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DLN: 93493104005030

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

	SINGI NOVONGO CONTICO						Inspection	
Α	For the 2008 ca	lendar yea	r, or tax year beginning 07-01-2008 and ending 06-30-200	9				
_	Check if applicable	Please use IRS	C Name of organization INTRAHEALTH INTERNATIONAL INC	D Employer identification number 55-0825466 E Telephone number				
_	Name change	label or print or type. See	Doing Business As					
	Initial return Termination	Specific Instruc- tions.	Specific Number and street (or P O box if mail is not delivered to street address) Room/suit 6340 guadrangle drive No 200		om/suite	(919) 31 G Gross rec	eipts \$ 73,007,521	
Г	Amended return		City or town, state or country, and ZIP + 4	I				
Г	Application pending		CHAPEL HILL, NC 27517					
		Thomas 6340 q	ne and address of Principal Officer s J Hill uadrangle drive No 200 L HILL, NC 27517		affiliat		ΓYes Γ Nο	
I	Tax-exempt status		(3) ◀ (Insert no)	Н(Б	•	affiliates included? Yes No o," attach a list See instructions)		
)	Web site: ► WW	p Exemption	Number F					
K	Type of organization	Corporati	on trust association other ►	LY	ear of For	mation 2003	M State of legal domicile NC	
_								

Part	П	Summary		
	1	Briefly describe the organization's mission or most significant activities		
.		See Part III, Line 1		
,	_	Check this have to often annual and an antique of the annual and an analysis of the	than 250/ afita accets	
		Check this box if the organization discontinued its operations or disposed of m		
	3	Number of voting members of the governing body (Part VI, line 1a)	_	11
ŝ	4	Number of independent voting members of the governing body (Part VI, line 1b)	_	
Worldlines &		Total number of employees (Part V, line 2a)	_	
ا ڍُ		Total number of volunteers (estimate if necessary)	_	0
٠		Total gross unrelated business revenue from Part VIII, line 12, column (C)	_	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
		-	Prior Year	Current Year
a l	8	Contributions and grants (Part VIII, line 1h)	55,246,873	68,555,221
Revenue	9	Program service revenue (Part VIII, line 2g)	2,257,583	4,451,287
Š 1	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,956	1,013
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		С
1	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,530,412	73,007,521
1	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,944,423	20,594,309
1	14	Benefits paid to or for members (Part IX, column (A), line 4)		C
<u>g</u> 1	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,537,508	24,191,014
Expenses 	16a	Professional fundraising fees (Part IX, column (A), line 11e)		C
ੜੇ 📗	b	(Total fundraising expenses, Part IX, column (D), line 25 ^{1,336,844}		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,451,452	26,542,993
1	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	56,933,383	71,328,316
1	19	Revenue less expenses Subtract line 18 from line 12	597,029	1,679,205
893			Beginning of Year	End of Year
2 (E) 2	20	Total assets (Part X, line 16)	8,043,335	11,724,585
Fund Bakances	21	Total liabilities (Part X, line 26)	5,834,175	7,836,220
[]	22	Net assets or fund balances Subtract line 21 from line 20	2,209,160	3,888,365
Part	Ш	Signature Block	<u>'</u>	
		Under penalties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based or		
		L	I	any knowicus

Please Sign Here

2010-03-12 Signature of officer Thomas J Hill CFO/VP of Finance

signature Paid

MICHAEL A FREEDMAN CPA

Date

Check if self-empolyed • Preparer's PTIN (See Gen Inst)

	•
Preparer's	Firm's name (or your
Use Only	if self-employed), address, and ZIP + 4

GELMAN ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650 NORTH

Phone no 🕨 (301) 951-9090 BETHESDA, MD 208142930 May the IRS discuss this return with the preparer shown above? (See instructions)

