CITY OF NEW YORK Question			45-3806478		22.851				GENERAL SUPPORT
121 AVE OF AMRCS 6TH FL NEW YK, NY 10013 02-0590588 501(C)(3) 22,830. GENERAL SUPPORT (6) LINC LLC 667 F STREET NE WASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND WOMANS HOSPITAL INC 04-2312909 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 35-2186625 21,395. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 52-0595110 501(C)(3) 21,221. GENERAL SUPPORT (11) ARIRONDACK ACCESSABILITY INC 04-1587281 20,030. GENERAL SUPPORT GENERAL SUPPORT (12) EMERY GROUP LID 16-1587281 20,098. GENERAL SUPPORT GENERAL SUPPORT (12) EMERY GROUP LID 120,098. GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT 220. DBS PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT GENERAL SUPPORT 23 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GENERAL SUPPORT GENERAL SUPPORT			15 5000170						obititititi borroiti
(6) LINC LLC 667 F STREET NE WASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND WOMANS HOSPITAL INC 101 HUNTINGTON AVE #300 BOSTON, MA 02199 04-2312909 501(C) (3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 004-2312909 501(C) (3) 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 04-2302-24012 52-0595110 501(C) (3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C) (3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 F IGERT ND COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Ceneral support Ceneral support			02-0590588	501(C)(3)	22,830.				GENERAL SUPPORT
667 F STREET NE WASHINGTON, DC 20002 46-2573007 22,139. GENERAL SUPPORT (7) THE BRIGHAM AND WOMANS HOSPITAL INC 04-2312909 04-2312909 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 04-2312909 04-2312909 21,481. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 35-2186625 21,395. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 22-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 252-0595110 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 16-1587281 20,098. GENERAL SUPPORT GENERAL SUPPORT (12) EMERY GROUP LTD 16-1587281 20,098. GENERAL SUPPORT GENERAL SUPPORT 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table GENERAL SUPPORT GENERAL SUPPORT		· · · · · · · ·			,				
101 HUNTINGTON AVE #300 BOSTON, MA 02199 04-2312909 501(C)(3) 21,481. GENERAL SUPPORT (8) IDEXX DISTRIBUTION INC 0NE IDEXX DRIVE WESTBROOK, ME 04092 35-2186625 21,395. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		ASHINGTON, DC 20002	46-2573007		22,139.				GENERAL SUPPORT
(8) IDEXX DISTRIBUTION INC 35-2186625 21,395. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 501(C)(3) 21,221. GENERAL SUPPORT 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(C)(3) and government organizations listed in the line 1 table GENERAL SUPPORT GENERAL SUPPORT	(7) THE BRIGHAM AND W	IOMANS HOSPITAL INC							
ONE IDEXX DRIVE WESTBROOK, ME 04092 35-2186625 21,395. GENERAL SUPPORT (9) JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	101 HUNTINGTON AV	7E #300 BOSTON, MA 02199	04-2312909	501(C)(3)	21,481.				GENERAL SUPPORT
(9) JHU CENTER FOR COMMUNICATION PROGRAMS general support 111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. general support (10) RESEARCH FOUNDATION OF CITY UNIV NY general support general support 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. general support (11) ADIRONDACK ACCESSABILITY INC general support general support general support (12) EMERY GROUP LTD 16-1587281 20,098. general support 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. general support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table context of table context of table	(8) IDEXX DISTRIBUTIO	DN INC							
111 MKT PL #310 BALTIMORE, MD 21202-4012 52-0595110 501(C)(3) 21,221. GENERAL SUPPORT (10) RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table D	ONE IDEXX DRIVE W	NESTBROOK, ME 04092	35-2186625		21,395.				GENERAL SUPPORT
(10) RESEARCH FOUNDATION OF CITY UNIV NY 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 16-1587264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Control table Control table	(9) JHU CENTER FOR CO	MMUNICATION PROGRAMS							
250 BEDFORD PARK BLVD W BRONX, NY 10468 13-1988190 501(C)(3) 20,630. GENERAL SUPPORT (11) ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 16-1587284 20,000. GENERAL SUPPORT 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Lable	111 MKT PL #310 E	BALTIMORE, MD 21202-4012	52-0595110	501(C)(3)	21,221.				GENERAL SUPPORT
(11) ADIRONDACK ACCESSABILITY INC I6-1587281 20,098. GENERAL SUPPORT 687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 45-2488264 20,000. GENERAL SUPPORT 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(10) RESEARCH FOUNDATI	ON OF CITY UNIV NY							
687 FIGERT RD COLD BROOK, NY 13324 16-1587281 20,098. GENERAL SUPPORT (12) EMERY GROUP LTD 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Description Description	250 BEDFORD PARK	BLVD W BRONX, NY 10468	13-1988190	501(C)(3)	20,630.				GENERAL SUPPORT
(12) EMERY GROUP LTD 45-2488264 20,000. GENERAL SUPPORT 1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(11) ADIRONDACK ACCESS	SABILITY INC							
1205 E MDSN PK #1 CHICAGO, IL 60615 45-2488264 20,000. general support 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	687 FIGERT RD COI	D BROOK, NY 13324	16-1587281		20,098.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) EMERY GROUP LTD								
	1205 E MDSN PK #1	CHICAGO, IL 60615	45-2488264		20,000.				GENERAL SUPPORT
	2 Enter total num	nber of section 501(c)(3) a	nd governmen	t organizations	listed in the line 1 t	able			

