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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

JHPIEGO CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

3910 KESWICK ROAD NO N4327B

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BALTIMORE, MD 21211

F Name and address of principal officer

EDWIN J JUDD
3910 KESWICK ROAD NO N4327B
BALTIMORE,MD 21211

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

8238

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.JHPIEGO.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1973

M State of legal domicile

MD

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities

JHPIEGO ENHANCES THE HEALTH AND LIVES OF WOMEN AND FAMILIES IN LOW-RESOURCE SETTINGS. JHPIEGO WORKS TO EMPOWER FRONT-LINE HEALTH WORKERS IN DEVELOPING COUNTRIES BY IMPLEMENTING EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE FOR WOMEN AND THEIR FAMILIES IN LOW-RESOURCE SETTINGS. BY ESTABLISHING EVIDENCE-BASED HEALTH INNOVATIONS INTO EVERYDAY HEALTH CARE SETTINGS, JHPIEGO WORKS TO BREAK DOWN BARRIERS TO HIGH-QUALITY HEALTH CARE FOR THE WORLD'S MOST VULNERABLE POPULATIONS.

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	286,237,461	303,496,824
9	Program service revenue (Part VIII, line 2g)	9,173,831	5,845,282
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,106	182,179
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	5,204
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,649,398	309,529,489

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	92,491,568	89,573,815
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,816,295	55,884,669
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	62,500
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,319,959		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	142,384,710	154,857,671
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	283,692,573	300,378,655
19	Revenue less expenses. Subtract line 18 from line 12	11,956,825	9,150,834

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	76,052,689	84,818,266
21	Total liabilities (Part X, line 26)	36,277,274	35,949,146
22	Net assets or fund balances. Subtract line 21 from line 20	39,775,415	48,869,120

Part II

Signature Block

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

Sign Here

Signature of officer

EDWIN J JUDD, CHIEF OPERATING OFFICER

Date

2016-05-06

Prnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

JHPIEGO ENHANCES THE HEALTH AND LIVES OF WOMEN AND FAMILIES IN LOW-RESOURCE SETTINGS JHPIEGO WORKS TO EMPOWER FRONT-LINE HEALTH WORKERS IN DEVELOPING COUNTRIES BY IMPLEMENTING EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE FOR WOMEN AND THEIR FAMILIES IN LOW-RESOURCE SETTINGS BY ESTABLISHING EVIDENCE-BASED HEALTH INNOVATIONS INTO EVERYDAY HEALTH CARE SETTINGS, JHPIEGO WORKS TO BREAK DOWN BARRIERS TO HIGH-QUALITY HEALTH CARE FOR THE WORLD'S MOST VULNERABLE POPULATIONS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 290,991,511 including grants of \$ 89,573,815) (Revenue \$ 5,845,282)

DEVELOP, PROMOTE AND DELIVER INNOVATIVE, FIELD BASED PRODUCTS, PRACTICES AND SERVICES, CONSISTENT WITH JHPIEGO'S TECHNICAL AND PROGRAMMATIC LEADERSHIP IN WOMEN AND CHILDREN CENTERED APPROACHES, FUNDED THROUGH GOVERNMENT AND PRIVATE SPONSORS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d




















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 290,991,511

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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	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	No
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 IV 	9	No
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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
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 Yes	
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	No
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 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	If at least one is reported on line 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 (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?	Yes	
b	AF, AL, AO, BC, UV, BM, CM, CD, GH, IV, ET, GH, GV, HA, IN, ID, KE, LT, LI, MA, MI, MZ, NP, NI, PK, RW, SF, OD, TZ, TO, UG, ZA If "Yes," enter the name of the foreign country: 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	0	
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	No
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	No

Section 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?	10a	No
10b	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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	No
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI
18	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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	SCOTT JONAS JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N5112 BALTIMORE, MD 21211 (443) 997-8688

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

List all of the organization's **former** officers, key employees, 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN LINKS PHD CHAIR, DIRECTOR	1 00 50 00	X		X				0	287,598	51,766
(2) ROBERT LIEBERMAN PHD VICE CHAIR, DIRECTOR	1 00 50 00	X		X				0	595,572	87,529
(3) LESLIE MANCUSO PHD RN FAAN PRESIDENT/CEO, DIRECTOR	50 00	X		X				0	448,866	65,064
(4) DENIS WIRTZ PHD DIRECTOR	1 00 50 00	X						0	291,824	36,237
(5) NANCY GLASS PHD DIRECTOR	1 00 50 00	X						0	190,879	31,666
(6) EDWIN J JUDD MSW SECRETARY, COO	50 00			X				0	261,675	33,717
(7) RONALD F GEARY MBA CPA CGMA VICE PRESIDENT/CFO, TREASURER	50 00			X				0	88,554	7,249
(8) TERRY PADGETT BS INTERIM CFO	50 00			X				0	170,093	29,873
(9) ALAIN DAMIBA MD MPH MBA SR VP, GLOBAL PROGRAMS/TECHNCIAL LEADERSHIP	50 00				X			0	254,997	44,038
(10) HARSHADKUMAR SANGHVI MD VICE PRES INNOVATIONS/MEDI	50 00				X			0	270,108	55,488
(11) KOKI AGARWAL MBBS PHD DIRECTOR MCHIP/VP DC OPERA	50 00				X			0	217,516	28,946
(12) MANJUSHREE BADLANI MA SPHR CHIEF HUMAN RES AND ADMIN	50 00				X			0	200,276	45,545
(13) NANCY CATOLA MPH VICE PRES GLOBAL PROGRAMS OPERATIONS	50 00				X			0	156,942	28,529
(14) JEFFREY M SMITH MD MPH VICE PRES TECHNICAL LEADERSHIP	50 00				X			0	182,532	29,486

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) FRANCIA GURDIAN-SANDOVAL MA CHIEF OF PARTY, ANGOLA	50 00					X		0	253,091	16,935
(16) KATHRYN BORYC SMOCK MPH CHIEF OF PARTY, LUSOPHONE COUNTRIES	50 00					X		0	236,624	33,803
(17) ANNE HYRE BSN MPH CNM CHIEF OF PARTY, INDONESIA	50 00					X		0	299,534	36,104
(18) HALLY MAHLER MHS HIV/AIDS DIRECTOR	50 00					X		0	282,081	29,434
(19) ERIC RAMIREZ-FERRERO PHD MPH CHIEF OF PARTY, MOZAMBIQUE	50 00					X		0	226,948	24,145
(20) SCOTT ZEGER PHD FORMER VICE CH, DIRECTOR	0 00 50 00						X	0	357,219	70,418
(21) JONATHAN BAGGER PHD FORMER VICE CH, DIRECTOR	0 00 50 00						X	0	250,352	76,825
(22) RONALD MAGARICK PHD DIR , SPECIAL PROJ /FORMER VP	50 00						X	0	202,604	42,888

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	5,725,885	905,685

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	263,474			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	267,331,335			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	35,902,015			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		303,496,824			
Program Service Revenue	2a	CONTRACT REVENUE	Business Code 541700	5,845,282	5,845,282		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,845,282			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	182,179			182,179
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 9,727	(ii) Personal			
		b	Less rental expenses	9,727			
		c	Rental income or (loss)	0			
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	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 \$ 263,474 of contributions reported on line 1c) See Part IV, line 18	a	64,904			
		b	Less direct expenses	b	59,700		
		c	Net income or (loss) from fundraising events		5,204		5,204
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
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				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		309,529,489	5,845,282	0	187,383	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	66,203,596	66,203,596		
2	Grants and other assistance to domestic 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	23,370,219	23,370,219		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	44,194,455	43,723,715	332,976	137,764
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,690,214	11,640,108	50,106	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	5,780,917	5,704,111	53,091	23,715
b	Legal	135,413	132,141	2,482	790
c	Accounting	383,293	139,923	243,370	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	62,500			62,500
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	23,163,825	22,582,454	510,183	71,188
12	Advertising and promotion	52,860	49,126	3,090	644
13	Office expenses	21,320,184	20,926,017	239,013	155,154
14	Information technology	2,446,148	2,067,800	371,497	6,851
15	Royalties				
16	Occupancy	8,265,765	7,542,155	710,782	12,828
17	Travel	42,064,601	40,886,161	989,213	189,227
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,486,298	1,204,436	221,824	60,038
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,206,514	2,206,514		
23	Insurance	725,205	725,205		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	LEASED EMPLOYEES	40,754,769	35,874,719	4,300,888	579,162
b	PROGRAM SUPPLIES	4,360,082	4,323,145	18,437	18,500
c	OTHER MISCELLANEOUS	1,397,511	1,376,598	20,233	680
d	MEMBERSHIP FEES/LICENSE	314,286	313,368		918
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	300,378,655	290,991,511	8,067,185	1,319,959
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		34,921,728	1	36,716,483
	2	Savings and temporary cash investments		12,373,470	2	7,176,632
	3	Pledges and grants receivable, net		13,428,026	3	28,130,027
	4	Accounts receivable, net		81,281	4	84,399
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		92,374	8	85,014
	9	Prepaid expenses and deferred charges		8,634,135	9	4,743,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a12,230,434			
	b	Less accumulated depreciation	10b5,599,648	5,260,844	10c	6,630,786
	11	Investments—publicly traded securities		352,212	11	332,400
	12	Investments—other securities See Part IV, line 11		908,619	12	919,232
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		76,052,689	16	84,818,266
Liabilities	17	Accounts payable and accrued expenses		7,561,226	17	9,952,368
	18	Grants payable		1,094,296	18	4,554,278
	19	Deferred revenue		27,621,752	19	21,442,500
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			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 of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		36,277,274	26	35,949,146
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		39,775,415	27	48,869,120
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		39,775,415	33	48,869,120
	34	Total liabilities and net assets/fund balances		76,052,689	34	84,818,266

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	309,529,489
2	Total expenses (must equal Part IX, column (A), line 25)	2	300,378,655
3	Revenue less expenses Subtract line 2 from line 1	3	9,150,834
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,775,415
5	Net unrealized gains (losses) on investments	5	-57,128
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,869,120

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JHPIEGO CORPORATION	Employer identification number 23-7424444
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Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	124,244,242	178,900,124	225,702,834	286,237,461	303,496,824	1,118,581,485
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	124,244,242	178,900,124	225,702,834	286,237,461	303,496,824	1,118,581,485
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,291,670
6 Public support. Subtract line 5 from line 4						1,105,289,815

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	124,244,242	178,900,124	225,702,834	286,237,461	303,496,824	1,118,581,485
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,764	122,979	226,118	238,106	191,906	837,873
9 Net income from unrelated business activities, whether or not the business is regularly carried on			82,156		5,204	87,360
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						1,119,506,718
12 Gross receipts from related activities, etc (see instructions)					12	45,092,498
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14 98 730 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15 99 230 %
16a	33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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 June 30, 1975						
c 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
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.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
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 II of Schedule L (Form 990).	8	
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 .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JHPIEGO CORPORATION	Employer identification number 23-7424444
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		12,230,434	5,599,648	6,630,786
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				6,630,786

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

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.

