|                                |                     |                                                 |                                                                                          | 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<br>Inspectio     |                                                                                                          |  |
|                                |                     | nue Service                                     | alendar year, or tax year begin                                                          |                                                                   |                                | , and endin                       | 0                        | 111990.                  | 00/3          | 30, <b>20</b> <sub>16</sub> | 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 <b>M</b>         | 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.                                                                                                       |  |
|                                |                     | <b>O</b> = = <b>t</b> =:  <b>b</b> = = <b>t</b> |                                                                                          |                                                                   |                                |                                   |                          | 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)<br>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<br>Fund Balances |                     |                                                 |                                                                                          |                                                                   |                                |                                   | Beginni                  | ng of Current            | Year          | End of Year                 |                                                                                                          |  |
| sets<br>alan                   | 20                  | Total ass                                       | ets (Part X, line 16)                                                                    |                                                                   |                                |                                   | 25                       | 6,165,00                 | 51.           | 259,424                     | ,019.                                                                                                    |  |
| t As<br>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<br>true                    | der pen<br>e. corre | nalties of p<br>ct. and cor                     | erjury, I declare that I have examined th<br>nplete. Declaration of preparer (other that | nis return, including accompa<br>n officer) is based on all infor | anying schedu<br>mation of whi | les and statem<br>ch preparer has | nents, and<br>s anv know | to the best o<br>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.<br>0,641.<br>7,258.<br>7,061.<br>ar<br>4,019.<br>6,701.<br>7,318.<br>relief, it is                    |  |
| Paid                           | 1                   |                                                 |                                                                                          | Christephen B. I                                                  | 7                              | 08/14/                            | 17                       | Check self-employ        | J ''          |                             | 584,925.<br>0.<br>040,641.<br>297,258.<br>707,061.<br>597,318.<br>100 belief, it is<br>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<br>ss this return with the preparer show                    |                                                                   | -)                             |                                   |                          | hone no.                 |               | 372-6300<br>X <b>Yes</b>    | 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.

| <b>4a</b> (Code:) (Expenses \$ <sub>92,967,304</sub> including grants of \$ <sub>12,150,949</sub> ) (Revenue \$ <sub>111,406,945</sub> ) |
|------------------------------------------------------------------------------------------------------------------------------------------|
| 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      |                                                                                                                     |     |     |        |
| <ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "Yes," complete Schedule D, Part N.</li> <li>10 Did the organization report an amount for the statemets. Berl Yes," complete Schedule D, Part N.</li> <li>11 Did the organization report an amount for there thave serves endues accounce in the state sessest reported in Part X, line</li></ul>  |        |                                                                                                                     | 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      |
| <ul> <li>B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.</li> <li>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.</li> <li>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.</li> <li>If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V.</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.</li> <li>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.</li> <li>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.</li> <li>Did the organization report an amount for other isabetis n Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did the organization included in consolidated, financial statements for the tax year? If "Yes," complete Schedule D, Part X</li> <li>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.</li> <li>Vas the organization included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and X11.</li> <li>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</li></ul> | 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<br>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<br>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,"<br>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<br>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<br>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     |     |     |        |
| <ul> <li>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.</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.</li> <li>11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>11 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XI.</li> <li>11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>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.</li> <li>12 Did the organization answerd "No" to ine 12a, then completing Schedule D, Part X and XII is optional.</li> <li>12 Liz X</li> <li>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.</li> <li>14 Liz X</li> <li>15 Did the organization report on Part IX, column</li></ul> |        | 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   |        |
| <ul> <li>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.</li> <li>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.</li> <li>e Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>11d X</li></ul>  | 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<br>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      |
| <ul> <li>reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>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</li> <li>Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII</li> <li>Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>Is the organization maintain an office, employees, or agents outside of the United States?</li> <li>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?</li> <li>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</li> <li>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</li> <li>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),</li></ul>                                                                                                                                                                                                                                               | d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets    |     |     |        |
| <ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>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</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |                                                                                                                     | 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<br>"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,<br>fundraising, business, investment, and program service activities outside the United States, or aggregate<br>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<br>for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other<br>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<br>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<br>Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19 Did the organization rep                                                                                                                                                                                                                                                                                                                                                                                | 12a    |                                                                                                                     |     |     |        |
| <ul> <li>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.</li> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?.</li> <li>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.</li> <li>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.</li> <li>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).</li> <li>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.</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                     | 12a | Х   |        |
| <ul> <li>"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</li> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.</li> <li>14 Did the organization maintain an office, employees, or agents outside of the United States?.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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).</li> <li>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.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | b      |                                                                                                                     |     |     |        |
| <ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                     | 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      |
| <ul> <li>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></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                                                                                                                     |     |     |        |
| <ul> <li>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>.</li> <li>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>.</li> <li>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).</li> <li>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>.</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                                                                                                                     | 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     | -                                                                                                                   |     |     |        |
| <ul> <li>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>.</li> <li>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).</li> <li>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>.</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -      |                                                                                                                     | 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     |                                                                                                                     |     |     |        |
| <ul> <li>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).</li> <li>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>.</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                                                                                                     | 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     | -                                                                                                                   |     |     |        |
| <ul> <li>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>.</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                                                                                                                     | 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

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| 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                                                                                                            |     |     |    |
| <b>_</b> | \$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

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| 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.<br>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                                                                                      | <b>C</b> L |     |    |
| -       | gifts were not tax deductible?                                                                                                                                                                      | 6b         |     |    |
|         | <b>Organizations that may receive deductible contributions under section 170(c).</b><br>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       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the                                                                                         | 8          |     |    |
| 0       | sponsoring organization have excess business holdings at any time during the year?                                                                                                                  | 0          |     |    |
| 9       | <b>Sponsoring organizations maintaining donor advised funds.</b><br>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<br>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       | <b>Note.</b> 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 <b>6</b> |
| 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<br>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<br>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?<br>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<br>X        |
| 5                                                            | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6                                                                |                                      | X             |
| 6<br>7a                                                      | Did the organization have members or stockholders?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>–</b>                                                         |                                      |               |
| '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?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                             |                                                                  | X                                    |               |
| 11a<br>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<br>11a                                                       |                                      |               |
| 11a<br>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?<br>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                             | 10b                                                              | X<br>X<br>X                          |               |
| 11a<br>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<br>11a<br>12a                                                | X                                    |               |
| 11a<br>b<br>12a<br>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<br>11a<br>12a<br>12b                                         | x<br>x                               |               |
| 11a<br>b<br>12a<br>b<br>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<br>11a<br>12a<br>12b<br>12c                                  | x<br>x<br>x                          |               |
| 11a<br>b<br>12a<br>b<br>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<br>11a<br>12a<br>12b<br>12c<br>13                            | X<br>X<br>X<br>X<br>X                |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14                      | X<br>X<br>X<br>X<br>X                |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a               | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14                      | X<br>X<br>X<br>X<br>X                |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b        | x<br>x<br>x<br>x<br>x<br>x<br>x<br>x |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a               | x<br>x<br>x<br>x<br>x<br>x<br>x      | x             |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b        | x<br>x<br>x<br>x<br>x<br>x<br>x      |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>16a<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a | x<br>x<br>x<br>x<br>x<br>x<br>x      |               |
| 11a<br>b<br>12a<br>c<br>13<br>14<br>15<br>a<br>b<br>16a<br>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<br>11a<br>12a<br>12b<br>12c<br>13<br>14<br>15a<br>15b<br>16a | x<br>x<br>x<br>x<br>x<br>x<br>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