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	G	overnme	nts, and Ir	ndividuals ir	n the Unite	d States		2015
				wered "Yes" on F				ZUIJ
			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	► Inform	ation about So	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	ation number
FAMILY HEALTH	INTERNATIONAL						23-7413005	5
Part I General I	nformation on Grants ar	nd Assistanc	e					
	zation maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	
	eria used to award the gram			•				X Yes No
	IV the organization's proce							
Part II Grants ar	nd Other Assistance to	Domestic Or	anizations a	nd Domestic Gov	ernments Com	plete if the organiz	ation answered "Ye	es" on Form
	IV, line 21, for any recip							
	address of organization 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 MIN	INESOTA							
	50 MPLS, MN 55455-2070	41-6007513	GOVERNMENT	19,426.				GENERAL SUPPORT
(2) DUKE UNIVERSITY								
P O BOX 602651 CH	HARLOTTE, NC 28260-2651	56-0529965	501(C)(3)	16,401.				GENERAL SUPPORT
(3) CAYEN SYSTEMS LLC	1							
7100 W CTR ST MII	WAUKEE, WI 53210	39-1934552		16,334.				GENERAL SUPPORT
(4) THE OHIO STATE UN	IIVERSITY							
1960 KENNY ROAD C	COLUMBUS, OH 43210	31-1145986	501(C)(3)	15,778.				GENERAL SUPPORT
(5) TEQUIPMENT NET								
205 WESTWOOD AVE	LONG BRANCH, NJ 07740	20-2111443		15,286.				GENERAL SUPPORT
(6) PEOPLE HEALTH FOU	INDATION INC							
255 CARTER HALL I	N MILLWD, VA 22645-0255	53-0242962	501(C)(3)	15,184.				GENERAL SUPPORT
(7) EVERGREEN EVALUAT	TION AND CONSULTING INC	_						
16 BRADLEY BOW RD) JERICHO, VT 05465-3136	45-3846065		15,000.				GENERAL SUPPORT
(8) SMITHGEIGER LLC		_						
31365 OAK CRT DR	#150 WLK VLLG, CA 91361	77-0570777		15,000.				GENERAL SUPPORT
(9) AKROS INC								
BOX 457 LARAMIE,	WY 82073	26-3668995		14,849.				GENERAL SUPPORT
(10) CHARLES R DREW UN	IV OF MED AND SCI	_						
	3 ANGELES, CA 90059-3051	95-6151774	501(C)(3)	14,121.				GENERAL SUPPORT
(11) PLANNED PARENTHOD	DD SOUTH ATLANTIC							
	AVE RALEIGH, NC 27603	56-1282557	501(C)(3)	12,877.				GENERAL SUPPORT
(12) VILLAGE ENTERPRIS		_						
	222 SAN CARLOS, CA 94070	22-2852248	 t organizations	12,787.	abla		L	GENERAL SUPPORT
	nber of section 501(c)(3) a	•	•					
3 Enter total nun	nber of other organizations	instea in the III					<u> </u>	