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR FISCAL YEAR 2015 OR 2014.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	49	1,128			35,956,386
b Total from continuation sheets to Part I	67	2,720			132,789,819
c Totals (add lines 3a and 3b)	116	3,848			168,746,205

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶

Part III

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☒ Yes

☐ No

Part V **Supplemental Information**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS OF GRANTS AWARDED TO IT, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM AND TECHNICAL PROGRESS BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE. THIS VERIFICATION INCLUDES SIGN OFF BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT. IN ADDITION, SITE VISITS ARE MADE TO SUBRECIPIENTS FOR BOTH PROGRAMMATIC AND FINANCIAL REVIEW PURPOSES. SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN OMB CIRCULARS A-110, A-133 OR UNIFORM GUIDANCE, AS APPLICABLE. SUBRECIPIENTS EXEMPT FROM A-133 OR UNIFORM GUIDANCE SINGLE AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT. THE FORM 990 IS BASED ON FINANCIAL STATEMENTS THAT ARE PREPARED USING AN ACCRUAL ACCOUNTING METHOD. TO IDENTIFY EXPENDITURES FOR FOREIGN ACTIVITIES, JHPIEGO HAS ADDED REPORTING ATTRIBUTES TO THE COST OBJECTS (OR ACCOUNTS) WHERE EXPENSE ACTIVITY IS RECORDED IN ORDER TO IDENTIFY THE IRS REGION (COUNTRY) AND ACTIVITY TYPE FOR EACH COST OBJECT. IN SOME CASES, ONE REGION COULD NOT BE IDENTIFIED SO IN THOSE CASES THE EXPENDITURES ARE NOT INCLUDED IN THE TOTALS REPORT IN COLUMN (F). THE EXPENSES REPORTED ARE THE DIRECT EXPENSES FOR ACTIVITIES CONDUCTED IN THE REGION BASED ON THE ACCOUNTING RECORDS.

Additional Data

Software ID:
Software Version:
EIN: 23-7424444
Name: JHPIEGO CORPORATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	2	23	PROGRAM SERVICES AND GRANTS	JHPIEGO DESIGNS AND IMPLEMENTS EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE SERVICES AND BUILD SUSTAINABLE LOCAL HEALTH CARE SYSTEMS GLOBALLY, PRINCIPALLY THROUGH HEALTH TRAINING AND TECHNICAL INTERVENTIONS IN THE FOLLOWING AREAS MATERNAL AND CHILD HEALTHFAMILY PLANNING AND REPRODUCTIVE HEALTHHIV/AIDS PREVENTION AND CAREINFECTION PREVENTION AND CONTROLMALARIA PREVENTION AND TREATMENTCERVICAL CANCER PREVENTION AND TREATMENTHUMAN CAPACITY DEVELOPMENTSTANDARDS AND GUIDELINES DEVELOPMENTEDUCATION, TRAINING AND CURRICULUM DEVELOPMENTPERFORMANCE AND QUALITY IMPROVEMENT	636,730
EAST ASIA AND THE PACIFIC	12	333	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	14,073,701
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	3,186

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)		1	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	1,100,314
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES AND GRANTS	SEE STATEMENT	505,251
SOUTH AMERICA			PROGRAM SERVICES AND GRANTS	SEE STATEMENT	2,668

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(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	46,800
SOUTH ASIA	35	771	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	19,587,736
SOUTH ASIA			PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	749,440

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(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	67	2,720	PROGRAM SERVICES AND GRANTS	SEE STATEMENT	127,199,287
SUB-SAHARAN AFRICA			PROGRAM SERVICES AND GRANTS	GENERAL SERVICES AND ADMINISTRATION	438,658
CENTRAL AMERICA AND THE CARIBBEAN			BUSINESS TRAVEL		77,496

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			BUSINESS TRAVEL		1,207,643
EUROPE (INCLUDING ICELAND AND GREENLAND)			BUSINESS TRAVEL		438,531
MIDDLE EAST AND NORTH AFRICA			BUSINESS TRAVEL		193,037

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT			BUSINESS TRAVEL		9,713
RUSSIA AND INDEPENDENT STATES			BUSINESS TRAVEL		17,501
SOUTH AMERICA			BUSINESS TRAVEL		19,238

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH ASIA			BUSINESS TRAVEL		393,076
SUB-SAHARAN AFRICA			BUSINESS TRAVEL		2,046,199

Form 990 Schedule F Part II - Grants 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN YEI RIVER, IBBA AND MUNDRI WEST COUNTIES TO REACH ALL CITIZENS THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES	3,113,964	EFT WIRE			
		SUB-SAHARAN AFRICA	FINALIZE SOW AND BUDGETS FOR SUBCONTRACT AGREEMENTS, RECRUIT ADDITIONAL ADMINISTRATIVE STAFF FOR OFFICES, DOCUMENT SUCCESS STORIES & BEST PRACTICES, ORIENT 35 LIP REPRESENTATIVES ON INDICATORS, PMP & NEW TOOLS, REPORTING FORMATS, SUPERVISE	532,043	EFT WIRE			
		SUB-SAHARAN AFRICA	THE SUBGRANTEE COVERS 6,000 OVC THROUGH THE APHIA PLUS KAMILI PROGRAM WITH REGARD TO OVC SERVICES, THE SUBGRANTEE ENSURES THAT THE 6+1+1 KEY CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT, AND ECONOMIC STRENGTHENING ARE COVERED	148,210	EFT WIRE			
		SUB-SAHARAN AFRICA	THE PROJECT AIMS AT ESTABLISHING EFFECTIVE AND SUSTAINABLE HIV TRANSMISSION PREVENTION STRATEGIES THROUGH VOLUNTARY MEDICAL MALE CIRCUMCISION IN TANZANIA SPECIFICALLY, THE PROJECT INTENDS TO INCREASE THE COVERAGE OF MALE CIRCUMCISION FOR HIV/AIDS PREVENTION SERVICES TO THE NON-CIRCUMCISING COMMUNITIES IN RORYA DISTRICT IN MARA REGION APHFTA	177,296	EFT WIRE			

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		SUB-SAHARAN AFRICA	PROVIDE A ZONAL MANAGER FOR THE CENTRAL EAST ZONE AND NORTH ZONE OF MALAWI FOR THE MALAWI SERVICE DELIVERY PROJECT	2,055,113	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	314,677	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	86,761	EFT WIRE			
		SUB-SAHARAN AFRICA	THE SUBGRANTEE SEEKS TO RESPOND TO THE CRITICAL NEED IN KENYA'S FIGHT AGAINST HIV-AIDS THROUGH COMMUNITY MOBILIZATION TARGETING PEOPLE INFECTED AND AFFECTED BY HIVAIDS IN A BID TO REDUCE HIV PREVALENCE RATE BY, BUT NOT LIMITED TO, PROVIDING SERVICESTO OVC & HBC SERVICES WILL INCLUDE, EDUCATION AND LIFE SKILLS, FOOD & NUTRITION, PSYCHOSOCIAL SUPPORT, SHELTER, HEALTH CARE, LEGAL PROTECTION, ECONOMIC STRENGTHENING	116,332	EFT WIRE			

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		SUB-SAHARAN AFRICA	THE GOAL OF THE APHIAPLUS ZONE 4 SERVICE DELIVERY PROJECT IS TO IMPROVE THE HEALTH AND WELLBEING OF KENYANS LIVING IN THE SOUTHERN PORTION OF KENYA'S EASTERN PROVINCE AND IN CENTRAL PROVINCE, SPECIFICALLY WITH A FOCUS ON IMPROVING ACCESS TO QUALITY HEALTHCARE SERVICES AND ADDRESSING THESE COMMUNITIES' SOCIAL DETERMINANTS OF HEALTH	385,161	EFT WIRE			
		SUB-SAHARAN AFRICA	OBJECTIVES (1) REVIEW AND INTEGRATE IN THE CURRICULUM A COMPREHENSIVE ADULT AND PEDIATRIC HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT COMPONENT, (2) DEVELOP AND IMPLEMENT E-LEARNING PROGRAMS IN HIV/AIDS IN TARGET MTCS, (3) IMPLEMENT THE REVISED INTEGRATED COMPREHENSIVE HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT CURRICULUM TO TRAIN STUDENTS, (4) DEVELOP SYSTEMS FOR QUALITY ASSURANCE IN TRAINING AND FOLLOW-UP	10,811	EFT WIRE			
		SUB-SAHARAN AFRICA	SUPPORT TO THE PRIORITY POLIO ENDEMIC AND AT-RISK COUNTRIES WITH ADVICE AND GUIDANCE ON THE PLANNING ELEMENTS OF THEIR POLIO COMMUNICATIONS PROCESS, REVIEW PANEL SELECTION, ETC AND ENSURING WIDE DISSEMINATION OF PROGRESS REPORTS AND RESOURCES USING CI ONLINE PLATFORM, WHICH MAY INCLUDE BUT IS NOT LIMITED TO KNOWLEDGE SUMMARIES, NETWORK BUILDING, E-MAGAZINE, POLIO NEWS, BLOGGING AND INTERACTIVITY	531,814	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO WORK ALONGSIDE THE REGIONAL HEALTH TEAMS AND JHPIEGO/MCHIP PROJECT OF JHPIEGO TO CONDUCT ADVOCACY ACTIVITIES IN ORDER TO PROMOTE VOLUNTARY MEDICAL MALE CIRCUMCISION ("VMMC") IN THE COMMUNITIES AROUND SERVICE DELIVERY SITES AND AROUND NJOMBE REGION	55,975	EFT WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

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		SUB-SAHARAN AFRICA	WITH SUPPORT FROM APHIAPLUS, THEY ARE SUPPORTING 3,000 OVCS AND 565 HBC	119,312	EFT WIRE			
		SUB-SAHARAN AFRICA	SUB-GRANTEE WILL SUPPORT 2,900 ORPHANS AND VULNERABLE CHILDREN (OVC) IN MERU COUNTY BY ENSURING THAT THE INTERVENTIONS OFFERED TO THE OVC ARE HOLISTIC IN LINE WITH THE UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) GUIDELINES ON OVC PROGRAMMING	74,924	EFT WIRE			
		EAST ASIA & PACIFIC	WITH THE GOAL OF ASSURING A QUALITY SUPPLY OF OXYTOCIN AND MISOPROSTOL GLOBALLY, UNDER THIS PROJECT, THE SUBGRANTEE WILL ON BEHALF OF UNICEF AND JHPIEGO, IDENTIFY GENERIC GLOBAL MANUFACTURERS OF THE TWO UTEROTONIC PRODUCTS, IDENTIFY THOSE INTERESTED IN PURSUING WHO PREQUALIFICATION (PQ) FOR THEIR PRODUCTS, AND COLLABORATE WITH A SUBSET OF THOSE MANUFACTURERS TO MAKE THEM ELIGIBLE FOR WHO PQ	75,000	EFT WIRE			
		EAST ASIA & PACIFIC	THE SUBGRANTEE HAS COLLABORATED WITH JHPIEGO UNDER THE PRIME AWARD FROM UNICEF TO DEVELOP A LIST OF MANUFACTURERS OF GENERIC OXYTOCIN AND MISOPROSTOL, AND THROUGH THEIR PARTICIPATION ON THE AOMHP, ALSO SUPPORTED ACTIVITIES TO PROMOTE GLOBAL AVAILABILITY OF QUALITY FORMULATIONS OF MAGNESIUM SULFATE	70,000	EFT WIRE			