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|----------------|---------------------------------------------------------------------------------|-------------|--------------|---------------|
| 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)<br>Name and Title                      | <b>(B)</b><br>Average<br>hours per<br>week (list any           | box,<br>office                    | unles<br>er and       | neck<br>ss pe | more<br>more | e than c<br>is both<br>or/trust | an     | <b>(D)</b><br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensation from<br>related | <b>(F)</b><br>Estimated<br>amount of<br>other                            |
|--------------------------------------------|----------------------------------------------------------------|-----------------------------------|-----------------------|---------------|--------------|---------------------------------|--------|--------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|
|                                            | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer       | Key employee | Highest compensated employee    | Former | the<br>organization<br>(W-2/1099-MISC)           | organizations<br>(W-2/1099-MISC)                         | compensation<br>from the<br>organization<br>and related<br>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<br>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.                                                                  |

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| (A)<br>Name and title                                                                        | (B)                                                                                             |                  |                       |               | C)    |                                            |      | (D)                                                                          | (E)                                                                            | (F)                                                                                        |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------|-----------------------|---------------|-------|--------------------------------------------|------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                                              | Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted | box,             | unles<br>er and       | neck<br>ss pe | rson  | e than o<br>is both<br>or/trust<br>employe | an   | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related |
|                                                                                              | line)                                                                                           | il trustee<br>or | Institutional trustee |               | loyee | Highest compensated<br>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<br>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<br>employee on line 1a? If "Yes," complete Sched |                                                                                                 |                  |                       |               |       |                                            |      |                                                                              |                                                                                | 3 X                                                                                        |
| 4 For any individual listed on line 1a, is the<br>organization and related organizations gr  |                                                                                                 |                  |                       |               |       |                                            |      |                                                                              |                                                                                |                                                                                            |
|                                                                                              |                                                                                                 |                  |                       |               |       |                                            |      |                                                                              |                                                                                |                                                                                            |
| <ul> <li>5 Did any person listed on line 1a receive or</li> </ul>                            |                                                                                                 |                  |                       |               |       |                                            |      |                                                                              |                                                                                | <b>4</b> 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)<br>Name and business address                                                                                                           | <b>(B)</b><br>Description of services | <b>(C)</b><br>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          |                            |

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| 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      | <b>;</b> )   |                                 |        | (D)              | (E)                                 |         | (F)                   |      |
| Name and title                                                                                                            | Average                       |                                                           |                       | Posi    |              |                                 |        | Reportable       | Reportable                          |         | stimated              |      |
|                                                                                                                           | hours per<br>week (list any   | (do not check more than one box, unless person is both an |                       |         |              |                                 |        | compensation     | compensation from                   |         | nount of<br>other     |      |
|                                                                                                                           | hours for                     | hours for officer and a director/trustee)                 |                       |         |              |                                 |        | from<br>the      | related<br>organizations            |         | pensati               | on   |
|                                                                                                                           | related                       | or o                                                      | Ins                   | Officer | Key          | Hig                             | Former | organization     | (W-2/1099-MISC)                     |         | om the                |      |
|                                                                                                                           | organizations<br>below dotted | lividu                                                    | tituti                | icer    | 'em          | hest                            | mer    | (W-2/1099-MISC)  |                                     | -       | anizatio<br>d relateo |      |
|                                                                                                                           | line)                         | Individual trustee<br>or director                         | Institutional trustee |         | Key employee | Highest compensated<br>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.<br>40.00                   |                                                           |                       |         | Х            |                                 |        | 150,861.         | 0.                                  |         | 24,7                  | 58.  |
| 35) TED FITZGERALD<br>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                                                                           |                               |                                                           | • • •                 |         |              |                                 |        |                  |                                     |         |                       |      |
| <ul> <li><u>d Total (add lines 1b and 1c)</u></li> <li><u>2</u> Total number of individuals (including but not</li> </ul> |                               |                                                           |                       |         |              |                                 |        | 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<br>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)<br>Name and business address                                                                                                          | (B)<br>Description of services | <b>(C)</b><br>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

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FAMILY HEALTH INTERNATIONAL

| (A)                                                                                                                                                                                                                                      | (B)                                                                          |                                   |                       | (C              | 3                         |                     |              | (D)                                       | (E)                                                        |         | (F)                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------|-----------------------|-----------------|---------------------------|---------------------|--------------|-------------------------------------------|------------------------------------------------------------|---------|-----------------------------------------------------|
| Name and title                                                                                                                                                                                                                           | hours per (do not che<br>week (list any box, unless<br>hours for officer and |                                   |                       |                 | tion<br>more ti<br>son is | both a              | in           | Reportable<br>compensation<br>from<br>the | Reportable<br>compensation fro<br>related<br>organizations | m a     | Estimated<br>mount of<br>other<br>npensation        |
|                                                                                                                                                                                                                                          | related<br>organizations<br>below dotted<br>line)                            | Individual trustee<br>or director | Institutional trustee | Officer         | Key employee              | Highest compensated | Former       | organization<br>(W-2/1099-MISC)           | (W-2/1099-MISC                                             | or      | from the<br>ganization<br>nd related<br>ganizations |
| 7) STEPHEN J. MILLS                                                                                                                                                                                                                      | 40.00                                                                        |                                   |                       |                 |                           |                     |              | 262.020                                   |                                                            |         | 11 65                                               |
| DIR, PROJ PORTFOLIO                                                                                                                                                                                                                      | 40.00                                                                        |                                   |                       |                 |                           | X                   |              | 262,039.                                  | (                                                          | ).      | 44,62                                               |
| 8) JANET ROBINSON<br>DIR RSCH & LAB SCI                                                                                                                                                                                                  | 40.00                                                                        |                                   |                       |                 |                           | x                   |              | 250,129.                                  | ſ                                                          | ).      | 25,71                                               |
| 9) MICHAEL J. WELSH                                                                                                                                                                                                                      | 40.00                                                                        |                                   |                       |                 |                           | <u>~</u>            | _            | 230,129.                                  |                                                            | , .<br> | 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<br>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<br>DIR NIGERIA FIN                                                                                                                                                                                                | 40.00                                                                        |                                   |                       |                 |                           |                     | x            | 227,500.                                  | (                                                          | ).      | 21,08                                               |
| <ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, s</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not reportable compensation from the organization</li> </ul> | limited to t                                                                 |                                   |                       | l ab            | ove)                      | who                 | ►<br>►<br>re | ceived more than                          | \$100,000 of                                               |         |                                                     |
|                                                                                                                                                                                                                                          |                                                                              |                                   |                       |                 |                           |                     |              |                                           |                                                            |         | Yes                                                 |
| <b>3</b> Did the organization list any <b>former</b> 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 "<br>Section B. Independent Contractors                                                                                                                                                    | res," comple                                                                 | te Sch                            | nedul                 | e J             | tor s                     | uch p               | bers         | son                                       |                                                            | 5       |                                                     |
| <ol> <li>Complete this table for your five highest cor<br/>compensation from the organization. Report<br/>year.</li> </ol>                                                                                                               |                                                                              |                                   |                       |                 |                           |                     |              |                                           |                                                            |         | (                                                   |
| (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 ►