EIN 🕨

▼Yes 「No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission SEe Schedule O
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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 31,006,779 including grants of \$ 20,594,309) (Revenue \$ 44,512,887) Capacity Program funded by USAID The Capacity Project is a global five-year initiative to build human capacity for health care through improving workforce policies and planning, developing better education and training programs for the workforce and strengthening systems to support workforce performance (lead partner)
	(Code) (Expenses \$ 8,254,127 including grants of \$) (Revenue \$)
	USAID Twubakane Decentralization & Health Project (DHP) Collaborating with government ministries and local partners, IntraHealth focuses on strengthening health workers and the systems that support them, increasing access to HIV/AIDS clinical services and family planning services, building a foundation for community-based health care, and integrating maternal, newborn, and child health services, including malaria and nutrition, with other health care IntraHealth is supporting the government and policy-makers to further develop and promote a comprehensive, evidence-based national reproductive health program that respects the rights of individuals. This effort, along with assistance to further expand family planning services to include emergency contraception and postabortion care, is being carried out thanks to a grant from the William and Flora Hewlett Foundation. IntraHealth will document the process and outcomes of integrating family planning into its HIV/AIDS programs in Rwanda through a grant from the Tides Foundation. This work will help ensure that clients entering Rwanda's health care system for HIV services also receive the family planning and reproductive health services they need. With a grant from the David and Lucile Packard Foundation, IntraHealth will also develop and test a model of gender-appropriate, youth-friendly services and build support for such services among health, education, and civic professionals and officials.
4c	(Code) (Expenses \$ 5,108,834 including grants of \$) (Revenue \$) USAID Maternal, Neonatal, and Child Health/Family Planning/Malaria Program IntraHealth is working in five regions of Senegal to improve the quality and accessibility of health care services, increase the use of family planning services, and empower women to make health care decisions. IntraHealth is also assisting Senegal's government in managing HIV/AIDS, tuberculosis, and malaria grants.
	(Code) (Eypenses \$ 13.966.260 including graphs of \$ \\Delta \
	(Code) (Expenses \$ 13,966,369 including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 58,336,109 Must equal Part IX, Line 25, column (B).

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did 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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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 IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🕬	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page
Ра	Statements Regarding Other 1R5 Fillings and Tax Comphanice		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		165	140
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 72			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 account)?	4a	Yes	
b	SG, IN, KE, BG, ML, RW, AM, ET, SF, TZ, WA, SU, UG,			
	If "Yes," enter the name of the foreign country GT , ZA			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the 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 10a			
b	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 against amounts due or received from them)			
		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Gov	verning Body and	Management	

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 11			
b	Enter the number of voting members that are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		Νo

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ NC $\,$, NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Thomas J Hill 6340 QUADRANGLE DR SUITE 200 CHAPEL HILL, NC 27517 (919) 313-9100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)				all			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							<u> </u>			
			1							
			-				-			
	 		\vdash	\vdash			\vdash			
	1									
							Ļ			
1b Total					•		<u> </u>	1,890,214	C	219,083

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►23

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Russell Reynolds Church Street Station new york, NY 10166	RECRUITING	300,395
Negus Associates 6413 Distant Melody Place Columbia, MD 21044	CONSULTING	179,223
Gelman Rosenburg & Freedman 4550 Montgomery Ave bETHESDA, MD 20814	AUDITING SERVICES	123,215
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	·	3