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		SUB-SAHARAN AFRICA	THE OBJECTIVE OF THIS PROJECT IS IMPLEMENTATION OF COMMUNITY COUNSELING AND TESTING (CCT) IN HEALTH ACTIVITIES, INCLUDING HIV/AIDS COUNSELING AND TESTING, IN THE DISTRICT OF MARRACUENE, PROVINCE OF MAPUTO, MOZAMBIQUE	33,281	EFT WIRE			
		SUB-SAHARAN AFRICA	TO STRENGTHEN HEALTH SYSTEMS TO IMPROVE HUMAN RESOURCE GAPS THROUGH PROVISION OF FINANCIAL AND TECHNICAL SUPPORT TO THE DSHS FOR PRE-SERVICE AND IN-SERVICE TRAINING OF MILITARY HEALTH CARE PROVIDERS	90,672	EFT WIRE			
		SOUTH ASIA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO IMPLEMENT AN ESSENTIAL SERVICES PACKAGE WITHIN THE PARAMETERS OF THE DEFINED TECHNICAL APPROACH OUTLINED BELOW WITHIN ONE OR MORE OF THE 5 SELECTED DISTRICTS OF SINDH PROVINCE (YEAR 1)	775,040	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	104,926	EFT WIRE			

Form 990 Schedule F Part II - Grants 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV , appraisal, other)
		EAST ASIA & PACIFIC	THE SUBGRANTEE SEEKS TO MEET THE EVIDENT NEED FOR INTERMEDIATE LEVEL PRODUCTS AS DETERMINED BY WHO WHEELCHAIR GUIDELINES THE CONCEPT OF THE PRODUCT, A SEATING UNIT THAT CAN BE FITTED VIRTUALLY ON TO ANY CHAIR, HAS BEEN DEVELOPED THE SUBGRANTEE IS NOW PROPOSING A THREE-PRONGED TRIAL PROCESS, INCLUDING FEEDBACK ACTIVITIES, TRAINING TRIALS, AND STRENGTH TESTING TO LEAD A FINAL PROTOTYPE AND THE FINALIZATION OF DESIGN	48,750	EFT WIRE			
		SUB-SAHARAN AFRICA	THE PROJECT IS GIVING SERVICES TO 3,000 OVC IN THE FOLLOWING DOMAINS - HEALTH, EDUCATION, PSYCHOSOCIAL SUPPORT, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND HOUSEHOLD ECONOMIC STRENGTHENING THE MAIN AIM IS TO IMPROVE THE QUALITY OF LIFE FOR THE OVC THEY ARE ALSO PROVIDING SERVICES TO 1,000 HBC CLIENTS IN THE COMPONENTS OF MEDICAL AND CLINICAL CARE, FOOD AND NUTRITION, SHELTER, PROTECTION AND LEGAL SERVICES, AND PSYCHOSOCIAL SUPPORT	112,926	EFT WIRE			
		SUB-SAHARAN AFRICA	CARE AND SUPPORT FOR QVC AND PLWHA	76,496	EFT WIRE			
		SUB-SAHARAN AFRICA	IN SUPPORT OF JHPIEGO'S STRENGTHENING HUMAN RESOURCES FOR HEALTH (HRH) PROGRAM (1) CONTRIBUTE TO INCREASED SUPPLY AND AVAILABILITY OF SKILLED MIDWIVES, ANAESTHETISTS, HEWS AND NON-CLINICAL HEALTH WORKERS, AS THEY RELATE TO ANAESTHETISTS, (2) CONTRIBUTE TO INCREASED SUPPLY AND AVAILABILITY OF ANAESTHETISTS, (3) CONTRIBUTE TO IMPROVED QUALITY OF TRAINING OF ANAESTHETISTS, (4) IMPROVE FACULTY COMPETENCE, ENGAGED IN TRAINING OF ANAESTHETISTS, (5) DEVELOP STRATEGY FOR RETENTION OF ANAESTHESIA PROFESSIONALS IN THE FIELD	231,823	EFT WIRE			

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		SUB-SAHARAN AFRICA	(1) TO ENSURE PROVISION OF QUALITY, STANDARDIZED BASIC OBSTETRIC AND NEWBORN CARE SERVICES ("BEMONC") COURSES FOR PROVIDERS WORKING IN 4 EMERGING REGIONS, AND ADDITIONAL REGIONS AS REQUESTED, AND (2) SUPPORT THE IMPLEMENTATION OF A PERFORMANCE IMPROVEMENT APPROACH (STANDARDS-BASED MANAGEMENT AND RECOGNITION) TO IMPROVE MNCH SERVICES	377,926	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	304,832	EFT WIRE			
		SOUTH ASIA	THE IMPLEMENTING PARTNER OF MNCH SERVICE PROJECT WILL BE RESPONSIBLE FOR VARIOUS TASKS INVOLVING COMMUNITY MOBILIZATION, VOUCHER SCHEME, SBA-LED FACILITIES, BASIC EMONC TRAINING OF SBAS, FACILITATE IN UPGRADING OF COMPREHENSIVE EMONC AT SELECTED FACILITIES, FAMILY PLANNING, COORDINATION OF MNCH ACTIVITIES IN THE DISTRICT, CHILD HEALTH ACTIVITIES, AND REFERRAL AND PRE-HOSPITAL TRANSPORTATION SYSTEMS, WHILE ENSURING SUSTAINABILITY OF THE INTERVENTIONS	60,108	EFT WIRE			
		SOUTH ASIA	(1) PERFORM PREPARATORY MEETING BEFORE FACILITATION OF HTSP DTOT IN 10 SUA AHARA DISTRICTS, FACILITATION DURING DTOT ON "STRENGTHENING HEALTHY TIMING AND SPACING OF PREGNANCY AND NUTRITION THROUGH COUNSELING" IN 10 DISTRICTS, PERFORM POST TRAINING MEETING AFTER FACILITATION OF HTSP DTOT IN 10 SUA AHARA DISTRICTS (2) REPORT SUBMISSION OF EACH DTOTO OF HTSP, SUBMISSION OF COMPILE FILE DOCUMENT OF ALL 10 HTSP DTOT AFTER COMPLETION OF DTOT IN 10 DISTRICTS, PRESENTATION ON EXPERIENCE IN THE FIELD ON HTSP DTOT, MONITORING AND SUPERVISION OF HTSP ROLL OUT ORIENTATION IN 6 DISTRICTS	29,135	EFT WIRE			

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		SUB-SAHARAN AFRICA	COMMUNITY COUNSELING AND TESTING (CCT) IN HEALTH ACTIVITIES, INCLUDING HIV/AIDS COUNSELING AND TESTING, IN THE DISTRICTS OF CHIBABAVA AND MACHANGA, PROVINCE OF SOFALA, MOZAMBIQUE	46,819	EFT WIRE			
		SOUTH ASIA	THE IMPLEMENTING PARTNER OF MNCH SERVICE PROJECT WILL BE RESPONSIBLE FOR VARIOUS TASKS INVOLVING COMMUNITY MOBILIZATION, VOUCHER SCHEME, SBA-LED FACILITIES, BASIC EMONC TRAINING OF SBAS, FACILITATE IN UPGRADING OF COMPREHENSIVE EMONC AT SELECTED FACILITIES, FAMILY PLANNING, COORDINATION OF MNCH ACTIVITIES IN THE DISTRICT, CHILD HEALTH ACTIVITIES, AND REFERRAL AND PRE-HOSPITAL TRANSPORTATION SYSTEMS, WHILE ENSURING SUSTAINABILITY OF THE INTERVENTIONS	35,214	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OVERALL OBJECTIVE TO BE ACHIEVED IS TO STRENGTHEN THE INTEGRATION OF HIV SERVICES FOR CLIENTS AND THEIR CONTACTS TO ENSURE IMPROVED COUNSELING, TESTING, MONITORING, COMPLIANCE, AND RETENTION IN CARE AND TREATMENT	49,324	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	104,959	EFT WIRE			

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		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	224,815	EFT WIRE			
		SUB-SAHARAN AFRICA	EXPANSION OF CCT ACTIVITIES IN THE DISTRICTS OF CHANGARA, MOATIZE, AND ANGONIA, PROVINCE OF TETE, IMPLEMENTING HOME-BASED (DOOR-TO-DOOR) MODALITY - PROVIDE EDUCATION AND COUNSELING HEALTH, INCLUDING HIV, TO AT LEAST 10,000 PERSONS, PROVIDE HIV RAPID TESTING TO AT LEAST 10,000 PERSONS, AND REFER ALL HIV- POSITIVE INDIVIDUALS FOR BASELINE CD4 COUNT, COTRIMOZAZOLE PROPHYLAXIS AND OTHER HIV CLINICAL CARE	191,617	EFT WIRE			
		EAST ASIA & PACIFIC	ALTHOUGH THE LRO WILL BE EXPECTED TO HELP PREPARE RECRUITMENT LISTS, EFFORTS TO SELECT BARANGAYS AND OBTAIN THESE LISTS ARE WELL UNDERWAY, LED BY THE FIELD TECHNICAL ADVISOR AND SUPPORTED BY TWO LOCAL GOVERNMENT UNIT ADVISORS	74,784	EFT WIRE			
		SOUTH ASIA	THE IMPLEMENTING PARTNER OF MNCH SERVICE PROJECT WILL BE RESPONSIBLE FOR VARIOUS TASKS INVOLVING COMMUNITY MOBILIZATION, VOUCHER SCHEME, SBA-LED FACILITIES, BASIC EMONC TRAINING OF SBAS, FACILITATE IN UPGRADING OF COMPREHENSIVE EMONC AT SELECTED FACILITIES, FAMILY PLANNING, COORDINATION OF MNCH ACTIVITIES IN THE DISTRICT, CHILD HEALTH ACTIVITIES, AND REFERRAL AND PRE-HOSPITAL TRANSPORTATION SYSTEMS, WHILE ENSURING SUSTAINABILITY OF THE INTERVENTIONS	62,492	EFT WIRE			