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| (A)                                                                                                          | rectors, Trustees, Ke                                                                                           | / <u>////////////////////////////////////</u> | טוקי                      | (C)                                   |                     |                                             | iigi   | (D)                                                                          | (E)                                                                                 |                                   | (F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------------------------|---------------------|---------------------------------------------|--------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| (م)<br>Name and title                                                                                        | (b)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | box,                                          | not ch<br>unles<br>er and | Posit<br>neck r<br>is pers<br>l a dir | tion<br>nore<br>son | e than o<br>is both<br>or/trust<br>employee | an     | Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (L)<br>Reportable<br>compensation fro<br>related<br>organizations<br>(W-2/1099-MISO | om ai<br>con<br>C) f<br>org<br>ar | trong to the stimated nount of other other of the state o | of<br>tion<br>e<br>on<br>ed |
| 8) GITA PILLAI                                                                                               | 40.00                                                                                                           |                                               |                           |                                       |                     | ğ                                           |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| DIRECTOR INDIA                                                                                               | 0.                                                                                                              |                                               |                           |                                       |                     |                                             | х      | 214,530.                                                                     |                                                                                     | ο.                                | 14,6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 66                          |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 | -                                             |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 | -                                             |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
|                                                                                                              |                                                                                                                 |                                               |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                           |
|                                                                                                              |                                                                                                                 | -                                             |                           |                                       |                     |                                             |        |                                                                              |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| c Total from continuation sheets t<br>d Total (add lines 1b and 1c)<br>? Total number of individuals (inclue | ding but not limited to t                                                                                       | •••                                           |                           |                                       | •                   | e) who                                      | ►<br>► | 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? <sup>`</sup>                      | lf                  | "Yes                                        | ,"     | complete Schedu                                                              | le J for such                                                                       |                                   | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
| 5 Did any person listed on line 1a<br>for services rendered to the organ                                     | a receive or accrue co<br>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                                                            |                                                                                     |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |
| <ul> <li>Complete this table for your five<br/>compensation from the organizat<br/>year.</li> </ul>          |                                                                                                                 |                                               | 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 ►

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| Par                                                       | t VII                  |                                                                                                                                             | onco or noto to on | wling in this Part VII      | 11                                                 |                                         |                                                                  |
|-----------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
|                                                           |                        | Check if Schedule O contains a resp                                                                                                         |                    | (A)<br>Total revenue        | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1e                        | 10,224,848.        |                             |                                                    |                                         |                                                                  |
| Contributic<br>and Other                                  | f<br>g                 | All other contributions, gifts, grants,<br>and similar amounts not included above . If<br>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<br>b                | AGENCY FOR INTERNATIONAL DEVELOPMENT<br>OTHER U.S. GOVERNMENT                                                                               | 541700<br>541700   | 449,588,689.<br>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.<br>See Part IV, line 19                                                                                | a                  |                             |                                                    |                                         |                                                                  |
|                                                           | b<br>c                 | Less: direct expenses<br>Net income or (loss) from gaming activitie                                                                         | b<br>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 <b>990</b> (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)

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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)

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Form 990 (2015)

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FAMILY HEALTH INTERNATIONAL

23-7413005

| Form 99 | 90 (2015)                                                                                            |        |      | Pa   | age <b>12</b> |
|---------|------------------------------------------------------------------------------------------------------|--------|------|------|---------------|
| 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<br>nal Revenue Service | <b>N</b> 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 <b>sect</b> | 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>b)(1)(A)(vi).</b> (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). <b>You must co</b> | 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<br>(described on lines 1-9 |                  | organization<br>our governing | (v) Amount of monetary<br>support (see | (vi) Amount of<br>other support (see |
|            |                                               |                        |                           | above (see instructions))                             | docu             | ment?                         | instructions)                          | instructions)                        |
|            |                                               |                        |                           |                                                       | Yes              | No                            |                                        |                                      |
|            |                                               |                        |                           |                                                       | 103              |                               |                                        |                                      |
| (A)        |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
|            |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
| (B)        |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
| $\sim$     |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
| (C)        |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
| <b>(D)</b> |                                               |                        |                           |                                                       |                  |                               |                                        |                                      |
| (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<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>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,<br>payments received on securities loans,<br>rents, royalties and income from similar<br>sources                                                                             |                   |          |          |          |          |           |
| •    |                                                                                                                                                                                                                     |                   |          |          |          |          |           |
| 9    | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on                                                                                                            |                   |          |          |          |          |           |
| 10   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(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 <b>stop here.</b> 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                                                                                                                                                                                                        |                   |          |          |          |          |           |

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#### 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) 🕨                                          | <b>(a)</b> 2011        | <b>(b)</b> 2012      | (c) 2013       | <b>(d)</b> 2014 | <b>(e)</b> 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<br>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) 🕨                                          | <b>(a)</b> 2011        | <b>(b)</b> 2012      | (c) 2013       | <b>(d)</b> 2014 | <b>(e)</b> 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,<br>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 <b>stop here</b>                                  |                        |                      |                |                 |                 | <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    | <b>Private foundation.</b> If the organization                                     |                        |                      | • •            | . ,             |                 |                     |
| JSA   | <b>.</b>                                                                           |                        |                      |                |                 |                 | 990 or 990-EZ) 2015 |

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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.)

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| 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><br>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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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) <sup>.</sup> |         |
| 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><br>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 <b>Part VI identify</b>                                                                                                                        |         |                    |         |
|        | 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 <b>Part VI</b> 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><br>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 <b>Part VI.</b></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 <b>Part VI</b> the role played by the organization in this regard.                                                                                                                 | 3b      |                    |         |
| JSA    | Schedule A (Form                                                                                                                                                                                                                         | 990 or  | 990-E              | Z) 2015 |
|        |                                                                                                                                                                                                                                          |         |                    |         |

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|-------------------------------------------------------------------------------------------------------------------------|----|----------------|--------------------------------|
| 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<br>(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):                                                       |    |                |                                |
| <b>a</b> Average monthly value of securities                                                                            | 1a |                |                                |
| <b>b</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 <b>Part VI</b> ):                                                                         |    |                |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                                          | 2  |                |                                |
| 3 Subtract line 2 from line 1d                                                                                          | 3  |                |                                |
| <b>4</b> 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).