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

Schedule I (Form 990) (2015)

SCHEDULE I		Grants a	nd Other /	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)	G	overnme	nts. and li	ndividuals in	n the United	d States		2015
			•	wered "Yes" on F				ZUIJ
			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		ation about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization			•	,		J	Employer identific	ation number
FAMILY HEALTH	INTERNATIONAL						23-7413005	,)
Part General I	nformation on Grants a	nd Assistanc	e					
1 Does the organi	zation maintain records to	substantiate th	e amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance. and	
	teria used to award the gra							X Yes No
	IV the organization's proce							
Part II Grants a	nd Other Assistance to	Domestic Or	anizations a	nd Domestic Gov	ernments Com	nlete if the organiz	ation answered "Ye	s" on Form
	IV, line 21, for any reci							
	···, ···· = ·, ··· = ···, · ···							
1 (a) Name and or	address of organization 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) THE WILLIAM DAVII	OSON INSTITUTE							
	NN ARBOR, MI 48109-1234	38-3048086	501(C)(3)	11,647.				GENERAL SUPPORT
(2) VOICES FOR HEALTH								
	#104 GR, MI 49506	38-3543238		11,151.				GENERAL SUPPORT
(3) JUAREZ AND ASSOC								
	LOS ANGELES, CA 90064	95-2750512		11,118.				GENERAL SUPPORT
(4) GEOTECH ENVIRONM	ENTAL EQUIPMENT INC							
2650 E. 40TH AVE	DENVER, CO 80205	84-0753199		10,362.				GENERAL SUPPORT
(5) TECHNOLOGY INTEGH	RATION GROUP							
7810 TRADE ST SAM	N DIEGO, CA 92121	95-3825596		10,251.				GENERAL SUPPORT
(6) RESTLESS DEVELOP	MENT USA INC							
227 W 17TH ST, 3	RD FL NEW YORK, NY 10011	04-3561445	501(C)(3)	10,000.				GENERAL SUPPORT
(7) DICAPTA								
900 FX VLLY DR #2	204 LNGWD, FL 32779	20-2109501		9,690.				GENERAL SUPPORT
(8) BYRAM LABORATORI	ES INC							
1 COLUMBIA RD BRA	ANCHBURG, NJ 08876	22-2741042		9,405.				GENERAL SUPPORT
(9) ALBERT EINSTEIN (COLLEGE OF MEDICINE							
1300 MRS PK AVE H	BLFR #1108 BRX, NY 10461	47-2209056	501(C)(3)	8,000.				GENERAL SUPPORT
(10) UNIVERSITY OF ILI	LINOIS							
1737 W PK ST 304	AOB #672 CHI, IL 60612	37-6000511	501(C)(3)	6,027.				GENERAL SUPPORT
(11) MERCY CORPS		_						
45 ANKENY ST. POP	RTLAND, OR 97204	91-1148123	501(C)(3)	5,459.				GENERAL SUPPORT
(12) MICHIGAN STATE UN	NIVERSITY CONTRACT & GRA	_						
	D #2 E LNSNG, MI 48824	23-7326030		5,053.	l			NUTRITION DEVELPMNT
	mber of section 501(c)(3) a	•	•					140.
3 Enter total nur	nber of other organizations	listed in the li	ne 1 table					52.

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

Schedule I (Form 990) (2015)

FAMILY HEALTH INTERNATIONAL

Schedule I (Form 990) (2015)

Page **2**

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
3					
4					
5					
6					
7					

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

PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE US

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

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

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

ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED.