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		SOUTH ASIA	THE PURPOSE OF THE GRANTS PROGRAM IS TO TRAIN 300 COMMUNITY MIDWIVES WITHIN A 20-MONTH PERIOD TO SERVE A POPULATION OF BETWEEN 900,000 AND 1 8 MILLION AFGHAN WOMEN OF REPRODUCTIVE AGE	1,197,162	EFT WIRE			
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF AN INTEGRATED HEALTH PROGRAM TO IMPROVE COMMUNITY ACCESS TO QUALITY HIV PREVENTION SERVICES AS WELL AS ESSENTIAL MATERNAL AND NEWBORN HEALTH (MNH) SERVICES	30,535	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO IMPROVE HEALTH OUTCOMES AND IMPACT IN CENTRAL AND EASTERN PROVINCES THROUGH SUSTAINABLE, COUNTRY-LED PROGRAMS AND PARTNERSHIP	15,403	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO IMPROVE HEALTH OUTCOMES AND IMPACT IN CENTRAL AND EASTERN PROVINCES THROUGH SUSTAINABLE, COUNTRY-LED PROGRAMS AND PARTNERSHIP	171,014	EFT WIRE			

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		SUB-SAHARAN AFRICA	ENSURE THE PROVISION OF HIGH-QUALITY, HIGH VOLUME, INTEGRATED ADULT MMC SERVICES PER THE NATIONAL DEPARTMENT OF HEALTH (NDOH) GUIDELINES AND THE WHO MINIMUM PACKAGE AT 23 HOSPITALS AND COMMUNITY HEALTH CENTERS AND THEIR CATCHMENT AREAS	676,585	EFT WIRE			
		EUROPE (INCLUDING ICELAND & GREENLAND	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN NAGERO COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES	526,189	EFT WIRE			
		SUB-SAHARAN AFRICA	JHPIEGO REQUESTS THE ASSISTANCE FROM THE SUBGRANTEE TO PROVIDE TECHNICAL AND PROGRAMMATIC OVERSIGHT AND SUPPORT IN IMPLEMENTING ACTIVITIES PLANNED FOR THE PROJECT WORKING CLOSELY WITH CDC AND JHPIEGO CORPORATION ACTIVITIES THE SUB-RECIPIENT WILL UNDERTAKE UNDER THIS AWARD INCLUDE, ENSURE THE PROVISION OF HIGH-QUALITY, HIGH VOLUME, INTEGRATED ADULT MMC SERVICES PER NDOH GUIDELINES AND THE WHO MINIMUM PACKAGE AT 23 HOSPITALS AND COMMUNITY HEALTH CENTERS AND CATCHMENT AREAS	104,937	EFT WIRE			
		SUB-SAHARAN AFRICA	THE PROJECT PROVIDES SERVICES TO 3,000 OVC IN NUTRITION, EDUCATION, HEALTH, PSYCHOSOCIAL SUPPORT, LEGAL PROTECTION, AND SHELTER AND HOUSEHOLD ECONOMIC STRENGTHENING IN ADDITION, THEY PROVIDE SERVICES TO 1,013 HBC CLIENTS IN CLINICAL AND NURSING CARE, NUTRITION, SHELTER, PROTECTION AND LEGAL SERVICES, AND PSYCHOSOCIAL SUPPORT	102,787	EFT WIRE			

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		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO REVIEW AND INTEGRATE IN THE CURRICULUM A COMPREHENSIVE ADULT AND PEDIATRIC HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT COMPONENT, STRENGTHEN AND EMPOWER FACULTY MEMBERS BY TRAINING THEM TO DELIVER THE NEW PRE-SERVICE CURRICULA FOR COMPREHENSIVE ADULT AND PEDIATRIC HIV/AIDS MANAGEMENT	7,496	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	130,706	EFT WIRE			
		SUB-SAHARAN AFRICA	TO PROVIDE TRAINERS AND HEALTH PROFESSIONALS IN HAITI WITH THE LATEST REPRODUCTIVE HEALTH TECHNOLOGY AND TO LINK INHSAC'S TRAINERS TO JHPIEGO'S TRAINERS NETWORK	359,392	EFT WIRE			
		SUB-SAHARAN AFRICA	SUB-GRANTEE WILL SUPPORT 2,900 ORPHANS AND VULNERABLE CHILDREN (OVC) IN MERU COUNTY BY ENSURING THAT THE INTERVENTIONS OFFERED TO THE OVC ARE HOLISTIC IN LINE WITH THE UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) GUIDELINES ON OVC PROGRAMMING	88,973	EFT WIRE			

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		SUB-SAHARAN AFRICA	THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS IN (USAID) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP	14,128	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	168,814	EFT WIRE			
		SUB-SAHARAN AFRICA	TO INCREASE ACCESS TO UPTAKE OF INTEGRATED HIGH-QUALITY HTC SERVICES TO THE GENERAL POPULATION WITH FOCUS ON FIRST-TIME TESTERS, COUPLES AND MOST-AT-RISK POPULATION (MARPS) IN SUPPORTED DISTRICTS IN COLLABORATION WITH THE MOH	864,863	EFT WIRE			
		SUB-SAHARAN AFRICA	THE GOAL OF THE APHIAPLUS ZONE 4 SERVICE DELIVERY PROJECT IS TO IMPROVE THE HEALTH AND WELLBEING OF KENYANS LIVING IN THE SOUTHERN PORTION OF KENYA'S EASTERN PROVINCE AND IN CENTRAL PROVINCE, SPECIFICALLY WITH A FOCUS ON IMPROVING ACCESS TO QUALITY HEALTHCARE SERVICES AND ADDRESSING THESE COMMUNITIES' SOCIAL DETERMINANTS OF HEALTH	73,412	EFT WIRE			

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		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	49,637	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO FACILITATE SOCIAL AND BEHAVIOR CHANGE THAT SUPPORTS POSITIVE AND SUSTAINABLE CHANGES IN SOCIAL NORMS, ATTITUDES AND INDIVIDUAL AND HOUSEHOLDS PRACTICES LEADING TO IMPROVED HEALTH OF ALL MALAWIANS TARGETING 227,043 HOUSEHOLDS IN LILONGWE DISTRICT BY 2016	50,737	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN NAGERO COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWOFOLD 1)TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES	575,037	EFT WIRE			
		SUB-SAHARAN AFRICA	THE GOAL OF THE KENYA URBAN REPRODUCTIVE HEALTH INITIATIVE (KURHI) IS TO BRING ABOUT A 20 PERCENTAGE POINT INCREASE IN THE CONTRACEPTIVE PREVALENCE RATES OF SELECTED URBAN CENTERS IN KENYA DURING THE PROJECT PERIOD (THESE INCLUDE NAIROBI, MOMBASA, KISUMU, NAKURU), AND TO CONTRIBUTE TOWARD EFFORTS TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA	488,537	EFT WIRE			

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		EUROPE (INCLUDING ICELAND & GREENLAND)	THE PURPOSE OF THIS FOG IS TO SUPPORT THE FURTHER ACHIEVEMENT OF THE PURPOSES AND RESULTS OF THE ACCELOVATE PRIME AWARD BY PROVIDING FINANCIAL ASSISTANCE TO THE SUB-RECIPIENT IN RETURN FOR SUB-RECIPIENT'S IMPLEMENTATION OF THE ACTIVITIES	50,000	EFT WIRE			
		EAST ASIA & PACIFIC	THE OBJECTIVES OF THIS PROJECT ARE TWOFOLD 1) TO IMPROVE THE QUALITY OF MATERNAL AND NEONATAL HEALTH SERVICES AT 150 HOSPITALS, 2)TO INCREASE EFFICIENCY AND EFFECTIVENESS IN REFERRAL SYSTEMS BETWEEN 200 COMMUNITY HEALTH CENTERS (PUSKESMAS) AND 150 HOSPITALS IN ADDITION THE EMAS PROGRAM WILL IMPROVE GOVERNANCE AND INCREASE THE USE OF COMMUNICATION TECHNOLOGY TO IMPROVE REFERRAL EFFICIENCY AND QUALITY OF HEALTH SERVICES	923,380	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWOFOLD 1)TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2)INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES	480,350	EFT WIRE			
		SUB-SAHARAN AFRICA	PROVISION OF OVC CARE AND SUPPORT TO 2,000 OVCS THROUGH PROVISION OF CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHOSOCIAL SUPPORT, AND HOUSEHOLD ECONOMIC STRENGTHENING	98,284	EFT WIRE			

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		SUB-SAHARAN AFRICA	THE SCOPE OF WORK UNDER THIS PRE-AUTHORIZATION LETTER INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING ACTIVITIES SUBGRANTEE WILL ACTIVELY PARTICIPATE IN THE START-UP OF APHIAPLUS ZONE 4 ACTIVITIES, INCLUDING NEGOTIATION OF SAID SUBAGREEMENT, WORK PLANNING, RECRUITING AND HIRING OF STAFF, AND OTHER CRITICAL PROJECT ACTIVITIES RELATED TO THE SUCCESSFUL START-UP AND IMPLEMENTATION OF THE APHIAPLUS ZONE 4 PROJECT AS DIRECTED BY JHPIEGO	370,618	EFT WIRE			
		SUB-SAHARAN AFRICA	JHPIEGO WILL WORK WITH KURHI CONSORTIUM TO CREATE A SUPPORTIVE POLICY ENVIRONMENT FOR ENSURING ACCESS TO FP SUPPLIES AND SERVICES FOR THE URBAN POOR THROUGH INCREASED FUNDING AND FINANCIAL MECHANISMS THE GOAL OF KURHI IS TO BRING ABOUT A 20% INCREASE IN CONTRACEPTIVE PREVALENCE RATES OF SELECTED URBAN CENTERS IN KENYA (INCLUDING NAIROBI, MOMBASSA, KISUMU, NAKURU) AND TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA	216,313	EFT WIRE			
		SUB-SAHARAN AFRICA	PROVISION OF OVC CARE AND SUPPORT TO 2,000 OVCS THROUGH PROVISION OF CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHOSOCIAL SUPPORT, AND HOUSEHOLD ECONOMIC STRENGTHENING	154,836	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO- FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES	978,320	EFT WIRE			

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		EAST ASIA & PACIFIC	THE OBJECTIVES OF THIS PROJECT ARE TO UNDERSTAND BARRIERS TO USE AND INCREASE THE UTILIZATION OF ANTENATAL CORTICOSTEROIDS (ACS) BY TESTING WHETHER TRAINING AND AN AUDIT/FEEDBACK PROCESS WILL INCREASE THE USE OF ACS AMONG WOMEN WITH INCREASED PROBABILITY OF PRETERM BIRTH	6,696	EFT WIRE			
		SUB-SAHARAN AFRICA	PROJECT GOAL IS TO ACHIEVE A 20% POINT INCREASE IN CONTRACEPTIVE PREVALENCE RATE IN EACH OF THE SELECTED URBAN CENTRES (INCLUDING NAIROBI, MOMBASA, KIUMU, NAKURU), SPECIFICALLY AMONG THE URBAN POOR, AND TO CONTRIBUTE TOWARD EFFORTS TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA MANAGE AND ADMINISTER THE KURHI PROJECT	207,595	EFT WIRE			
		SUB-SAHARAN AFRICA	"1 CONDUCT A RAPID ASSESSMENT TO IDENTIFY CAPACITY AND INFRASTRUCTURE GAPS, AS WELL AS IDENTIFY COMMUNITY NEEDS IN BUTIJERA, 2 DEVELOP A PROJECT WORK-PLAN AND BUDGET, IN LINE WITH THE TRI-PARTITE MEMORANDUM OF UNDERSTANDING (MOU) SIGNED BETWEEN USAID, JHPIEGO AND PROJECT MERCY	201,810	EFT WIRE			
		SUB-SAHARAN AFRICA	THE SUB-RECIPIENT WILL SERVE AS A KEY PARTNER UNDER IMPROVING MALARIA CARE (IMC) PROJECT AND WILL SERVE AS THE LEAD FOR ALL BCC EFFORTS FOR THE IMC PROJECT THE SUB-RECIPIENT WILL ALSO SUPPORT EFFORTS TO EXPAND THE ROLE OF THE PRIVATE SECTOR IN DISTRIBUTING LLINS AND CONTRIBUTE TO STRENGTHENING THE DEMAND GENERATION COMPONENT OF THE TRAINING PACKAGE FOR HEALTH CARE PROVIDERS	283,079	EFT WIRE			