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| Part   | V Type III Non-Functionally Integrated 509(a)(3)<br>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 <b>Part VI</b> ). 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 <b>Part VI</b> ). 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>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:                                                     |                             |                                        |                                          |  |  |  |
| ,<br>a |                                                                          |                             |                                        |                                          |  |  |  |
| a<br>b |                                                                          |                             |                                        |                                          |  |  |  |
| D<br>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 <b>not</b> 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)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 1          |                                                            | \$10,234,848.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 2          |                                                            | \$1,269,380.                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 3          |                                                            | \$50,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 4          |                                                            | \$50,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 5          |                                                            | \$9,929.                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Total contributions      | (d)<br>Type of contribution                                                        |
| 6          |                                                            | \$9,000.                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>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)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                     | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 8          |                                                     | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                     | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                     | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                     | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                     | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>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.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |                                              |                                                |                      |
|                           |                                              | <br>  \$                                       |                      |

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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<br>Complete columns (a) through (e) and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| contributions of <b>\$1,000 or less</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (<br>t                                          | (10) that total more than \$1,000 for<br>the following line entry. For organizati<br>contributions of \$1,000 or less for the<br>Use duplicate copies of Part III if addit<br>(b) Purpose of gift<br> | (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>b)</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.<br>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<br>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<br>⊾            |                         | onservation easements                                                                                            |                                                      |                                             | 2a<br>2b |                               |                        |
| b                 | -                       | tricted by conservation easements                                                                                |                                                      |                                             | 20<br>20 |                               |                        |
| c<br>d            |                         | vation easements on a certified<br>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                              |                                             |          |                               |                        |
| <del>-</del><br>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<br>corical treasures, or other simila<br>vide, in Part XIII, the text of the fo | ar assets held for pul                               | blic exhibition, edu<br>statements that des | cation   | , or research<br>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 |

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|      | FAM                                                         | ILY HEAI       | TH INTERN                        | NATIONAL         |                       |                              | 23-743          | 13005               |
|------|-------------------------------------------------------------|----------------|----------------------------------|------------------|-----------------------|------------------------------|-----------------|---------------------|
| Sche | dule D (Form 990) 2015                                      |                |                                  |                  |                       |                              |                 | Page <b>2</b>       |
| 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<br>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<br>(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<br>(b) Exotivating name description of security or category<br>(b) Economical derivatives         (b) Economical<br>(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:<br>Control of end of year market value           (10)         (c) Method of valuation:<br>Control of end of year market value         (c) Method of valuation:<br>Control of end of year market value           (10)         (c) Method of valuation:<br>Control of end of year market value         (c) Method of valuation:<br>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<br>(including name of security or category<br>(control of a security of category<br>(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>(b)</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:<br>Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation:<br>Cost or end-of-year market value           (1)         (c)         (c)         (c) Method of valuation:<br>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:<br>Cost or end-of-year market value           (a)         (c)         (c) Method of valuation:<br>Cost or end-of-year market value           (d)         (c)         (c)           (e)         (c)         (c)           (f)         (c)         (c)           (g)         (c)         (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                        |                       |                                       |                    |
| Part VIII         Investments - Program Related.<br>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:<br>Cost or end-of-year market value           (1)         (c)         (c) Method of valuation:<br>Cost or end-of-year market value           (1)         (c)         (c) Method of valuation:<br>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:<br>Cost or end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation:<br>Cost or end-of-year market value           (2)         (a)         (c)         (c) Method of valuation:<br>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:<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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)<br>(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

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FAMILY HEALTH INTERNATIONAL

| Schedu | le D (Form 990) 2015                                                                                                                                                  |      | Page <b>4</b> |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|
| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return<br>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:                                                                                                   |      |               |
| -<br>a | Net unrealized gains (losses) on investments                                                                                                                          |      |               |
| b      | Donated services and use of facilities                                                                                                                                | 1    |               |
|        | Recoveries of prior year grants.                                                                                                                                      | 1    |               |
| C<br>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<br>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<br>other sectors         (c) Number of<br>agents and<br>incontrast, and<br>incon |             |                                                                                                                  |                 |                   |                                                         |                                                                                                   |                                             |                                       |  |  |
| Offices in the<br>region         Opfices in the<br>region         Tragin (by type) (e.g.,<br>incomposition, organise service,<br>incomposition, organise service,<br>incompositent service,<br>incomposition, organise service,<br>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><b>(a)</b> Region</th> <th></th> <th>offices in the</th> <th>employees,<br/>agents, and<br/>independent<br/>contractors</th> <th>region (by type) (e.g.,<br/>fundraising, program services,<br/>investments,<br/>grants to recipients</th> <th>a program service<br/>describe specific type</th> <th>e of expenditures for and investments</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | <b>(a)</b> Region                                                                                                |                 | offices in the    | employees,<br>agents, and<br>independent<br>contractors | region (by type) (e.g.,<br>fundraising, program services,<br>investments,<br>grants to recipients | a program service<br>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<br>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<br>organization | (b) IRS code<br>section and EIN<br>(if applicable) | (c) Region         | <b>(d)</b> Purpose of grant | (e) Amount of<br>cash grant | (f) Manner of<br>cash<br>disbursement | <b>(g)</b> Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>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<br>Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part I<br>Part III can be duplicated if additional space is needed. |            |                          |                                 |                                       |                                         |                                              |                                                                   |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|---------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------|-------------------------------------------------------------------|
|              | (a) Type of grant or assistance                                                                                                                                                                                       | (b) Region | (c) Number of recipients | <b>(d)</b> Amount of cash grant | (e) Manner of<br>cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>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

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FAMILY HEALTH INTERNATIONAL

23-7413005

| Sched | ıle F (Form 990) 2015                                                                                                                                                                                                                                                                                                                                                                                          |       | Page <b>4</b> |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|
| 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

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FAMILY HEALTH INTERNATIONAL

23-7413005

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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<br>(Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                  |                  | Assistance t<br>ndividuals ir | •                 | •                                | -                    | омв No. 1545-0047<br>20 <b>15</b> |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|------------------|-------------------------------|-------------------|----------------------------------|----------------------|-----------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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,<br>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>              |                                   |  |  |  |

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Schedule I (Form 990) (2015)

|                                                                                                                                  |                 | nts. and Ir     | ndividuals in        | o Organiza        |                                  |                       | OMB No. 1545-0047<br>നി <b>പ്പ്</b> |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------------------|-------------------|----------------------------------|-----------------------|-------------------------------------|
| 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,<br>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                     |
| <ul> <li>2 Enter total number of section 501(c)(3) at</li> <li>3 Enter total number of other organizations</li> </ul>            | •               | •               |                      |                   |                                  |                       |                                     |