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
					Exempt Function	Business Revenue	Excluded from Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
\$ \$	b	Membership dues					
Contributions, gifts, grants and other similar amounts		1b					
# <u>`</u> ₹	С	Fundraising events 1c					
<u>`</u>	d	Related organizations1d	4 000 102				
SHS SHT	e		4,889,192				
her Fer	f	All other contributions, gifts, grants, and similar amounts not included above	3,666,029				
돌등	g	Noncash contributions included in					
၁ မ		Ines 1a-1f \$ Total (Add lines 1a-1f)		68,555,221			
	h						
e He	2a	Contract Revenue	ss Code 900,099	4,451,287	4,451,287		
¥en	ь	Confidence Revenue	300,033	4,431,207	4,431,207		
Program Service Revenue	С						
Š	d						
ž	e						
era E	f	All other program service revenue					
\$	g	Total. Add lines 2a-2f					
	3	► \$ 4,451,287 Investment income (including dividends, in	nterest				
		other sımılar amounts)		1,013			1,013
	4	Income from investment of tax-exempt bond proceed	eds . [
	5	Royalties					
		(ı) Real (ıı) Pe	rsonal				
	6a	Gross Rents Less rental					
	b	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	<u>▶</u>				
	7a	(i) Securities (ii) Gross amount	Other				
	-	from sales of assets other					
	ь	than inventory Less cost or					
	-	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	►				
	8a	Gross income from fundraising events (not including					
<u>Φ</u>		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ě		Attach Schedule G if total exceeds \$15,000 a					
<u>-</u>	ь	Less direct expenses b					
퉏	С	Net income or (loss) from fundraising even	ts				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less	▶				
		returns and allowances .					
	ь	loss cost of goods sold					
	С	Net income or (loss) from sales of inventor	y ⊳				
			ss Code				
	11a						
	Ь						
	С						
	d	All other revenue	_				
	12	Total. Add lines 11a-11d		73,007,521	4,451,287	0	1,013
		8c, 9c, 10c, and 11e	u, , u, ►				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	6,100,583	6,100,583		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	14,493,726	14,493,726		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,200,849	417,579	761,180	22,090
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	18,803,259	14,313,904		661,549
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	660,995	527,803	108,922	24,270
9	Other employee benefits	2,851,929	965,561	1,767,434	118,934
10	Payroll taxes	673,982	498,432	152,433	23,117
11	Fees for services (non-employees)				
а	Management				
b	Legal	76,714		76,714	
С	Accounting	223,708		223,708	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	2,716,450	1,500,457	1,116,393	99,600
12	Advertising and promotion	260,491	234,554	25,937	
13	Office expenses	734,109	514,511	219,598	
14	Information technology				
15	Royalties				
16	Occupancy	1,479,670	857,515	622,155	
17	Travel	6,222,883	4,842,626	1,195,265	184,992
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	163,672		163,672	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,570		95,570	
23	Insurance	163,350	90,632	72,718	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Activity expenses	7,607,380	7,607,380		
ь	miscellaneous expenses	3,150,581	2,922,125	68,191	160,265
c	EQUIPMENT	1,715,149	1,018,112	697,037	<u> </u>
d	allowances	1,308,727	1,232,761	69,270	6,696
e	staff development	273,934		273,934	· ·
	All other expenses	350,605	197,848	117,426	35,331
25	Total functional expenses. Add lines 1 through 24f	71,328,316	58,336,109	11,655,363	1,336,844
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X B	lance	Sheet
----------	-------	-------

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			250	1	250
	2	Savings and temporary cash investments			4,720,793		4,207,567
	3	Pledges and grants receivable, net			1,564,745	3	4,330,735
	4	Accounts receivable, net			,	4	, ,
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		nployees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of			6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
8	9	Prepaid expenses and deferred charges		55,278	9	165,587	
Assets	10a	Land, buildings, and equipment cost basis	11	050 700			·
⋖			10a	953,739			
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	410,167	123,432	10c	543,572
	11	Investments—publicly traded securities			·	11	
	12	Investments—other securities See Part IV, line 11 Complete Pa	F		12		
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,578,837	15	2,476,874	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,043,335	16	11,724,585
	17	Accounts payable and accrued expenses .	5,834,175	17	7,836,220		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,834,175	26	7,836,220
		Organizations that follow SFAS 117, check here ▶	lete line	es 27			
Juc.	27	Unrestricted net assets			1,410,695	27	1,263,396
Balance	28	Temporarily restricted net assets			798,465	28	2,624,969
C E	29	Permanently restricted net assets			, 22	29	
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	ete				
ō	30	Capital stock or trust principal, or current funds	-			30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net /	33	Total net assets or fund balances		2,209,160		3,888,365	
ž	34	Total liabilities and net assets/fund balances		8,043,335		11,724,585	
	1 - 4	. otaapinties and net assets/juna paidiness			5,545,555	J-F	1,724,000
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493104005030