SCHE	EDULE J	Compen	sation Information	0	MB No.	1545-0	047
(Forr	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	46	
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23		ZU	<u>15</u>	
Departm	nent of the Treasury	► A	Attach to Form 990.		Open to	o Puk	olic
Internal	Revenue Service	Information about Schedule J (For the second sec	rm 990) and its instructions is at www.irs.gov/			ectio	n
	of the organization			Employer identification		r	
		INTERNATIONAL		23-741300)5		
Part	Question	s Regarding Compensation					
4	Charly the env	repriete hew(as) if the ergenization pro	wided any of the following to or for a new	an listed on Form		Yes	No
Ta			ovided any of the following to or for a pers provide any relevant information regarding				
		ss or charter travel	X Housing allowance or residence for				
		or companions	Payments for business use of perso Health or social club dues or initiation				
		mnification and gross-up payments					
		onary spending account	Personal services (e.g., maid, chauff	eur, cher)			
b			ne organization follow a written policy re openses described above? If "No," com				
	explain				1b	x	
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	s checked in line			
	1a?				2	Х	
3	Indicate which	n, if any, of the following the filing orgar	nization used to establish the compensation	on of the			
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
	X Compen	sation committee	Written employment contract				
	X Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	0 of other organizations	X Approval by the board or compensation	tion committee			
4	During the yea organization o	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a	Х	
b	Participate in,	or receive payment from, a suppleme	ental nonqualified retirement plan?		4b		Х
С	Participate in,	or receive payment from, an equity-ba	ased compensation arrangement?		4c		X
	If "Yes" to any	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	•		rganizations must complete lines 5–9.				
5	•		, line 1a, did the organization pay or accrue	any			
	•	contingent on the revenues of:			_		
a					5a		X
b					5b		X
e		5a or 5b, describe in Part III.	, line 1a, did the organization pay or accrue	2014			
6	-	i contingent on the net earnings of:	, line ra, did the organization pay of accrue	any			
а					6a		Х
b					6b		X
N	-	e 6a or 6b, describe in Part III.			50		
7			n A, line 1a, did the organization provi	de any non fived			
'			escribe in Part III		7		x
8			paid or accrued pursuant to a contract the				
-			Regulations section 53.4958-4(a)(3)?				
					8		х
9			low the rebuttable presumption proced				
					9		