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Schedule I (Form 990) (2015)

| SCHEDULE I<br>(Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                  |                  | Assistance t<br>ndividuals ir |                   |                                  |                      | омв №. 1545-0047<br>20 <b>15</b> |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|------------------|-------------------------------|-------------------|----------------------------------|----------------------|----------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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,<br>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<br>(Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Go                                    | overnmei         | nts, and Ir                      | Assistance t<br>ndividuals ir | n the United                          | d States                                                    |                                           | омв №. 1545-0047<br>20 <b>15</b>      |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|----------------------------------|-------------------------------|---------------------------------------|-------------------------------------------------------------|-------------------------------------------|---------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                  | -                                | tach to Form 990.             |                                       | ,                                                           |                                           | Open to Public                        |  |  |
| Department of the Treasury<br>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<br>government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant   | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>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>                                   |                                       |  |  |

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Schedule I (Form 990) (2015)

| Department of the Treasury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and Assistance<br>to substantiate the<br>prants or assistance<br>cocedures for mo<br>co Domestic Or<br>copient that reconstruction<br>(b) EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ► At<br>schedule I (Form<br>the amount of th<br>ce?<br>nitoring the use<br>rganizations a                                                                              | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nce, the grantees<br>of United States.                                            | <i>w.irs.gov/form990.</i>                                                | Employer identific<br>23-7413005<br>ts or assistance, and<br>ation answered "Ye                   | 5<br>X Yes No                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Internal Revenue Service       ▶ Info         Name of the organization       FAMILY HEALTH INTERNATIONAL         Part I       General Information on Grants         1       Does the organization maintain records<br>the selection criteria used to award the general IN on the organization's pr         Part II       Grants and Other Assistance of<br>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<br>to substantiate the<br>prants or assistance<br>occedures for mo<br>co Domestic Or<br>co Domes | chedule I (Form<br>ce<br>he amount of th<br>ce?<br>nitoring the use<br>ganizations an<br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3) | e grants or assista<br>of grant funds in the<br><b>nd Domestic Gov</b><br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nce, the grantees<br>e United States.<br><b>/ernments.</b> Com<br>can be duplicat | ' eligibility for the gran<br>plete if the organizated if additional spa | Employer identific<br>23-7413005<br>ts or assistance, and<br>ation answered "Ye<br>ice is needed. | Inspection         cation number         5         X       Yes         No         es" on Form         (h) Purpose of grant<br>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<br>the selection criteria used to award the general IN on the organization's pr         Part II       Grants and Other Assistance of<br>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<br>to substantiate the<br>prants or assistance<br>occedures for mo<br>co Domestic Or<br>co Domes | e<br>he amount of th<br>ce?<br>nitoring the use<br>ganizations a<br>ceived more th<br>(c) IRC section<br>if applicable<br>government<br>501 (C) (3)                    | e grants or assista<br>of grant funds in the<br><b>nd Domestic Gov</b><br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nce, the grantees<br>e United States.<br><b>/ernments.</b> Com<br>can be duplicat | ' eligibility for the gran<br>plete if the organizated if additional spa | 23-7413005<br>ts or assistance, and<br>ation answered "Ye<br>ice is needed.                       | Eation number         5         X       Yes         No         es" on Form         (h) Purpose of grant<br>or assistance         GENERAL SUPPORT                    |
| <ul> <li>FAMILY HEALTH INTERNATIONAL</li> <li>Part I General Information on Grants</li> <li>1 Does the organization maintain records the selection criteria used to award the g</li> <li>2 Describe in Part IV the organization's pr</li> <li>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</li> <li>(1) MUNICIPIO DE SAN JUAN</li> <li>3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935</li> <li>(2) HARVARD BUSINESS SCHOOL</li> <li>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138</li> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | to substantiate th<br>prants or assistan-<br>pocedures for mo<br>to Domestic Or<br>propient that red<br>(b) EIN<br>666-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he amount of th<br>ce?<br>nitoring the use<br><b>'ganizations a</b><br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                   | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>/ernments. Com<br>can be duplicat                             | plete if the organizated if additional spa                               | 23-7413005<br>ts or assistance, and<br>ation answered "Ye<br>ice is needed.                       | X Yes No<br>es" on Form<br>(h) Purpose of grant<br>or assistance<br>general SUPPORT                                                                                 |
| <ul> <li>Part I General Information on Grants</li> <li>1 Does the organization maintain records the selection criteria used to award the g</li> <li>2 Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance and 990, Part IV, line 21, for any research or government</li> <li>1 (a) Name and address of organization or government</li> <li>(1) MUNICIPIO DE SAN JUAN</li> <li>3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935</li> <li>(2) HARVARD BUSINESS SCHOOL</li> <li>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138</li> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | to substantiate th<br>prants or assistan-<br>pocedures for mo<br>to Domestic Or<br>propient that red<br>(b) EIN<br>666-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he amount of th<br>ce?<br>nitoring the use<br><b>'ganizations a</b><br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                   | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>/ernments. Com<br>can be duplicat                             | plete if the organizated if additional spa                               | ts or assistance, and<br>ation answered "Ye<br>ice is needed.                                     | X     Yes     No       es" on Form       (h) Purpose of grant<br>or assistance       GENERAL SUPPORT                                                                |
| <ol> <li>Does the organization maintain records<br/>the selection criteria used to award the g</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance f<br/>990, Part IV, line 21, for any re</li> <li>1 (a) Name and address of organization<br/>or government</li> <li>(1) MUNICIPIO DE SAN JUAN</li> <li>3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935</li> <li>(2) HARVARD BUSINESS SCHOOL</li> <li>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138</li> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to substantiate th<br>prants or assistan-<br>pocedures for mo<br>to Domestic Or<br>propient that red<br>(b) EIN<br>666-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | he amount of th<br>ce?<br>nitoring the use<br><b>'ganizations a</b><br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                   | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>/ernments. Com<br>can be duplicat                             | plete if the organizated if additional spa                               | ation answered "Ye<br>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<br>ocedures for mo<br>co Domestic Or<br>cipient that rec<br>(b) EIN<br>666-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ce?<br>nitoring the use<br><b>ganizations a</b><br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                                       | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>/ernments. Com<br>can be duplicat                             | plete if the organizated if additional spa                               | ation answered "Ye<br>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<br>ocedures for mo<br>co Domestic Or<br>cipient that rec<br>(b) EIN<br>666-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ce?<br>nitoring the use<br><b>ganizations a</b><br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                                       | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>/ernments. Com<br>can be duplicat                             | plete if the organizated if additional spa                               | ation answered "Ye<br>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<br>Part II Grants and Other Assistance 9<br>990, Part IV, line 21, for any re<br>1 (a) Name and address of organization<br>or government<br>(1) MUNICIPIO DE SAN JUAN<br>3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935<br>(2) HARVARD BUSINESS SCHOOL<br>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138<br>(3) UNIVERSITY OF WASHINGTON<br>IRC/HMC 325 9TH AV #359927 SEA, WA 98104<br>(4) VANDERBILT UNIVERSITY MEDICAL CENTER<br>3319 W END AVE #100 NASHVILLE, TN 37203<br>(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH<br>75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) EIN<br>66-0427034<br>04-2103580                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nitoring the use<br>ganizations a<br>ceived more th<br>(c) IRC section<br>if applicable<br>GOVERNMENT<br>501(C)(3)                                                     | of grant funds in the<br>nd Domestic Gov<br>an \$5,000. Part II<br>(d) Amount of cash<br>grant<br>322,938.<br>318,757.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e United States.<br>vernments. Com<br>can be duplicat<br>(e) Amount of non-       | plete if the organizated if additional spa                               | ation answered "Ye<br>ice is needed.                                                              | (h) Purpose of grant<br>or assistance<br>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<br>can be duplicat                                                 | ed if additional spa                                                     | (g) Description of                                                                                | (h) Purpose of grant<br>or assistance<br>GENERAL SUPPORT                                                                                                            |