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

INTRAH	HEALTH	1 INTERNATION	AL INC					55	-082546	6		
Par	tΙ	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please					111001 000			
1	Γ			urches, or association of ch					(A)(i).			
2	Г	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4	Γ	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desci	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	<u> </u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public	c
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ıs, membe	ership fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (less sectio	on 511 ta:	x) from bus	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509((a)(4). (S	ee instruct	tions)	
11	Γ	one or more the box tha	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a									
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•				•	
f		If the organ	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	zatio <u>n,</u>
		check this			Jeu		6					
g		following pe		as the organization accepted	u any gni	or contrib	ution irom	i any or the	•			
				r indirectly controls, either a	alone or to	gether wi	th person:	s describe	d ın (ıı)		Yes	No
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	
		(ii) a family	/ member of a p	erson described in (i) above	7					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				•	
		ame of	(ii) EIN	(iii) Type of organization		s the	(v) Did y	ou notify		s the		nount of
,		orted		(described on lines 1 - 9		ation in		anization		ation in	supp	ort?
(rgar	nization		above or IRC section (See Instructions)		listed in verning		i) of your port?		rganized US?		
				(See Instructions))		ment?	347	porci	111 6116	0 5 .		
					Yes	No	Yes	No	Yes	No	1	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0F	o oi Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,236,173	22,041,319	39,287,256	55,246,873		68,555,221	198,366,842
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 line 1-3	13,236,173	22,041,319	39,287,256	55,246,873		68,555,221	198,366,842
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							198,366,842
T	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	13,236,173	1,079	39,287,256	55,246,873		68,555,221	198,366,842
8	Gross income from interest, dividends,			, ,				· · · · · · · · · · · · · · · · · · ·
	payments received on securities loans, rents, royalties and income from similar sources	13,007	1,079	20,931	25,956		1,013	61,986
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,851	9,468	850				15,169
11	Total Support (Add lines 7 through 10)							198,443,997
12	Gross receipts from related activities, etc	(See instruction	s)	<u>'</u>	•	12		14,437,801
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	organızatıon's fir		d, fourth, or fifth	tax year as a 5			▶ □
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		99.960 %
15	Public Support Percentage for 2007 Sched		•	(//		15		99.950 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "factor"	es as a publicly s If the organization ets and circumst	supported organ on did not check ances" test, che	ization a box on line 1 eck this box and	3, 16a, or 16b a I stop here. Exp	and lin lain in	e 14 ıs 10 Part IV ho	▶ ┌ % or ow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organizations: ts and circumst	on did not check ances" test, che	a box on line 1 eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□ ►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Inspection Name of the organization **Employer identification number** INTRAHEALTH INTERNATIONAL INC 55-0825466 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	organization answered "Yes" to Form 99		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	_	or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contribution in the form	
			Held at the End of the Yea
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	
Par	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i	·
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		'
а	Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

	Organizations Maintaining Co	•			•			<u>intinued)</u>
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	a sıgnıfıcant u:	se of its collection	1	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
ь	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's c Part XIV	ollections and explain ho	w the	y further the o	rganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit							
Dar	assets to be sold to raise funds rather than Trust, Escrow and Custodial	· · · · · · · · · · · · · · · · · · ·					Yes	No No
Pal	Part IV, line 9, or reported an ai				iization answ	ered tes to re	ל ווו פ	90,
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?	dian or other intermediary	forc	ontributions o	r other assets r		Yes	Г No
b	If "Yes," explain why in Part XIV and compl	ete the following table						
						A mou	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21?				Γ	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI							
Pa	rt V Endowment Funds. Complete						NEGUE V	oars Pack
1a	Beginning of year balance	(a)Current Year (b) Prior	rear (c) iwo	Years Back (d)	inree Years Back (e)Four Ye	ears Back
b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
c	Term endowment 🕨							
3a	Are there endowment funds not in the posse	ssion of the organization	thata	are held and ac	Iministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		<u> </u>
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the second of the second of the second or the second of the seco					3b		<u> </u>
4 Date	t VI Investments—Land, Building				rt V line 10			
Fai	Threstments—Land, building	s, and Equipment. S			1			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
	Land							
	Buildings)		
	Leasehold improvements				367,629	110,190		257,439
	Equipment				529,106	248,662		280,444
	Other				57,004			5,689
	I. Add lines 1a-1e <i>(Column (d) should equal F</i>), line	10(c).)	<u> </u>	· ·		543,572
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				Schedule D (F	orm 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
ADVANCES TO EMPLOYEES AND CONTRACTORS			2,476,874
Total. (Column (b) should equal Form 990, Part X, col.(B) line			2,476,874
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
Federal Income Taxes	(2) ······ount	1	
		1	
]	
]	
		-	
		-	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	
	i .	j	