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

Schedule J (Form 990) 2015

Page **2**

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PATRICK C. FINE	(i)	390,000.	0.	12,300.	31,800.	1,352.	435,452.	0.
1 ^{CHIEF EXECUTIVE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH KENNEDY-IRAHETA	(i)	271,923.	0.	2,400.	26,744.	1,028.	302,095.	0.
2 ^{CHIEF OPERATIONS OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
DR. PETER R. LAMPTEY	(i)	173,612.	0.	5,401.	21,434.	6,877.	207,324.	0.
3DIST SCNTST, PRES-EMERITUS	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT R. PRICE	(i)	281,878.	0.	5,000.	49,300.	14,928.	351,106.	0.
4 EXEC VP/ GEN COUNSEL/SECRETARY	(ii)	0.	0.	24,000.	0.	0.	24,000.	0.
MANISHA BHARTI	(i)	247,592.	0.	0.	46,711.	16,394.	310,697.	0.
5 ^{CHIEF STRATEGY OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT SCOTT MURPHY	(i)	213,931.	0.	0.	25,672.	14,739.	254,342.	0.
6 ^{CHIEF FIN OFFICER(THRU 10/15)}	(ii)	0.	0.	0.	0.	0.	0.	0.
SEAN TEMEEMI	(i)	215,250.	0.	6,159.	26,430.	16,325.	264,164.	0.
7 ^{CHIEF COMPLIANCE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
PAMELA MYERS	(i)	225,910.	0.	5,000.	27,709.	16,673.	275,292.	0.
8 ^{CHIEF HUMAN RESOURCE OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID G. MEIN	(i)	213,200.	0.	37,651.	40,547.	3,567.	294,965.	0.
9 ^{CHIEF ADMIN OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
ANTHONY D. BONDURANT	(i)	195,818.	950.	60,376.	23,498.	6,010.	286,652.	0.
10 ^{DIRECTOR APRO}	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL LESLIE BUNDICK	(i)	165,428.	0.	13,766.	19,851.	11,271.	210,316.	0.
11 ^{DIRECTOR ECONOMIC DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
IVAN CHARNER	(i)	198,759.	0.	200.	23,851.	11,246.	234,056.	0.
12 ^{DIRECTOR NATIONAL INSTITUTES}	(ii)	0.	0.	0.	0.	0.	0.	0.
HAYLEY BRYANT	(i)	142,699.	0.	166,531.	17,124.	7,524.	333,878.	0.
13 ^{PROJECT DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
NADRA C. FRANKLIN	(i)	207,531.	0.	1,255.	24,904.	11,268.	244,958.	0.
14 ^{DIR SOC & ECO DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN A. GILLIES	(i)	237,219.	0.	3,790.	45,903.	6,897.	293,809.	0.
15 ^{DIRECTOR GLOBAL LEARNING}	(ii)	0.	0.	0.	0.	0.	0.	0.
PHYLLIS JONES-CHANGA	(i)	170,549.	0.	180,784.	20,466.	3,536.	375,335.	0.
16 ^{DIRECTOR, NIGERIA}	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LAURA C. KAYSER	(i)	246,376.	0.	3,808.	30,022.	16,726.	296,932.	0.
1 ^{DEPUTY TO THE COO}	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY MASTRO	(i)	254,382.	0.	4,754.	31,097.	994.	291,227.	0.
2 ^{DIR GLOBAL HLTH POP/ NUTRITION}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL P. MAZZA	(i)	193,067.	0.	2,400.	41,456.	831.	237,754.	0.
3 ^{DIRECTOR, INFORMATION SOLUTION}	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICK MONTESANO	(i)	247,447.	0.	3,897.	30,159.	6,758.	288,261.	0.
4DIRECTOR, US PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
LARRY THOMAS ORIGLIO	(i)	192,572.	0.	3,946.	23,582.	6,621.	226,721.	0.
5 ^{DIRECTOR, OPERATIONS SUPPORT}	(ii)	0.	0.	0.	0.	0.	0.	0.
ANGEL PADILLA	(i)	125,816.	0.	15,230.	15,339.	4,414.	160,799.	0.
6 ^{DIR, CONTRACT MGMT}	(ii)	0.	0.	0.	0.	0.	0.	0.
RASIKA PADMAPERUMA	(i)	210,596.	0.	7,231.	26,139.	16,552.	260,518.	0.
7 ^{CHIEF FIN OFFICER(BEG 10/15)}	(ii)	0.	0.	0.	0.	0.	0.	0.
MELISSA PANAGIDES-BUSCH	(i)	148,807.	0.	8,073.	18,037.	16,250.	191,167.	0.
8 ^{DIRECTOR, PROJ MGMT}	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTIAAN JOHANNES VAN	(i)	209,142.	0.	0.	25,097.	11,271.	245,510.	0.
9 ^{DIR, PRGM SCIENCES}	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN ZIMICKI	(i)	107,842.	0.	12,345.	13,103.	3,862.	137,152.	0.
10 ^{DIR, INFECTIOUS DISEASES}	(ii)	0.	0.	0.	0.	0.	0.	0.
NZAPFURUNDI CHABIKULI	(i)	207,742.	0.	1,385.	0.	6,821.	215,948.	0.
11 ^{DIR SOUTH AFRICA REGNL OFFICE}	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN VOSKUIL	(i)	146,289.	0.	4,572.	18,098.	6,660.	175,619.	0.
12 ^{DIR, CONTRACT MGMT SERVICES}	(ii)	0.	0.	0.	0.	0.	0.	0.
TED FITZGERALD	(i)	181,869.	0.	1,385.	21,991.	6,581.	211,826.	0.
13 ^{DIR, GLOBAL RESEARCH SERVICES}	(ii)	0.	0.	0.	0.	0.	0.	0.
REED RAMLOW	(i)	133,014.	10,000.	77,457.	22,672.	6,333.	249,476.	0.
14 ^{COUNTRY DIRECTOR - VIETNAM}	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN J. MILLS	(i)	176,349.	1,500.	84,190.	38,662.	5,960.	306,661.	0.
15 ^{DIR, PROJ PORTFOLIO}	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM O'CALLAGHAN	(i)	125,616.	0.	101,884.	15,404.	5,676.	248,580.	0.
16 ^{DIR NIGERIA FIN}	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GITA PILLAI	(i)	115,830.	0.	98,700.	14,128.	532.	229,190.	0.
1 ^{DIRECTOR INDIA}	(ii)	0.	0.	0.	Ο.	0.	0.	0.
JANET ROBINSON	(i)	184,018.	650.	65,461.	22,145.	3,570.	275,844.	0.
2 ^{DIR RSCH & LAB SCI}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL J. WELSH	(i)	191,909.	0.	91,279.	20,767.	7,649.	311,604.	0.
3 ^{DIRECTOR, ZAMBIA}	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS TREADWELL	(i)	147,903.	0.	123,376.	18,012.	668.	289,959.	0.
4COUNTRY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH OLIVERAS	(i)	127,219.	0.	272,438.	15,266.	7,484.	422,407.	0.
5 ^{COUNTRY DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Page 3