| <ul> <li>or government</li> <li>(1) MUNICIPIO DE SAN JUAN</li> <li>3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935</li> <li>(2) HARVARD BUSINESS SCHOOL</li> <li>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138</li> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                          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| 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935<br>(2) HARVARD BUSINESS SCHOOL<br>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138<br>(3) UNIVERSITY OF WASHINGTON<br>IRC/HMC 325 9TH AV #359927 SEA, WA 98104<br>(4) VANDERBILT UNIVERSITY MEDICAL CENTER<br>3319 W END AVE #100 NASHVILLE, TN 37203<br>(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH<br>75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 3RD FLOOR ROOM FP-04 SAN JUAN, PR 00935<br>(2) HARVARD BUSINESS SCHOOL<br>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138<br>(3) UNIVERSITY OF WASHINGTON<br>IRC/HMC 325 9TH AV #359927 SEA, WA 98104<br>(4) VANDERBILT UNIVERSITY MEDICAL CENTER<br>3319 W END AVE #100 NASHVILLE, TN 37203<br>(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH<br>75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>(2) HARVARD BUSINESS SCHOOL</li> <li>23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138</li> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 23 EVRT #327 MRCT OFCE CMBRDGE, MA 02138<br>(3) UNIVERSITY OF WASHINGTON<br>IRC/HMC 325 9TH AV #359927 SEA, WA 98104<br>(4) VANDERBILT UNIVERSITY MEDICAL CENTER<br>3319 W END AVE #100 NASHVILLE, TN 37203<br>(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH<br>75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <ul> <li>(3) UNIVERSITY OF WASHINGTON</li> <li>IRC/HMC 325 9TH AV #359927 SEA, WA 98104</li> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| IRC/HMC 325 9TH AV #359927 SEA, WA 98104<br>(4) VANDERBILT UNIVERSITY MEDICAL CENTER<br>3319 W END AVE #100 NASHVILLE, TN 37203<br>(5) BRIGHAM & WOMEN'S HOSPITAL RESEARCH<br>75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <ul> <li>(4) VANDERBILT UNIVERSITY MEDICAL CENTER</li> <li>3319 W END AVE #100 NASHVILLE, TN 37203</li> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>(5) BRIGHAM &amp; WOMEN'S HOSPITAL RESEARCH</li> <li>75 FRANCIS STREET BOSTON, MA 02241-3887</li> <li>(6) TECHNOSERVE INC</li> <li>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036</li> <li>(7) GREAT NORTHWEST REGIONAL</li> <li>1410 UNIV AVE WILLISTON, ND 58801</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 75 FRANCIS STREET BOSTON, MA 02241-3887<br>(6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| (6) TECHNOSERVE INC<br>1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 1120 19TH ST NW 8TH FL WSHNGTN, DC 20036<br>(7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                          |                                                                                   |                                                                          |                                                                                                   | GENERAL SUPPORT                                                                                                                                                     |
| (7) GREAT NORTHWEST REGIONAL<br>1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 1410 UNIV AVE WILLISTON, ND 58801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| (8) SCHOOL TO SCHOOL INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 200 SAN MARLO WY #3 PACIFICA H, CA 94044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                          |                                                                                   |                                                                          |                                                                                                   | EDUCATNL DEVELOPMENT                                                                                                                                                |
| (9) PLAN INTERNATIONAL USA INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                          |                                                                                   |                                                                          |                                                                                                   | INTERNTINL DVLMNT                                                                                                                                                   |
| 155 PLAN WAY WARWICK, RI 02886                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 501(C)(3)                                                                                                                                                              | 278,319.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                          |                                                                                                   | RELIEF SERVICES                                                                                                                                                     |
| (10) EDUCATION FOR EMPLOYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                          |                                                                                   |                                                                          |                                                                                                   | INTERNTINL DVLMNT                                                                                                                                                   |
| 1612 K ST NW # 800 WASHINGTON, DC 20006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                          |                                                                                   |                                                                          |                                                                                                   | RELIEF SERVICES                                                                                                                                                     |
| (11) WASHINGTON UNIVERSITY WUSL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 700 ROSEDALE AVE ST LOUIS, MO 63112-1408                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                          |                                                                                   |                                                                          |                                                                                                   | HIV/ AIDS PREVENTION                                                                                                                                                |
| (12) FORUM ONE COMMUNICATIONS CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| 15954 JKSN CK PKWY #B374 MNMNT, CO 80132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                          |                                                                                   |                                                                          |                                                                                                   | GENERAL SUPPORT                                                                                                                                                     |
| <ul> <li>2 Enter total number of section 501(c)(3</li> <li>3 Enter total number of other organization</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

| SCHEDULE I<br>(Form 990)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                 |                  | Assistance t<br>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,<br>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<br>government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>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           | •                | •                                |                             |                                       |                                                             | · · · · · · · · · · · · · · · · · · ·     |                                       |

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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<br>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<br>government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>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 🚬 🚬                   |                                 |                                       |                                                             | 🕨                                      |                                       |

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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<br>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                   |                 |                                  |                             |                                       |                                                             |                                           |                                       |
| ,                                                      | , , <b>,</b>                                | 1               |                                  | . ,                         | •                                     |                                                             |                                           |                                       |
|                                                        | address of organization<br>government       | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>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<br>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                        |
| <b>x</b>                                               | ) PHILADELPHIA, PA 19104                    | 23-1352630      | 501(C)(3)                        | 84,728.                     |                                       |                                                             |                                           | GENERAL SUPPORT                       |
|                                                        | nber of section 501(c)(3) a                 |                 |                                  |                             | able                                  | ,                                                           | <b>.</b> . ▶                              | •                                     |
|                                                        | nber of other organizations                 | •               | •                                |                             |                                       |                                                             |                                           |                                       |