Par	t XII Reconciliation of Cl	hange in Net Assets from Fori	n 990 t	o Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	73,007,521
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	71,328,316
3	Excess or (deficit) for the year	3	1,679,205			
4	Net unrealized gains (losses) or	n investments			4	
5	Donated services and use of fac	cilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	
9	Total adjustments (net) Add Iir	nes 4 - 8			9	0
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and 9		10	1,679,205
Part	XIII Reconciliation of Re	evenue per Audited Financial	Statem	ents With Revenue	per R	eturn
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .		. 1	86,253,787
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	. 2a	1		
b	Donated services and use of fa	acılıtıes	. 2ե	13,246,266		
c	Recoveries of prior year grants		. 20	:		
d	Other (Describe in Part XIV)		. 20	1		
e	Add lines 2a through 2d .				2e	13,246,266
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	73,007,521
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a	1		
b	Other (Describe in Part XIV)		41	•		
c	Add lines 4a and 4b				4c	0
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, lıne 1	2)	5	73,007,521
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	l Stater	nents With Expense	s per	Return
1	Total expenses and losses per	audited financial statements			1	84,574,582
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25		,		
а	Donated services and use of fa	icilities	2	a 13,246,266	5	
b	Prior year adjustments		. 2	b		
c	Losses reported on Form 990,	Part IX, line 25	2	с		
d	Other (Describe in Part XIV)		. 2	d		
e	Add lines 2a through 2d				2e	13,246,266
3	Subtract line 2e from line 1 .				3	71,328,316
4	A mounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4	а		
b	Other (Describe in Part XIV)		. 4	ь		
c	Add lines 4a and 4b				4c	0
5		d 4c. (This should equal Form 990, Pa	rt I, line 1	.8)	5	71,328,316
Par	t XIV Supplemental Inf	ormation				
		criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI			Part XIV	, lines 1b and 2b,
	Ident if ier	Return Reference		Explana	tion	

DLN: 93493104005030

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

iterial revenue ocivioe						Inspection	
lame of the organization					Employer ide	ntification number	
NTRAHEALTH INTERNATIC	DNALINC				55-0825466	5	
			de the United States	s. Complete			
"Yes" to Form 9							
_	_		ecords to substantiate		_		
· · · · · · · · · · · · · · · · · · ·	- -	-	assistance, and the se				
the grants or assistar	ıce					✓ Yes 🗆	No
2 For grant makers. Descri United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of gran	t funds outsıd	e the	
3 Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)				
	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		y listed in (d)		
(a) Region	offices in the	employees or	fundraising, program services,			(f) Total expenditures	; ir
	region	agents in region	grants to recipients located in the region)		ecific type of) in region	region	
sıa	1	47	Program services/Grants			4,414,1	02
			to Recipients Located in	effective solu			
outh america	1	3	Region program services	health challe Develop and		1,737,3	6:
outh america	1		program services	effective solu	•	1,737,5	0 2
				health challe			_
niddle east and north africa	1	19	Program services	Develop and effective solu	•	148,1	.24
				health challe			
urope	0	0	Program services	Develop and	promote	982,4	8 5
				effective solu			
ub-saharan africa	15	418	Program services/Grants	health challe		50,623,0	0.0
			to Recipients Located in	effective solu]	
			Region	health challe	nges		
	1	1		1		1	

Totals .

18

487

57,905,082

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		europe	Develop and promote effective solutions to health challenges	1,935,881				
		south asıa	Develop and promote effective solutions to health challenges	152,375				
		Sub-saharan afrıca	Develop and promote effective solutions to health challenges	12,405,470				

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part to	provide the information require	d in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 The subgrant recipients are categorized based on risk levels as high, medium and low risk The organization decides the type of monitoring and the type of reporting required based on risk levels. All subgrant recipients maintain separate quickbooks accounts to identify the revenue
		and expenses of each grant

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493104005030

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

Name of the organization						Employer identif	fication number
INTRAHEALTH INTERNATIO	NALINC					55-0825466	
Part I General Infor	mation on Gra	nts and Assistance	e			•	
Does the organization mathematical the selection criteria useDescribe in Part IV the organization	d to award the gra	nts or assistance?					▼ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that reco tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							12
organizations					-		▶ ર

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.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The subgrant recipients are categorized based on risk levels as high, medium and low risk The organization decides the type of monitoring and the type of reporting required based on risk levels. All subgrant recipients maintain separate quickbooks accounts to identify the revenue and expenses of each grant.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104005030

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

INTRAHEALTH INTERNATIONAL INC. 55-0825466 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 6a or 6b, describe in Part III