Schedule J (Form 990) 2015

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL

HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND

POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENT.

SCHEDULE J, PART I, LINE 3

FHI 360'S AUDIT COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE AND SETS THE CEO'S COMPENSATION BASED ON PERFORMANCE REVIEW AND COMPARABILITY DATA FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. FURTHER DETAILS OF THE COMMITTEE'S ACTIVITIES ARE RECORDED AS FHI 360'S RESPONSE TO FORM 990, PART VI, LINE 15B.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS WERE MADE DURING THE CALENDAR YEAR 2015 TO THE

FOLLOWING:

DAVID G. MEIN: \$61,500

SUSAN ZIMICKI: \$63,657

PAUL LESLIE BUNDICK: \$48,082

MELISSA PANAGIDES-BUSCH: \$35,771

Page 3

Schedule J (Form 990) 2015

Part III Supplemental Information

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

WILLIAM O'CALLAGHAN: \$24,157

GITA PILLAI: \$16,896

SCHEDULE J, PART I, LINE 4B

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

ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service

Name of the organization FAMILY HEALTH INTERNATIONAL Employer identification number

FAMILI HEADIN INTERNATIONAL

ORGANIZATION'S MISSION FORM 990, PART I, LINE 1 FHI360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE. GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO-ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS. EXPENSES \$55,218,704 GRANTS \$7,217,157

REVENUES \$66,171,082

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

Schedule O (Form 990 or 990-EZ) 2015						
Name of the organization	Employer identification number					
FAMILY HEALTH INTERNATIONAL	23-7413005					

WOMEN AND EVALUATE HEALTH OUTCOMES OF PROGRAMS. FHI360 HAS WORKED FOR MORE THAN THIRTY YEARS TO IMPROVE THE AVAILABILITY, SAFETY, AND ACCEPTANCE AND USE OF MODERN CONTRACEPTIVE METHODS TO IMPROVE MATERNAL AND CHILD HEALTH, AND TO PREVENT SEXUALLY-TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS, WORKING WITH LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN MORE THAN 70 COUNTRIES AROUND THE WORLD. EXPENSES \$28,652,343 GRANTS \$3,744,899 REVENUES \$34,335,405 NAME OF FOREIGN COUNTRY FORM 990, PART V, LINE 4B AFGHANISTAN BANGLADESH BOTSWANA MYANMAR BURUNDI CHINA DEMOCRATIC REPUBLIC OF THE CONGO DOMINICAN REPUBLIC EQUATORIAL GUINEA ETHIOPIA DJIBOUTI GHANA GUATEMALA