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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<br>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                                    |                  | <b>`</b>        |                      |                   |                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1 (a)</b> 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<br>613 MCCLLB AVE DPT 4905 CTENGA, TN 37403         62-600136         GOVERNMENT         80,659.         GENERAL SUPPORT           (3) LAIN NEWMAN RESEARCH<br>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<br>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   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | •                | •               |                      |                   |                            |                       |                   |

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Schedule I (Form 990) (2015)

| SCHEDULE I<br>(Form 990)                                                                                                                                                                                                                                                                                                                                                          |                                       |                   |                                  | Assistance t<br>ndividuals ir                       | •                                            | •                                                                  | -                                         | <u>OMB №. 1545-0047</u><br>എ <b>ി 1 ⊑</b> |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|----------------------------------|-----------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                   |                                  | swered "Yes" on F                                   |                                              |                                                                    |                                           | 2015                                      |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                   | -                                | tach to Form 990.                                   | onn 000, 1 ant 11,                           |                                                                    |                                           | Open to Public                            |  |  |  |
| Department of the Treasury<br>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                                                                                                                                                                                                                                                                                                                                                          |                                       |                   |                                  | ···· <b>,</b> · · · · · · · · · · · · · · · · · · · |                                              |                                                                    | 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<br>government | (b) EIN           | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant                     | <b>(e)</b> Amount of non-<br>cash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>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>                                   |                                           |  |  |  |

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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<br>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<br>government | (b) EIN           | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of non-<br>cash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>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>                                       |                                       |

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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<br>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        |                 |                                  | •                    | -                                     | <b>U</b>                                          |                                        | 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<br>ernment | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | (d) Amount of cash   | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant<br>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                                  |                                                   | <b>.</b> . <b>▶</b>                    |                                       |
|                                                        | 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">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"                                                                                                                                                                                              | (Form 990)                     | G                            | overnme         | nts, and li     | ndividuals ir          | n the United      | d States                    |                       | ୬ଲ <b>1</b> 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<br>or government         (b) EIN<br>(c) EIN<br>or government         (c) Amount of cash<br>(c) Amount of cash<br>grant         (c) Amount of cash<br>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>(b)</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         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         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<br>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<br>government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>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        | <br>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<br>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                             | ,<br>)                                |
| 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             |                  |                                  |                                    |                                              |                                                                    |                                        |                                       |
|                                                        | ···, ···· = ·, ··· = ···, · ···       |                  |                                  |                                    |                                              |                                                                    |                                        |                                       |
| <b>1 (a)</b> Name and or                               | address of organization<br>government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash<br>grant | <b>(e)</b> Amount of non-<br>cash assistance | <b>(f)</b> Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>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>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | (e) Method of valuation (book,<br>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<br>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<br>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<br>provide any relevant information regarding |                         |         |           |      |
|          |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                         |         |           |      |
|          |                                  | ss or charter travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | X Housing allowance or residence for                                                       |                         |         |           |      |
|          |                                  | or companions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Payments for business use of perso<br>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<br>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<br>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<br>organization o | ar, did any person listed on Form 990,<br>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>(B)</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<br>compensation | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| PATRICK C. FINE                             | (i)  | 390,000.                 | 0.                                     | 12,300.                                   | 31,800.                        | 1,352.         | 435,452.             | 0.                                                         |
| 1 <sup>CHIEF EXECUTIVE OFFICER</sup>        | (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 <sup>CHIEF OPERATIONS OFFICER</sup>       | (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 <sup>CHIEF STRATEGY OFFICER</sup>         | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| ROBERT SCOTT MURPHY                         | (i)  | 213,931.                 | 0.                                     | 0.                                        | 25,672.                        | 14,739.        | 254,342.             | 0.                                                         |
| 6 <sup>CHIEF FIN OFFICER(THRU 10/15)</sup>  | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| SEAN TEMEEMI                                | (i)  | 215,250.                 | 0.                                     | 6,159.                                    | 26,430.                        | 16,325.        | 264,164.             | 0.                                                         |
| 7 <sup>CHIEF COMPLIANCE OFFICER</sup>       | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| PAMELA MYERS                                | (i)  | 225,910.                 | 0.                                     | 5,000.                                    | 27,709.                        | 16,673.        | 275,292.             | 0.                                                         |
| 8 <sup>CHIEF HUMAN RESOURCE OFFICER</sup>   | (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 <sup>CHIEF ADMIN OFFICER</sup>            | (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 <sup>DIRECTOR APRO</sup>                 | (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 <sup>DIRECTOR ECONOMIC DEVELOPMENT</sup> | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| IVAN CHARNER                                | (i)  | 198,759.                 | 0.                                     | 200.                                      | 23,851.                        | 11,246.        | 234,056.             | 0.                                                         |
| 12 <sup>DIRECTOR NATIONAL INSTITUTES</sup>  | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| HAYLEY BRYANT                               | (i)  | 142,699.                 | 0.                                     | 166,531.                                  | 17,124.                        | 7,524.         | 333,878.             | 0.                                                         |
| 13 <sup>PROJECT DIRECTOR</sup>              | (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 <sup>DIR SOC &amp; ECO DEVELOPMENT</sup> | (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 <sup>DIRECTOR GLOBAL LEARNING</sup>      | (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 <sup>DIRECTOR, NIGERIA</sup>             | (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<br>compensation | (ii) Bonus & incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| LAURA C. KAYSER                             | (i)  | 246,376.                 | 0.                                     | 3,808.                                    | 30,022.                        | 16,726.        | 296,932.             | 0.                                                         |
| 1 <sup>DEPUTY TO THE COO</sup>              | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| TIMOTHY MASTRO                              | (i)  | 254,382.                 | 0.                                     | 4,754.                                    | 31,097.                        | 994.           | 291,227.             | 0.                                                         |
| 2 <sup>DIR GLOBAL HLTH POP/ NUTRITION</sup> | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| MICHAEL P. MAZZA                            | (i)  | 193,067.                 | 0.                                     | 2,400.                                    | 41,456.                        | 831.           | 237,754.             | 0.                                                         |
| 3 <sup>DIRECTOR, INFORMATION SOLUTION</sup> | (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 <sup>DIRECTOR, OPERATIONS SUPPORT</sup>   | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| ANGEL PADILLA                               | (i)  | 125,816.                 | 0.                                     | 15,230.                                   | 15,339.                        | 4,414.         | 160,799.             | 0.                                                         |
| 6 <sup>DIR, CONTRACT MGMT</sup>             | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| RASIKA PADMAPERUMA                          | (i)  | 210,596.                 | 0.                                     | 7,231.                                    | 26,139.                        | 16,552.        | 260,518.             | 0.                                                         |
| 7 <sup>CHIEF FIN OFFICER(BEG 10/15)</sup>   | (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 <sup>DIRECTOR, PROJ MGMT</sup>            | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| CHRISTIAAN JOHANNES VAN                     | (i)  | 209,142.                 | 0.                                     | 0.                                        | 25,097.                        | 11,271.        | 245,510.             | 0.                                                         |
| 9 <sup>DIR, PRGM SCIENCES</sup>             | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| SUSAN ZIMICKI                               | (i)  | 107,842.                 | 0.                                     | 12,345.                                   | 13,103.                        | 3,862.         | 137,152.             | 0.                                                         |
| 10 <sup>DIR, INFECTIOUS DISEASES</sup>      | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| NZAPFURUNDI CHABIKULI                       | (i)  | 207,742.                 | 0.                                     | 1,385.                                    | 0.                             | 6,821.         | 215,948.             | 0.                                                         |
| 11 <sup>DIR SOUTH AFRICA REGNL OFFICE</sup> | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| SUSAN VOSKUIL                               | (i)  | 146,289.                 | 0.                                     | 4,572.                                    | 18,098.                        | 6,660.         | 175,619.             | 0.                                                         |
| 12 <sup>DIR, CONTRACT MGMT SERVICES</sup>   | (ii) | 0.                       | 0.                                     | 0.                                        | 0.                             | 0.             | 0.                   | 0.                                                         |
| TED FITZGERALD                              | (i)  | 181,869.                 | 0.                                     | 1,385.                                    | 21,991.                        | 6,581.         | 211,826.             | 0.                                                         |
| 13 <sup>DIR, GLOBAL RESEARCH SERVICES</sup> | (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 <sup>COUNTRY DIRECTOR - VIETNAM</sup>    | (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 <sup>DIR, PROJ PORTFOLIO</sup>           | (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 <sup>DIR NIGERIA FIN</sup>               | (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.