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		SUB-SAHARAN AFRICA	UNDER THE SAVING LIVES AT BIRTH PROJECT, THE SUB-RECIPIENT WILL ACT AT THE PROJECT'S ENTRY POINT TO HIV AND MATERNAL, NEWBORN AND CHILD HEALTH SERVICES THE SUB-RECIPIENT, IN COLLABORATION WITH THE MOH, COULD SCALE UP THIS INTERVENTION AFTER THE PROJECT ENDS	209,215	EFT WIRE			
		SOUTH ASIA	THE MNCH SERVICES COMPONENT AIMS TO SCALE-UP SBA AND EMONC THROUGH A COMBINATION OF FACILITY, COMMUNITY, PUBLIC AND PRIVATE SECTOR CHANNELS TO BRING SERVICES CLOSER TO FAMILIES IN RURAL SINDH	31,190	EFT WIRE			
		SUB-SAHARAN AFRICA	SUPPORTING 2,500 OVC AND 450 HBC THRU PROVIDING EDUCATIONAL AND VOCATIONAL TRAINING, OVC HEALTH CARE, OVC PSYCHOSOCIAL SUPPORT, OVC HOUSEHOLD ECONOMIC STRENGTHENING, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND CARE, AND CLINICAL AND NURSING CARE	68,007	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	69,592	EFT WIRE			

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		SOUTH ASIA	THE MNCH SERVICES COMPONENT AIMS TO SCALE-UP SBA AND EMONC THROUGH A COMBINATION OF FACILITY, COMMUNITY, PUBLIC AND PRIVATE SECTOR CHANNELS TO BRING SERVICES CLOSER TOFAMILIES IN RURAL SINDH	30,917	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	18,391	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	160,119	EFT WIRE			
		SUB-SAHARAN AFRICA	THE PURPOSE OF THIS FOG IS TO SUPPORT THE FURTHER ACHIEVEMENT OF THE PURPOSES AND RESULTS OF THE ACCELOVATE PRIME AWARD BY PROVIDING FINANCIAL ASSISTANCE TO THE SUB-RECIPIENT IN RETURN FOR SUB-RECIPIENT'S IMPLEMENTATION OF THE ACTIVITIES	31,751	EFT WIRE			

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		SUB-SAHARAN AFRICA	SUPPORTING 2,000 OVC AND 200 HBC THRU PROVIDING EDUCATIONAL AND VOCATIONAL TRAINING, OVC HEALTH CARE, OVC PSYCHOSOCIAL SUPPORT, OVC HOUSEHOLD ECONOMIC STRENGTHENING, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND CARE, AND CLINICAL AND NURSING CARE	59,683	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	86,745	EFT WIRE			
		SUB-SAHARAN AFRICA	SUB-GRANTEE WILL SUPPORT 2,900 ORPHANS AND VULNERABLE CHILDREN (OVC) IN MERU COUNTY BY ENSURING THAT THE INTERVENTIONS OFFERED TO THE OVC ARE HOLISTIC IN LINE WITH THE UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) GUIDELINES ON OVC PROGRAMMING	91,314	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO- FOLD 1)TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2)INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES	707,602	EFT WIRE			

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		SOUTH ASIA	TRAINING COMMUNITY AND FACILITY BASED FRONTLINE HEALTH WORKERS IN POSTPARTUM FAMILY PLANNING (PPFP) MESSAGES, IN THE SELECTED 7 FOCUS DISTRICTS IN MADHYA PRADESH AND ODISHA	37,961	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	166,722	EFT WIRE			
		SUB-SAHARAN AFRICA	CONDUCT A FORMATIVE ASSESSMENT IN 8 REGIONS AMONGST MALES AGED 15 TO 39 BOTH AS USERS/POTENTIAL USERS OF VMMC AND, FOR ADULT MEN, AS FATHERS/POTENTIAL FATHERS OF ADOLESCENTS AND INFANTS WOMEN,MOTHERS OF ADOLESCENTS, MOTHERS/POTENTIAL MOTHERS OF INFANTS, SEXUAL PARTNERS OF ADULT MEN HEALTH PROVIDERS IN FACILITIES OFFERING/THAT MAY OFFER VMMC AND EIMC COMMUNITY, DISTRICT, REGIONAL AND NATIONAL LEADERS	26,390	EFT WIRE			
		SUB-SAHARAN AFRICA	THE OBJECTIVES OF THIS PROJECT ARE TO WORK ALONGSIDE THE REGIONAL HEALTH TEAMS AND JHPIEGO/MCHIP TO CONDUCT ADVOCACY ACTIVITIES IN ORDER TO PROMOTE VMMC IN THE COMMUNITIES AROUND SERVICE DELIVERY SITES AND AROUND TABORA REGION THESE ACTIVITIES WILL PUT A SPECIAL EMPHASIS ON MAKING VMMC DESIRABLE TO ADULT MEN, INCLUDING MARRIED MEN, AND THEIR FEMALE PARTNERS	5,857	EFT WIRE			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	THE GOAL IS TO SCALE-UP HIV/AIDS ACTIVITIES IN KATHIANI DISTRICT TO BUILD THE CAPACITIES OF OVCS, CAREGIVERS, HBC CLIENTS, AND THE LARGER COMMUNITY THEY LIVE IN THE OBJECTIVES ARE TO INCREASE COMPREHENSIVE AND INTEGRATED CARE AND SUPPORT FOR 2,400 OVCS FROM APPROXIMATELY 800 HOUSEHOLDS IN KATHIANI WITHIN 12 MONTHS, TO STRENGTHEN THE CAPACITY OF CAREGIVERS TO MITIGATE THE EFFECT OF HIV/AIDS, AND TO ENHANCE COMMUNITY BASED OVC RESPONSES IN KATHIANI	127,273	EFT WIRE			
		EUROPE (INC ICE&GREEN	THE OBJECTIVES OF THIS PROJECT ARE TO IMPROVE HEALTH OUTCOMES FOR ALL ETHIOPIANS, WITH EMPHASIS ON THE REDUCTION OF INFECTIOUS DISEASE AND GENDER-FOCUSED DISPARITIES IN MATERNAL AND NEWBORN MORTALITY	178,379	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	83,931	EFT WIRE			
		SOUTH ASIA	TO STRENGTHEN CAPACITY OF COMMUNITY AND FACILITY BASED FRONLINE HEALTH WORKERS, ASHAS AND YASHODA/MAMTA, FROM CATCHMENT AREAS OF 124 SELECTED SUB-DISTRICT LEVELS OF FACILITIES OF 13 NIPI FOCUS DISTRICTS, IN PROVIDING CORRECT AND STANDARDIZED MESSAGES ON PPFP/PPIUCD TO WOMEN, BY BUILDING ON THE EXISTING KNOWLEDGE, EXPERIENCE RELATED TO FAMILY PLANNING AND COMMUNICATION APPROACH OF THESE FRONT LINE HEALTH WORKERS	42,762	EFT WIRE			

Form 990 Schedule F Part II - Grants 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	129,052	EFT WIRE			
		SUB-SAHARAN AFRICA	DEVELOP ELECTRONIC MEDICAL RECORD SYSTEM (EMR) VMMC MODULE FOR THE LESOTHO MINISTRY OF HEALTH, IMPLEMENT AND TRAIN USERS ON THE MODULE THIS WILL INCLUDE REVIEWING PROCEDURES TO ALIGN THE VEMR TO ANY LESOTHO MINISTRY OF HEALTH REPORTING REQUIREMENTS IN ORDER TO HARVEST DATA FOR NATIONAL REPORTING	52,770	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	78,933	EFT WIRE			
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING, FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING	109,167	EFT WIRE			

Form 990 Schedule F Part II - Grants 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBGRANTEE WILL ACTIVELY PARTICIPATE IN APHIAPLUS ZONE 4 (APHIAPLUS KAMILI) ACTIVITIES TO GIVE SUPPORT TO ORPHANS AND VULNERABLE CHILDREN (OVC) FOR FAMILIES LIVING WITH OR AFFECTED BY HIV/AIDS AND OTHER CRITICAL PROJECT ACTIVITIES RELATED TO THE SUCCESSFUL IMPLEMENTATION OF THE APHIAPLUS ZONE 4 (APHIAPLUS KAMILI) PROJECT AS DIRECTED BY JHPIEGO	181,530	EFT WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LAURENCE A PAGNONI & ASSOCIATES INC 601 KAPOCK ST STE 5G RIVERDALE, NY 10463	CONSULTING		No	0	62,500	-62,500
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					62,500	-62,500

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, CA, CT, FL, GA, IL, KS, KY, ME, MA, MD, MI, MS, NH, NJ, NY, NC, ND, OR, PA, RI, SC, TN, UT, WA, WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LAUGHTER BEST MEDICINE DINNER (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	328,378		328,378
	2	Less Contributions . .	263,474		263,474
	3	Gross income (line 1 minus line 2)	64,904		64,904
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	50,836		50,836
	8	Entertainment	8,864		8,864
	9	Other direct expenses .			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(59,700)
					5,204

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>%</div></div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule G (Form 990 or 990-EZ) 2014

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
JHPIEGO CORPORATION

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
23-7424444

Part I General Information on Grants and Assistance

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?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(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
See Additional Data Table							

2

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

22

3

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

5

Part III

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

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM OBJECTIVES AND TECHNICAL PROGRESS BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE THIS VERIFICATION INCLUDES SIGN OFF BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN OMB CIRCULARS A-110, A-133 OR UNIFORM GUIDANCE, AS APPLICABLE SUBRECIPIENTS EXEMPT FROM A-133 OR UNIFORM GUIDANCE SINGLE AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT

Additional Data

Software ID:

Software Version:

EIN: 23-7424444

Name: JHPIEGO CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADVENTIST DEVELOPMENT AND RELIEF AGENCY INC (AKA ADRA)12501 OLD COLUMBIA PIKE SILVER SPRING,MD 20904	52-1314847	501(C)3	1,395,512				THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE (PHC) SERVICES WITHIN THE TEREKEKA COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWOFOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES
AMERICAN ACADEMY OF PEDIATRICS37925 EAGLE WAY CHICAGO,IL 606781379	36-2275597	501(C)3	55,138				UNDER JHPIEGO'S MCHIP AWARD, AMERICAN ACADEMY OF PEDIATRICS WILL CONTRIBUTE TO (1) IDENTIFY AND DEPLOY OPPORTUNITIES FOR MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) INTERVENTIONS BETWEEN GDA PARTNERS AND COUNTRIES/USAID MISSIONS, (2) DEVELOP AND ENGAGE GLOBAL LEADERS/MENTORS TO SUPPORT COUNTRY INTERVENTIONS, (3) DEVELOP AND ENGAGE US AND COUNTRY-BASED JUNIOR SCHOLARS IN MNCH AND DEVELOPMENT
AMERICAN ACADEMY OF PEDIATRICS37925 EAGLE WAY CHICAGO,IL 606781379	36-2275597	501(C)3	47,895				IN ACCORDANCE WITH THE TERMS OF THIS SUBAGREEMENT, THE SUBGRANTEE SHALL (1) DESIGN HALF DAY TRAINING FOR PEER PRACTICE COORDINATORS TO DELIVER AFTER THE 1-DAY HELPING BABIES BREATHE (HBB) TRAINING, SUPPLY THE LOW DOSE, HIGH FREQUENCY PRACTICE GUIDANCE FOR PROVIDERS AND PEER PRACTICE COORDINATORS, (2) DESIGN THE SMS HBB QUESTIONS TO BE SENT TO PROVIDERS TRAINED, (3) DESIGN THE KNOWLEDGE AND SKILLS ASSESSMENTS FOR THE PROVIDERS IF DIFFERENT THAN THE STANDARD HBB ASSESSMENTS, (4) CONDUCT A TRAINING OF HELPING BABIES BREATHE FOR 24 MASTER TRAINERS IN UGANDA, (5) ASSIST IN ANALYSIS OF DATA COLLECTED RELATED TO HBB

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN BAR ASSOCIATION1050 CONNECTICUT AVENUE NW SUITE 400 WASHINGTON,DC 200365303	36-0723150	501(C)6	23,453				SUPPORT MCHIP TO IMPLEMENT ACTIVITIES TO DETECT GENDER BASED VIOLENCE (GBV), PROVIDE APPROPRIATE HEALTH AND LEGAL SUPPORT FOR SURVIVORS OF GBV , AS WELL AS EFFORTS TO PREVENT SUCH VIOLENCE ABA WILL PROVIDE SUPPORT FOR A SITUATIONAL ANALYSIS OF CURRENT GBV RESOURCES, IN COLLABORATION WITH THE MCHIP GUINEA TEAM, FOLLOWED BY TARGETED INTERVENTIONS TO ADDRESS IDENTIFIED GAPS IN SERVICES THIS WILL ALLOW FOR THE IDENTIFICATION OF GAPS IN EXISTING SERVICE PROVISION EFFORTS AS WELL AS TRAINING AND INFRASTRUCTURE NEEDS
AMERICAN COLLEGE OF NURSE MIDWIVES (AKA ACNM)8403 COLESVILLE RD STE 1550 SILVER SPRING,MD 20910	74-1685515	501(C)6	44,111				THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS THE AIM IS TO REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 U S AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP
AMERICAN COLLEGE OF NURSE MIDWIVES (AKA ACNM)8403 COLESVILLE RD STE 1550 SILVER SPRING,MD 20910	74-1685515	501(C)6	126,592				1)TO ASSESS THE QUALITY OF NURSING AND MIDWIFERY PRE-SERVICE EDUCATION (IN SELECT CERTIFICATE EN AND DIPLOMA PROGRAMS) TO ADEQUATELY PREPARE STUDENTS WITH THE CLINICAL SKILLS TO PROVIDE COMPETENT NURSING AND MIDWIFERY CARE IN TANZANIA'S REPRODUCTIVE AND CHILD HEALTH SERVICES 2)TO ASSESS THE ROLE THAT NURSE-MIDWIFERY SCHOOLS PLAY IN RECRUITMENT AND DEPLOYMENT OF THEIR GRADUATES, INCLUDING WHAT IS THE SCHOOL'S UNDERSTANDING OF THEIR ROLES AND HOW WOULD THEY LIKE TO BE ENGAGED IN THAT SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS409 12TH STREET SW WASHINGTON,DC 20024	36-2217981	501(C)3	7,705				THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS THE AIM IS TO REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 U S AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP
AMERICAN REFUGEE COMMITTEE (AKA ARC)615 1ST AVE NE STE 500 MINNEAPOLIS,MN 55413	36-3241033	501(C)3	1,114,139				ARC WILL WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) IN THE FIRST PHASE, THE PROJECT WILL MAINTAIN THE STATUS QUO OF SERVICE DELIVERY IN CES AND WES AND CONTINUE CRITICAL SERVICES IN KAJO KEJ, CES
AVENIR HEALTH INC (AKA FUTURES INSTITUTE)41-A NEW LONDON TURNPIKE GLASTONBURY,CT 06033	20-4816286	501(C)3	58,324				PROVIDE TARGETED TECHNICAL ASSISTANCE CONTRIBUTING TO MODELING, COSTING AND PLANNING TO IMPROVE THE USE OF DATA FOR DECISION-MAKING AT NATIONAL, SUB-NATIONAL AND/OR DISTRICT LEVELS UNDER THE RMNCH PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BROAD BRANCH ASSOCIATES4536 BROAD BRANCH ROAD NW WASHINGTON,DC 20008	51-0556625	N/A	87,218				(1) TECHNICAL ASSISTANCE RELATED TO FIELD SUPPORT WHICH INCLUDES MONETARY INCENTIVES, (2) DEVELOPMENT OF STUDIES, PAPERS, TOOLS, INDICATORS AND TECHNICAL ASSISTANCE RELATED TO THE LINK BETWEEN QUALITY AND MONETARY PERFORMANCE INCENTIVES, (3) ADVANCING UNDERSTANDING OF THE RELATIONSHIP BETWEEN INCENTIVES AND ACHIEVING EQUITY, (4) CONTRIBUTE TO WORK ON HEALTH SYSTEMS STRENGTHENING, HEALTH FINANCING, GOVERNANCE, CIVIL SOCIETY ENGAGEMENT, AND INITIATIVES THAT PROMOTE TRANSPARENCY AND ACCOUNTABILITY
CATHOLIC MEDICAL MISSION BOARD10 WEST 17 STREET NEW YORK,NY 100115701	13-5602319	501(C)3	1,071,499				THE OVERALL GOAL OF THE SUBAGREEMENT WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MVOLO COUNTY TO REACH ALL CITIZENS WITHIN WESTERN EQUATORIA STATE
CENTER FOR US GLOBAL LEADERSHIP1129 20TH ST NW STE 600 WASHINGTON,DC 20036	74-3093659	501(C)3	10,800				TRIBUTE DINNER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CORE GROUP622 WEST 113TH ST MAIL CODE 4524 NEW YORK, NY 10025	13-5598093	501(C)3	446,059				HELP TEST, EVALUATE, INTRODUCE AND/OR EXPAND USE OF EVIDENCE-BASED INNOVATIONS, INCLUDING APPROACHES, PRODUCTS AND TECHNOLOGIES TO ACCELERATE PROGRESS IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD HEALTH (RMNCH) FOR THE MOST VULNERABLE POPULATIONS HELP DEVELOP AND IMPLEMENT A LEARNING AGENDA, DIFFUSE LEARNING TO OUTSIDE CORE'S MEMBERSHIP, AND PROMOTE TECHNOLOGIES, APPROACHES, AND STRATEGIES FOR REACHING UNDER-SERVED POPULATIONS SUPPORT AND PARTICIPATE IN COUNTRY EFFORTS TO ENGAGE AND STRENGTHEN LOCAL SOCIETY TO BUILD POLITICAL SUPPORT, ACCOUNTABILITY AND ENCOURAGE SOCIETY PARTICIPATION AT ALL LEVELS OF THE HEALTH SYSTEM, ASSUMING FIELD SUPPORT FOR THIS EFFORT ADVISE PROJECT STAKEHOLDERS ON CREATIVE WAYS TO LINK WITH OTHER SECTORS TO ACCELERATE PROGRESS IN MCSP IN CASES WHERE THERE ARE NO EXISTING NGO/CSO COORDINATING MECHANISMS IN COUNTRY, AND THERE IS USAID MISSION INTEREST, WE WILL TAP INTO CORE'S EXTENDED COUNTRY PRESENCE THROUGH ITS MEMBERSHIP TO ADDRESS MISSION-IDENTIFIED NEEDS
DANYA INTERNATIONAL INC8737 COLESVILLE ROAD SILVER SPRING, MD 20910	52-2303612	501(C)3	59,261				PROVIDE STAFF FOR, AND PARTICIPATE IN, TRAINING NEEDS ASSESSMENT, COLLABORATE AND COORDINATE WITH GOVERNMENT OF KENYA, KMTC, CHAK AND JHPIEGO TO SUPPORT E-LEARNING ACTIVITIES IN PUBLIC AND PRIVATE MID-LEVEL MEDICAL COLLEGES, WRITE THE E-LEARNING SECTION OF TNA REPORT, PREPARE FOR DEVELOPMENT OF E-LEARNING MODULES, REVIEW AND EVALUATE LEARNING MANAGEMENT SYSTEMS AND STANDARDS AND SPECIFICATIONS FOR DELIVERING CONTENT, REVIEW DRAFT TRAINING MATERIALS TO DETERMINE APPROPRIATE E-LEARNING CONTENT DELIVERY MECHANISM
ICAP HEADQUARTERS - USA (MAILMAN SCHOOL OF PUBLIC HEALTH COLUMBIA UNIV)722 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)3	370,095				IDENTIFY & TRAIN 5 DISTRICT HEALTH MANAGEMENT TEAM (DHMT) MENTORS TO SUPPORT HIV CARE AND TREATMENT ACTIVITIES IN EACH DISTRICT, MENTOR THE IDENTIFIED DHMT MENTORS ON HIV CARE, BUILD CAPACITY OF THE 11 DHMTS IN CENTRAL AND 11 DHMTS IN EASTERN TO CONTACT PHARMACOVIGILANCE, MENTOR THE DISTRICT PHARMACISTS AND CCC COORDINATORS ON REPORTING AND MONITORING OF ADVERSE DRUG REACTIONS, CONDUCT BI-ANNUAL REVIEW MEETINGS WITH THE PHARMACISTS AND CCC IN CHARGES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	263,784				JSI, IN CONJUNCTION WITH THE SOUTH SUDAN ISDP TEAM, WILL PROVIDE TECHNICAL ASSISTANCE TO EXPANDED PROGRAM ON IMMUNIZATION (EPI) ACTIVITIES AND SUPPORT AN M&E HIV ADVISOR, GERALD KIMONO, SECONDED WITHIN THE MOH
JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	21,835				1 PROVIDE INPUT IN THE DEVELOPMENT OF THE YEAR 3 WORK PLAN AND THE BUDGET FOR IMMUNIZATION 2 HIRE 1 IMMUNIZATION MANAGER AND 1 IMMUNIZATION OFFICER TO BE BASED AT THE OFFICE IN KARACHI 3 CONDUCT ORIENTATION OF THE HIRED IMMUNIZATION STAFF AND PROVIDE GUIDANCE IN IMPLEMENTATION AND ROLLOUT OF THE IMMUNIZATION ACTIVITIES AS APPROVED IN THE YEAR 2 WORK PLAN 4 CONDUCT A SHORT TERM TECHNICAL ADVISOR VISIT TO KARACHI TO FINALIZE THE IMPLEMENTATION STRATEGY AND FACILITATE THE ROLL OF IMMUNIZATION 5 PROVIDE TECHNICAL AND PROGRAMMATIC GUIDANCE TO THE TEAM IN KARACHI ON STRATEGIC PROGRAMMATIC DECISIONS AND GUIDANCE ON PROGRAM IMPLEMENTATION 6 PROVIDE INPUT THE QUARTERLY NARRATIVE REPORT TO USAID 7 SUBMIT MONTHLY FINANCIAL REPORT TO JHPIEGO 8 PROVIDE INPUT AND FINALIZE SUBAGREEMENT
JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	60,948				MAMONI HSS' GOAL IS TO IMPROVE UTILIZATION OF INTEGRATED MNCH/FP/N SERVICES THE PROJECT WILL ACHIEVE THIS GOAL THROUGH THE PROJECT OBJECTIVE TO INCREASE AVAILABILITY AND QUALITY OF HIGH-IMPACT INTERVENTIONS THROUGH STRENGTHENING DISTRICT-LEVEL LOCAL MANAGEMENT AND HEALTH SYSTEMS