V 15-7.18

Schedule O (Form 990 or 990-EZ) 2015						
Name of the organization	Employer identification number					
FAMILY HEALTH INTERNATIONAL	23-7413005					

GUINEA

INDIA

INDONESIA

IRAQ

CÔTE D'IVOIRE

JORDAN

KENYA

KYRGYZSTAN

LAO PEOPLE'S DEMOCRATIC REPUBLIC (LAOS)

LIBERIA

MALAWI

MOZAMBIQUE

NAMIBIA

NEPAL

NIGERIA

PAKISTAN

PAPUA NEW GUINEA

PERU

PHILIPPINES

RWANDA

SENEGAL

SIERRA LEONE

VIETNAM

SOUTH AFRICA

ZIMBABWE

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Employer identification number	
FAMILY HEALTH INTERNATIONAL	23-7413005	

SOUTH SUDAN

SWAZILAND

THAILAND

UGANDA

EGYPT

UNITED REPUBLIC OF TANZANIA

BURKINA FASO

ZAMBIA

KOSOVO

```
MATERIAL DIFFERENCES IN VOTING RIGHTS
```

FORM 990, PART VI, LINE 1A

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

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11B FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. AFTER A FINAL REVIEW BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND CHIEF EXECUTIVE OFFICER, FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH MEMBER OF THE BOARD OF DIRECTORS. AFTER BOARD'S APPROVAL IS OBTAINED, FORM 990 IS SUBMITTED TO THE IRS.

60010945

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Employer identification number	
FAMILY HEALTH INTERNATIONAL	23-7413005	

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.

V 15-7.18

Schedule O (Form 990 or 990-EZ) 2015	Page	e 2
Name of the organization	Employer identification number	
FAMILY HEALTH INTERNATIONAL	23-7413005	

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

V 15-7.18

60010945

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Employer identification number	
FAMILY HEALTH INTERNATIONAL	23-7413005	

NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS

ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI

360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAIALBLE UPON

REQUEST.

ATTACHMENT 1

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

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

V 15-7.18

FAMILY HEALTH INTERNATIONAL

23-7413005

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

FAMILY HEALTH INTERNATIONAL

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	(d) Total income	(e) End-of-year assets	(f) Direct controlling
	Fillinary activity	or foreign country)	Total meome	End-oi-year assets	entity
(1) FHI SOLUTIONS LLC 45-2462	813				
359 BLACKWELL STREET, # 200 DURHAM, NC 27701	NUTRITION	NC	17,529,666.	26,969,709.	FHI
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	512(b)(13) rolled
						Yes	No
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION 56-1719871							
359 BLACKWELL STREET, # 200 DURHAM, NC 27701	SUPPRT FHI360	NC	501(C)(3)	11A	FHI	Х	
(2) FHI DISASTER RELIEF FUND 45-3735754							
359 BLACKWELL STREET, # 200 DURHAM, NC 27701	DISAST RELIEF	NC	501(C)(3)	7	FHI	Х	
(3) ACHIEVING HEALTH NIGERIA INITIATIVE							
GODAB PLAZA, AREA 3 GARKI ABUJA, NI	LOCAL HEALTH	NI	N/A	N/A	FHI	Х	
(4) GOLD STAR KENYA							
12 RLPH BNCH RD,KGRA MSNTS #17 NAIROBI, KE 19535-00202	LOCAL HEALTH	KE	N/A	N/A	FHI	Х	
(5) FH INDIA							
H-5, GROUND FL, GREEN PARK EXT NEW DELHI, DELHI IN 110016	LOCAL HEALTH	IN	N/A	N/A	FHI	Х	
(6)							
(7)							
· ·							ĺ