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|                                     |      | <b>(B)</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<br>compensation | (ii) Bonus & incentive<br>compensation | <b>(iii)</b> Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(i)-(D)           | in column (B) reported<br>as deferred on prior<br>Form 990 |
| GITA PILLAI                         | (i)  | 115,830.                 | 0.                                     | 98,700.                                          | 14,128.                        | 532.           | 229,190.             | 0.                                                         |
| 1 <sup>DIRECTOR INDIA</sup>         | (ii) | 0.                       | 0.                                     | 0.                                               | Ο.                             | 0.             | 0.                   | 0.                                                         |
| JANET ROBINSON                      | (i)  | 184,018.                 | 650.                                   | 65,461.                                          | 22,145.                        | 3,570.         | 275,844.             | 0.                                                         |
| 2 <sup>DIR RSCH &amp; LAB SCI</sup> | (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 <sup>DIRECTOR, ZAMBIA</sup>       | (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 <sup>COUNTRY DIRECTOR</sup>       | (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) |                          |                                        |                                                  |                                |                |                      |                                                            |

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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

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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 <b>2</b> |
|--------------------------------------|--------------------------------|---------------|
| 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

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MATERIAL DIFFERENCES IN VOTING RIGHTS
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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.

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| Schedule O (Form 990 or 990-EZ) 2015 |                                | Page <b>2</b> |
|--------------------------------------|--------------------------------|---------------|
| 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.

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| Schedule O (Form 990 or 990-EZ) 2015 | Page                           | e <b>2</b> |
|--------------------------------------|--------------------------------|------------|
| 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

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| Schedule O (Form 990 or 990-EZ) 2015 |                                | Page <b>2</b> |
|--------------------------------------|--------------------------------|---------------|
| 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<br>PO BOX 933514<br>ATLANTA, GA 31193                       | AUDIT SERVICE           | 1,629,618.   |
| ARAMARK SERVICES<br>11800 STATESVILLE ROAD<br>HUNTERSVILLE, NC 28078          | FACILITIES MGMT SVCS    | 1,453,203.   |
| PAX MONDIAL LLC<br>1655 N. FORT MYER DRIVE, SUITE 1100<br>ARLINGTON, VA 22209 | SECURITY SERVICES       | 652,985.     |
| MODALITY SOLUTIONS LLC<br>1238 MOSSY OAK DR.<br>LEAGUE CITY, TX 77573         | BUSINESS SERVICES       | 366,207.     |
| KRM5GROUP, LLC<br>4271 CHELSON LANE<br>LAKE RIDGE, VA 22192                   | CNSLT-DELTEK/CSTPNT     | 311,938.     |

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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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | <b>(c)</b><br>Legal domicile (state | (d)<br>Total income | <b>(e)</b><br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization     | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | (g<br>Section 5<br>contr<br>enti | 512(b)(13)<br>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

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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)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | <b>(g)</b><br>Share of end-of-<br>year assets | Disprop<br>alloca | h)<br>ortionate<br>ations? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Geno<br>man<br>part | <b>j)</b><br>eral or<br>aging<br>ther? | <b>(k)</b><br>Percentage<br>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)<br>Name, address, and EIN of related organization     | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp, or<br>trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year assets | <b>(h)</b><br>Percentage<br>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)                                                       |                                |                                                               |                                            |                                                               |                                        |                                              |                                       |        |

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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<br>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)<br>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<br>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)<br>Name of related organization                                                                                   | (b)<br>Transaction         | <b>(c)</b><br>Amount involved | Method of    | ( <b>d)</b><br>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<br>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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under | sec<br>501(<br>organiz | e)<br>partners<br>ction<br>(c)(3)<br>zations? | <b>(f)</b><br>Share of<br>total income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | Disprop | h)<br>portionate<br>ations? | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | managing |  | managing |  | managing |  | managing |  | (k)<br>Percentag<br>ownersh |
|-----------------------------------------|-------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|-----------------------------------------------|----------------------------------------|-------------------------------------------------|---------|-----------------------------|---------------------------------------------------------------------------|-------------------------------------------|----|----------|--|----------|--|----------|--|----------|--|-----------------------------|
|                                         |                         |                                                        | sections 512-514)                                                               | Yes                    |                                               |                                        |                                                 | Yes     | No                          |                                                                           | Yes                                       | No |          |  |          |  |          |  |          |  |                             |
|                                         |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       | _                       |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| 1                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| 1                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| )                                       |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| ?)                                      |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    | <u> </u> |  |          |  |          |  |          |  |                             |
| 3)                                      |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| •)                                      |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| i)                                      |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    |          |  |          |  |          |  |          |  |                             |
| ;)                                      |                         |                                                        |                                                                                 |                        |                                               |                                        |                                                 |         |                             |                                                                           |                                           |    | <u> </u> |  |          |  |          |  |          |  |                             |

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| 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).                                                                                     |        |

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