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JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	1,969,780				SUBGRANTEE WILL BE RESPONSIBLE FOR 1) LEADING THE MCHIP/YEMEN AA TEAM IN DEVELOPING THE PROJECT'S STRATEGIC PLAN AND ITS ANNUAL IMPLEMENTATION PLANS, 2) CONVENING REGULAR PROGRAM REVIEW AND PLANNING MEETINGS, 3) ACTING AS THE DAY-TO-DAY SUPERVISORS OF ALL COUNTRY TEAM MEMBERS, 4) NEGOTIATING, MANAGING, MONITORING AND REPORTING AGAINST PROGRAM ACTIVITY BUDGETS, 5) ADMINISTERING ALL IN-COUNTRY ACTIVITY COSTS, 6) SUPERVISING SHORT-TERM TECHNICAL ASSISTANCE PROVIDED LOCALLY AND BY MCHIP PARTNERS, AND 7) MAINTAINING STRONG WORKING RELATIONSHIPS WITH USAID/YEMEN, THE MOPHP AND THE KEY INTERNATIONAL AND NATIONAL PARTNERS IN YEMEN
JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	1,649,505				PROVIDE LEADERSHIP IN IMPLEMENTING THE CHILD HEALTH COMPONENT, INCLUDING IMMUNIZATION AND PEDIATRIC HIV/AIDS OF THE MCHIP PROGRAM
JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	3,064,449				SUBGRANTEE WILL BE RESPONSIBLE FOR 1) LEADING THE MCHIP/ZIMBABWE AA TEAM IN DEVELOPING THE PROJECT'S STRATEGIC PLAN AND ITS ANNUAL IMPLEMENTATION PLANS, 2) CONVENING REGULAR PROGRAM REVIEW AND PLANNING MEETINGS, 3) ACTING AS THE DAY-TO-DAY SUPERVISORS OF ALL COUNTRY TEAM MEMBERS, 4) NEGOTIATING, MANAGING, MONITORING AND REPORTING AGAINST PROGRAM ACTIVITY BUDGETS, 5) ADMINISTERING ALL IN-COUNTRY ACTIVITY COSTS, 6) SUPERVISING SHORT-TERM TECHNICAL ASSISTANCE PROVIDED LOCALLY AND BY MCHIP PARTNERS, AND 7) MAINTAINING STRONG WORKING RELATIONSHIPS WITH USAID/ZIMBABWE, THE MOHCW AND THE KEY INTERNATIONAL AND NATIONAL PARTNERS IN ZIMBABWE

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JOHN SNOW INC (AKA JSI) 44 FARNSWORTH ST BOSTON,MA 02210	04-2578580	N/A	5,482,597				SERVE AS A CORE MEMBER ON THE RMNCH TEAM, INCLUDING SIGNIFICANT PARTICIPATION ON THE EMT AND OVERSIGHT RESPONSIBILITY FOR SUBSTANTIVE CORE RESOURCES SERVE AS THE TECHNICAL LEAD FOR IMMUNIZATION, VITAMIN A, PREVENTION OF DIARRHEA, TREATMENT OF CHILD ILLNESS, PEDIATRIC HIV CARE AND TREATMENT, MATERNAL AND CHILD HEALTH-RELATED SUPPLIES AND SUPPLY CHAIN MANAGEMENT AND HEALTH MANAGEMENT INFORMATION SYSTEMS CONTRIBUTE TO SERVICE DELIVERY, HEALTH SYSTEM STRENGTHENING, PROGRAM LEARNING, MONITORING AND EVALUATION, APPLIED PROGRAM AND POLICY-RELEVANT RESEARCH, ORGANIZATIONAL CAPACITY BUILDING (ADMINISTRATION, FINANCIAL, GOVERNANCE AND TECHNICAL AS APPROPRIATE), WASH AND BROADER APPROACHES TO INTRODUCING, IMPLEMENTING, INTEGRATING, AND INSTITUTIONALIZING PROGRAMS
LAND O'LAKES INC INTERNATIONAL DEVELOPMENT1080 WEST CITY ROAD F MS 5120 SHOREVIEW,MN 55126	41-0365145	501(C)3	9,651				(1)CONDUCT ECONOMIC STRENGTHENING PATHWAY SERVICE MAPPING, (2) ESTABLISH ECONOMIC STRENGTHENING SCREENING AND REFERRAL SYSTEM, (3) CONDUCT ECONOMIC STRENGTHENING CAPACITY BUILDING, (4) RECOVER HOUSEHOLD ASSETS, (5) BUILD MECHANISMS FOR ASSET PROTECTION AND SELF INSURANCE, (6) PROMOTE HOUSEHOLD ASSET GROWTH, AND (7) EXPAND HOUSEHOLD INCOME AND CONSUMPTION
MACRO INTL INC15294 COLLECTION CENTER DR CHICAGO,IL 60693	52-9552320	N/A	2,626,064				SERVE ON THE EXECUTIVE MANAGEMENT TEAM (EMT) AND THE CORPORATE REPRESENTATIVE TEAM (CRT), HOLD THE CIVIL SOCIETY AND COMMUNITY HEALTH TEAM LEADER KEY POSITION, SERVE AS THE TECHNICAL LEAD FOR THE CHILD SURVIVAL HEALTH GRANTS PROGRAM, WITH CONTRIBUTIONS TO EQUITY, M&E, KNOWLEDGE MANAGEMENT SYSTEM, MHEALTH, COMMUNITY-BASED BEHAVIOR CHANGE AND COMMUNICATION, AND GOVERNANCE

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MACRO INTL INC15294 CHICAGO,IL 60693	52-9552320	N/A	645,327				SUBRECIPIENT SHALL PLAY A LEADERSHIP ROLE IN IMPLEMENTING COMMUNITY MOBILIZATION INTERVENTIONS AND NEWBORN CARE AT THE COMMUNITY LEVEL IN ACCORDANCE WITH THE SCOPE OF WORK DESCRIBED IN ATTACHMENT A HERETO
MACRO INTL INC15294 COLLECTION CENTER DR CHICAGO,IL 60693	52-9552320	N/A	56,370				ICF WILL PROVIDE TARGETED TECHNICAL ASSISTANCE TO SUPPORT THE BASELINE ASSESSMENT AND RELATED TO PROGRAM STRATEGIES AROUND EQUITY PROVIDE TECHNICAL ASSISTANCE (TA) FOR A KNOWLEDGE, PRACTICE, AND COVERAGE (KPC) BASELINE ASSESSMENT, PROVIDE TA FOR HEALTH EQUITY PROGRAMMING AND MEASUREMENT
MANAGEMENT SCIENCES FOR HEALTH784 MEMORIAL DRIVE CAMBRIDGE,MA 02139	04-2482188	501(C)3	724,375				MSH WILL FOCUS ON RESULT ONE IMPROVED INSTITUTIONAL CAPACITY IN MANAGEMENT AND IMPLEMENTATION OF THE REVITALIZATION OF MUNICIPAL HEALTH SERVICES STRATEGY, WITH PARTICULAR ATTENTION TO HEALTH INFORMATION AND HUMAN RESOURCES FOR HEALTH, WHICH WILL BE IMPLEMENTED THROUGH AN INTEGRATED TEAM APPROACH BASED IN LUANDA AND HUAMBO PROVINCES

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MANAGEMENT SCIENCES FOR HEALTH784 MEMORIAL DRIVE CAMBRIDGE,MA 02139	04-2482188	501(C)3	781,802				THE SOW UNDER THIS PRE-AUTHORIZATION LETTER INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING ACTIVITIES SUBGRANTEE WILL ACTIVELY PARTICIPATE IN THE START-UP OF HRH ETHIOPIA PROGRAM ACTIVITIES, INCLUDING NEGOTIATION OF SUBAGREEMENT, WORK PLANNING, RECRUITING AND HIRING OF STAFF, AND OTHER CRITICAL PROJECT ACTIVITIES RELATED TO THE SUCCESSFUL START-UP AND IMPLEMENTATION OF THE HRH ETHIOPIA PROGRAM AS DIRECTED BY JHPIEGO
MEDICAL UNIVERSITY OF SOUTH CAROLINA135 CANNON STREET CHARLESTON,SC 29425	57-6007222	115	5,337				THE SCOPE OF WORK IS IN THE BROAD AREAS OF IMPACT EVALUATION, DESIGN, METHODOLOGY, STATISTICAL ANALYSIS AND STUDY CONCLUSIONS THE SCOPE OF WORK INCLUDES 1 SERVE AS A CO-INVESTIGATOR ON THE STUDY, 2 CONTRIBUTE TO STUDY DESIGN, 3 CONTRIBUTE TO METHODS AND SAMPLING INCLUDING DETERMINING THE POWER OF THE STUDY AND STATISTICAL ANALYSIS, 4 WRITE DATA ANALYSIS PLAN AND CREATE DATABASE, 5 CONTRIBUTE TO SELECT DATA ANALYSIS, 6 CONTRIBUTE TO REPORT WRITING FOR 3IE, 7 WORK JOINTLY WITH PRINCIPAL INVESTIGATOR AND OTHER CO-INVESTIGATORS ON PUBLICATIONS AND PRESENTATION OF FINDINGS AT CONFERENCES
PLAN INTERNATIONAL USA INC155 PLAN WAY WARWICK,RI 028861099	13-5661832	501(C)3	1,041,363				PLAN INTERNATIONAL USA WILL OVERSEE PROJECT IMPLEMENTATION IN CHITIPA AND KARONGA DISTRICTS TO ENGAGE NEW STAFF, PARTICIPATE IN MEETINGS, WORKPLANNING EXERCISES, RETREATS, AND ANY OTHER INITIAL START-UP ACTIVITIES PRIOR TO ISSUING OF THE FORMAL SUBAGREEMENT