ın Part III

7

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Pape Gaye	(I)	222,627			23,443	9,537	255,607	
Randolph Heaton	(ı) (ıı)	183,032			13,678	6,640	203,350	
Mary Scott	(ı) (ıı)				14,268	4,468	163,209	
Maureen Corbett	(ı) (ıı)	137,090			13,972	4,468	155,530	
Rebecca Kohler	(ı) (ıı)	129,511			13,881	7,003	150,395	
Georgia Anne Wilson	(ı) (ıı)	157,774			14,201	4,468	176,443	
laurie parker	(ı) (ıı)				14,121	7,003	286,569	
laura Hoemeke	(ı) (ıı)	174,246			11,689	4,468	190,403	
Karen Blyth	(ı) (ıı)	148,123			12,411	4,468	165,002	
Pauline Muhuhu	(ı) (ıı)	142,950			7,994	4,468	155,412	
	(i)							
[<u> </u>	(ii)							
	(i)							
i	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
-		
	·	

Software ID: Software Version:

EIN: 55-0825466

Name: INTRAHEALTH INTERNATIONAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Total 350/ Schedule 3/ Fart 12 Strice 15/ Bir School Frances of Ref Employees/ and Ingliese Compensated Employees								
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
	(ı) 222,627 II)			23,443	9,537	255,607		
	(ı) 183,032 (ı)			13,678	6,640	203,350		
	(ı) 144,473 II)			14,268	4,468	163,209		
l .	(ı) 137,090 II)			13,972	4,468	155,530		
	(ı) 129,511 II)			13,881	7,003	150,395		
	(ı) 157,774 II)			14,201	4,468	176,443		
	(i) 265,445 (ii)			14,121	7,003	286,569		
l l	(ı) 174,246 II)			11,689	4,468	190,403		
	(ı) 148,123 II)			12,411	4,468	165,002		
	(ı) 142,950 ıı)			7,994	4,468	155,412		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization INTRAHEALTH INTERNATIONAL INC **Employer identification number**

55-0825466

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	All other Programs Expenses \$ 13966369 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The draft 990 prepared by outside accountants is reviewed by the controller and the chief financial officer and then forwarded to the finance committee of the board for review and approval. A copy of the final form 990 is provided to each board member before it is filed.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		IntraHealth's Conflict of interest policy has been communicated to all IntraHealth employees and is posted on the Organization's Policy site for every employee's reference. Annually, completed and signed Conflict of Interest disclosure Forms and Gift Policy and Disclosure forms are collected from all employees working in IntraHealth's US offices and from the Chiefs of Party working in the Field Offices.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		IntraHealth International engages outside compensation consultants to perform compensation studies from multiple comparative sources (not-for-profit, healthcare, government, executive) This data is used to benchmark the existing salary structure, which may result in adding/removing salary grades as well as adjusting minimum and maximum salaries associated with grade levels, including officers and key employee positions in the organization in the hiring process, all individuals are benchmarked against the appropriate salary grade based on years of relevant experience, education, and internal equity to determine the salary offer. In addition to these salary structure reviews, the Human Resources Director coordinates the annual external review of CEO compensation for the Board of Directors' Executive Committee, who review and approve CEO compensation as appropriate. The decision of the committee is documented in board minutes.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		IntraHealth International posts its annual report, annual financial statements, and Form 990 on our wiebsite, www intrahealth org. IntraHealth's financial statements and Form 990 also are available on www guidestar org and through various governmental agencies. IntraHealth's conflict of interest policy and other information is available to the public upon request.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 1	Mission statement	IntraHealth International is a non-profit organization that has been dedicated to serving the public health needs of developing countries for 30 years. Health workers save lives, and IntraHealth focuses on supporting the health workforce and strengthening health systems, mobilizing local talent for sustainable and accessible health care throughout the world. IntraHealth collaborates with local communities, governments, local non-governmental organizations, the private sector and other partners in more than 30 countries, supporting improved service delivery in family planning and reproductive health, maternal, child and new born health, and HIV/AIDS, tuberculosis and malaria prevention and care. Based in North Carolina, IntraHealth also has offices in Washington, DC, and in many of the countries in which we work. IntraHealth receives funding from USAID, the US Centers for Disease Control and Prevention, and a variety of foundations, corporations and individual donors and organizations who share a commitment to global health and to supporting health workers.