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

23-7413005

5

JSA

FAMILY HEALTH INTERNATIONAL

23-7413005

Schedule R (Form 990) 2015

Page **2**

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	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Geno man part	j) eral or aging ther?	(k) Percentage ownership
							Yes	No		Yes	No	ļ
_(1)												l
												l
(2)												
												l
(3)												
												l
(4)												
	-											l
(5)												
	-											l
(6)												
	1											
(7)												
<u></u>	1											l

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	
								Yes No
(1) FHI 360 CMMNTY CSLTG SVC(INDIA) PVT LTD					45	205	1.0.0.0000	
H-5, GROUND FL, GREEN PARK EXT NEW DELHI, DELHI IN 110016	LOCAL HEALTH	IN	N/A	N/A	47.	395.	100.0000	
(3)								
(4)								
(5)								
(6)								
(7)								

JSA 5E1308 1.000

FAMILY HEALTH INTERNATIONAL

23-7413005

Par	t V	Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Part l	IV, line 34, 35b, or 36.				
Not	e. Cor	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1		g the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations liste	ed in Parts II-IV?				
а		ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-			1a		Х
b		grant, or capital contribution to related organization(s)				1b		Х
c	Gift	grant, or capital contribution from related organization(s)			· · · · ·	1c	х	
d	L oan	s or loan guarantees to or for related organization(s)			•••••	1d		X
e	Loan	s or loan guarantees by related organization(s)				1e		X
Ū	Loan					10		
f	Divid	ends from related organization(s)				1f		Х
	Sale	of assets to related organization(s)			•••••	1g		X
9 h		hase of assets from related organization(s)				1h		X
	Evch	and of assets with related organization(s)			•••••	1i		X
		ange of assets with related organization(s) e of facilities, equipment, or other assets to related organization(s)			•••••	1j		X
J	Leas			• • • • • • • • • • • • • • •	· · · · ·	·)		
Ŀ		a of facilities, equipment, or other exacts from related ergenization(a)				412		Х
к	Derf	e of facilities, equipment, or other assets from related organization(s)		• • • • • • • • • • • • • • •	••••• -	1k		X
1	Perio	rmance of services or membership or fundraising solicitations for related organization(s)			· · · · ·	11	x	
m	Pend	rmance of services or membership or fundraising solicitations by related organization(s)			•••••	1 m		x
n	Shar	ng of facilities, equipment, mailing lists, or other assets with related organization(s)			••••• E	1n 1		X
0	Snar	ng of paid employees with related organization(s)		• • • • • • • • • • • • • • •	••••	10	_	A
								37
р		bursement paid to related organization(s) for expenses				1p	37	X
q	Reim	bursement paid by related organization(s) for expenses			••••	1q	Х	
	011							
r	Othe	r transfer of cash or property to related organization(s)			· · · · · -	1r		X
S	Othe	r transfer of cash or property from related organization(s).				1s		X
2	If the	answer to any of the above is "Yes," see the instructions for information on who must complete the	-				5.	
		(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d) deter	minir	na
		J J	type (a-s)		amount			5
								_
(1)	FAM	ILY HEALTH INTERNATIONAL FOUNDATION	C	10,224,848.	CASH DC	DNAT	CIOI	N
(2)	ACH	IEVING HEALTH NIGERIA INITIATIVE	М	3,116,700.	FMV			
(3)	GOL	D STAR KENYA	М	211,000.	FMV			
(4)								
(5)								
(6)								
JSA 5E1309	1 000			Scl	hedule R (Fo	rm 9	90) 2	2015



FAMILY HEALTH INTERNATIONAL

23-7413005

Schedule R (Form 990) 2015

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	sec 501(organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		managing		managing		managing		managing		(k) Percentag ownersh
			sections 512-514)	Yes				Yes	No		Yes	No									
)																					
)	_																				
)																					
)																					
1																					
1																					
)																					
)																					
)																					
)																					
?)													<u> </u>								
3)																					
•)																					
i)																					
;)													<u> </u>								

JSA 5E1310 1.000

FAMILY HEALTH INTERNATIONAL

23-7413005

Schedule R (F	Form 990) 2015	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	

60010945