Software ID: Software Version:

EIN: 55-0825466

Name: INTRAHEALTH INTERNATIONAL INC

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee or Director		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
Pape Gaye , President/Executive Dir	40 00	X		Х				222,627	0	32,980
Barry Eveland , Board Member	1 00	Х						0	0	0
Khama Rogo , Board Member	1 00	Х						0	0	0
Gordon Perkin , Board Member	1 00	Х						0	0	0
Duff Gillespie , Board Member	1 00	Х						0	0	0
Anu Kumar , Board Member	1 00	Х						0	0	0
George Brown , Board Member	1 00	Х						0	0	0
Peggy Bentley , Board Member	1 00	Х						0	0	0
Beth Traynham CPA , Board Member	1 00	Х						0	0	0
Maurice Middleberg , Board Member	1 00	Χ						0	0	0
Jeff Houpt , Board Member	1 00	Х						0	0	0
Randolph Heaton , Chief Financial Officer	40 00			Х				183,032	0	20,318
Thomas J Hill 2209 , CFO/VP of Finance	40 00			Х				0	0	0
Roxanne Henderson , Corporate Secretary	40 00			х				118,153	0	17,966
Mary Scott , VP of Operations	40 00			Х				144,473	0	18,736
Maureen Corbett , VP of Programs	40 00			Х				137,090	0	18,440
Rebecca Kohler , VP of External Affairs	40 00			Х				129,511	0	20,884
Susan Eudy , Assistant Corp Secrectar	40 00			Х				66,790	0	4,468
Georgia Anne Wilson , Program Director	40 00					Х		157,774	0	18,669
laurie parker , Chief of Party India	40 00					Х		265,445	0	21,124
laura Hoemeke , Chief of Party - Rwanda	40 00					Х		174,246	0	16,157
Karen Blyth , Program Manager	40 00					Х		148,123	0	16,879
Pauline Muhuhu , Sr Advisor Best Practice	40 00					Х		142,950	0	12,462

Software ID:

Software Version:

EIN: 55-0825466

Name: INTRAHEALTH INTERNATIONAL INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		europe	Develop and promote effective solutions to health challenges	1,935,881				
		south asıa	Develop and promote effective solutions to health challenges	152,375				
			Develop and promote effective solutions to health challenges	12,405,470				

Software ID: Software Version:

EIN: 55-0825466

Name: INTRAHEALTH INTERNATIONAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
pathfINDER INTERNATIONL 9 Galen St Suite 217 watertown, MA 02472	53-0235320	501(C)(3)	35,057				Develop and promote effective solutions to health chalenges
d-tree52 Whitmey Tavern Road weston, NC 27407	65-1217703	501(C)(3)	192,968				Develop and promote effective solutions to health chalenges
Dalar International ConsultingPO Box 19373 Raleigh, NC 27619	20-3874283	N/A	169,472				Develop and promote effective solutions to health chalenges
IMA Worldwide500 Main Street New Windsor, MD 21776	52-2112460	N/A	207,846				Develop and promote effective solutions to health chalenges
International Medical Corp 1919 Santa Monica Blvd Santa Monica, CA 90404	95-3949646	501(C)(3)	471,285				Develop and promote effective solutions to health chalenges
jhpiego1615 thames st SUITE 200 baltimore, MD 21231	23-7424444	501(C)(3)	608,159				Develop and promote effective solutions to health chalenges
John Hopkins University Center12529 Collections Drive Chicago, IL 60693	52-0595110	501(C)(3)	53,885				Develop and promote effective solutions to health chalenges
Management Science Health 784 Memorial Drive Cambridge, MA 02139	04-2482188	501(C)(3)	536,698				Develop and promote effective solutions to health chalenges
ABT AssociatesPO Box 84- 5586 Boston, MA 02284	04-2347643	N/A	109,710				Develop and promote effective solutions to health chalenges
Training Resource GroupPO Box 34928 Alexandria,VA 22334	13-2748447	501(C)(3)	1,793,062				Develop and promote effective solutions to health chalenges

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RESEARCH TRIANGLE INSTITUTEP O BOX 900002 RALEIGH,NC 27675	56-0686338	501(C)(3)	937,630				Develop and promote effective solutions to health chalenges			
Population CouncilONe Dag Hammarskjold Plaze New york,NY 10017	13-1687001	501(C)(3)	421,169				Develop and promote effective solutions to health chalenges			
Catholic Relief Services 228 West lexington baltimore, MD 21201	13-5563432	501(C)(3)	214,461				Develop and promote effective solutions to health chalenges			
Engenderhealth440 9th Ave 12th Floor new york, NY 10001	13-1623838	501(C)(3)	55,147				Develop and promote effective solutions to health chalenges			
Tulane University800 Commerce Road Suite 203 Harahan,LA 70123	72-0423889	501(C)(3)	291,666				Develop and promote effective solutions to health chalenges			