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POPULATION SERVICES INTL (AKA PSI)1120 NINETEENTH STREET NW WASHINGTON,DC 20036	56-0942853	501(C)3	808,866				PSI WILL CONTRIBUTE TO MCHIP'S OVERALL OBJECTIVE TO SUPPORT THE INTRODUCTION, SCALE-UP AND FURTHER DEVELOPMENT OF HIGH IMPACT MCH INTERVENTIONS, INCLUDING THE PROGRAM APPROACHES TO EFFECTIVELY DELIVER THOSE INTERVENTIONS, TO ACHIEVE MEASURABLE REDUCTIONS IN UNDER-FIVE AND MATERNAL MORTALITY AND MORBIDITY JOHN SNOW INC (AKA "JSI") SHALL PLAY A LEADERSHIP ROLE IN IMPLEMENTING COMMUNITY MOBILIZATION INTERVENTIONS AND NEWBORN CARE AT THE COMMUNITY LEVEL
POPULATION SERVICES INTL (AKA PSI)1120 NINETEENTH STREET NW WASHINGTON,DC 20036	56-0942853	501(C)3	609,529				CONTRIBUTE TO START-UP AND YEAR 1 ANNUAL WORKPLANNING, HIRE PROJECT STAFF THAT WILL BE BASED IN SOUTH SUDAN, PARTICIPATE IN PROJECT LAUNCH OR INTRODUCTION MEETINGS WITH THE MINISTRY OF HEALTH AND PARTNERS, PROVIDE NECESSARY BACKSTOPPING AT HEADQUARTERS, PLAN COMMUNITY AND FACILITY BASELINE ASSESSMENT
POPULATION SERVICES INTL (AKA PSI)1120 NINETEENTH STREET NW WASHINGTON,DC 20036	56-0942853	501(C)3	5,498,315				1) SERVE AS THE TECHNICAL LEAD FOR SOCIAL MARKETING AND SOCIAL FRANCHISING, 2) CONTRIBUTE TO PRIVATE SECTOR APPROACHES AS A WHOLE TO GET HEALTH PRODUCTS AND SERVICES TO BENEFICIARIES, 3) CONTRIBUTE TO ADDRESSING DIARRHEAL DISEASE WITHIN THE CHILD HEALTH ARENA LED BY JOHN SNOW INC (AKA "JSI"), ESPECIALLY WHERE JSI HAS GEOGRAPHIC OR OTHER ASSETS WHICH MAKE IT MOST BENEFICIAL TO ENGAGE, 4) TO THE EXTENT THERE IS A NEED FOR BEHAVIOR CHANGE-COMMUNICATION EXPERTISE AS A LEAD OR SUPPORT, JHPIEGO WILL CONSIDER JSI TO SERVE THIS ROLE

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PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH)PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	469,371				FINALIZE SOW AND BUDGETS FOR SUBCONTRACT AGREEMENTS, RECRUIT ADDITIONAL ADMINISTRATIVE STAFF FOR OFFICES, DOCUMENT SUCCESS STORIES AND BEST PRACTICES, SUPPORT IN DATA TRANSMISSION FOR 38 DISTRICTS, ORIENT LIP REPRESENTATIVES ON INDICATORS, PMP AND NEW TOOLS/REPORTING FORMATS, DEVELOP LIP MIS, ORIENT LIP FOCAL PEOPLE ON MIS SYSTEM
PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH)PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	651,221				PATH WILL SERVE AS TECHNICAL LEAD FOR NUTRITION FOR THE MCSP AWARD AND SUPPORT IN FOLLOWING AREAS 1) REGISTRATION AND INTRODUCTION FOR TECHNOLOGIES/PRODUCTS PATH HAS DEVELOPED, SUPPORTED OR HAS THE ADVANTAGE TO LEAD RELATED ACTIVITIES INCLUDE ADVOCACY/PUBLIC POLICY DEVELOPMENT, COMMERCIALIZATION FEASIBILITY STUDIES, MARKETING, INCLUSION ON ESSENTIAL MEDICINES OR COMMODITIES LISTS, AND DEVELOPMENT OF STANDARDS, GUIDELINES AND INITIAL TRAINING, 2) VACCINE OR DRUG INTRODUCTION, 3) ESTIMATE VOLUME OF NEED INPUTS AND PROCESSES FOR PROGRAM EXPANSIONS RELATED TO PATH-DEVELOPED AND SUPPORTED TECHNOLOGIES, 4) AS A PART OF THE NEWBORN HEALTH TEAM WITHIN MCSP, LEADING ON LATIN AMERICA AND CARIBBEAN COUNTRIES AND WHERE PATH TEAM HAS AN ADVANTAGE WITH RESPECT TO SKILLS, EXPERTISE AND EXPERIENCE, 5) MATERNAL HEALTH, FOCUSING ON IMPROVEMENTS IN ANCE SERVICES, 6) PROVIDE TECHNICAL GUIDANCE IN ADVOCACY AND PUBLIC POLICY TO TECHNICAL AND COUNTRY LEAD
PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH)PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	373,549				MCHIP PARTNERSHIP - PATH PROVIDES LEADERSHIP IN THE KEY AREAS OF INFANT AND YOUNG CHILD FEEDING, NUTRITION, AND NEW TECHNOLOGIES PATH PLAYS A CONTRIBUTORY ROLE, SUPPORTING THE PROJECT TEAMS, IN THE FOLLOWING TECHNICAL AND PROGRAM ASSISTANCE AREAS MALARIA, PEDIATRIC AIDS AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT), IMMUNIZATION, NEWBORN HEALTH, MATERNAL HEALTH INCLUDING POST-PARTUM HEMORRHAGE, APPROACHES FOR COMMUNITY HEALTH FINANCING, PUBLIC PRIVATE PARTNERSHIP, AND CAPACITY BUILDING

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PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH)PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	134,437				JHPIEGO SEEKS TO COLLABORATE WITH PATH BY INTEGRATING NUTRITION INTO EACH POINT OF CONTACT WOMEN HAVE WITH HEALTH SYSTEM AND, WHEN POSSIBLE, THROUGH COMMUNITY CONTACTS THIS DETERMINATION TO SUPPORT PATH TO OVERSEE THE INTEGRATION OF NUTRITION WAS ALSO CONFIRMED BY THE USAID TEAM THAT MET WITH LEADERSHIP NO OTHER ORGANIZATIONS OUTSIDE PATH WERE DETERMINED TO HAVE THE REQUIRED TECHNICAL CAPACITY TO MEET THE REQUIREMENTS OF THE SCOPE OF WORK, INCLUDING A DEMONSTRATED UNDERSTANDING OF THE TARGET POPULATION, DEMONSTRATED TECHNICAL CAPACITY, RECOGNIZED EXPERTISE BY PARTNERS, AND AN EXISTING AND UNIQUE RELATIONSHIP WITH JHPIEGO AND PARTNERS IN PAKISTAN
PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH)PO BOX 900922 SEATTLE,WA 98109	91-1157127	501(C)3	152,921				FOR THE MCHIP YEMEN ASSOCIATE AWARD, PATH WILL GIVE TECHNICAL OVERSIGHT ON NUTRITION PATH WILL BE RESPONSIBLE FOR HIRING AND DIRECTING THE MCHIP NUTRITION PROGRAM OFFICER IN YEMEN TO ENSURE IMPLEMENTATION OF THE WORK PLAN AND ENSURE THAT NUTRITION ACTIVITIES ARE INTEGRATED INTO ALL TECHNICAL AREAS
RESEARCH TRIANGLE INSTITUTE (AKA RTIAND RTI INTERNATIONAL) 3040 E CORNWALLIS ROAD PO BOX 12194 12194 RESEARCH TRIANGLE PARK,NC 227092194	56-0686338	501(C)3	625,598				UNDER JHPIEGO'S ACCELOVATE AWARD, RTI WILL (1) MODEL THE POTENTIAL IMPACT OF ALTERNATIVE SINGLE OR COMBINATION INTERVENTIONS/SOLUTIONS ON MATERNAL, FETAL AND NEONATAL MORTALITY, INITIALLY IN SUB-SAHARAN AFRICA AND ASIA GENERALLY (BASED ON EXISTING DATA SETS), AND AS REQUIRED IN SPECIFIC COUNTRIES TO BE SELECTED SUBSEQUENTLY, (2) COLLABORATE WITH JHPIEGO TO OBTAIN COUNTRY-SPECIFIC DATA TO PERMIT ESTIMATES OF IMPACT OF ALTERNATIVE INTERVENTIONS/SOLUTIONS IN LATER PROJECT STAGES, (3) PROVIDE TECHNICAL ASSISTANCE FOR THE DESIGN AND IMPLEMENTATION OF ASSESSMENTS OF THE MATERNAL AND NEONATAL HEALTH GAPS TO WHICH ACCELOVATE INTERVENTIONS CAN BE APPLIED, AND (4) ASSIST IN PROVIDING STRATEGIC ADVICE AND GUIDANCE FOR THE PRIORITIZATION AND IMPLEMENTATION OF ALTERNATIVE SOLUTIONS TO SUCCESSFULLY OVERCOME THE IDENTIFIED HEALTH GAPS

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RESEARCH TRIANGLE INSTITUTE (AKA RTI AND RTI INTERNATIONAL)3040 E CORNWALLIS ROAD PO BOX 12194 12194 RESEARCH TRIANGLE PARK, NC 227092194	56-0686338	501(C)3	41,535				SERVE AS THE LEAD HEALTH SYSTEMS STRENGTHENING TECHNICAL AGENCY WITH SHORT AND LONG TERM TECHNICAL ASSISTANCE, FOCUSING ON IMPROVED FINANCING, GOVERNANCE, PLANNING RTI WILL PROVIDE TECHNICAL LEADERSHIP GOVERNANCE INCLUDING COLLABORATION WITH KINERJA AND LEADERSHIP IN INFORMATION AND COMMUNICATION TECHNOLOGY
RESULTS FOR DEVELOPMENT INSTITUTE 1100 15TH STREET NW SUITE 400 WASHINGTON, DC 20005	20-8530747	501(C)3	250,122				SERVE AS THE TECHNICAL LEAD FOR HEALTH SYSTEMS STRENGTHENING AND EQUITY SUPPORT USAID AND MCSP TO ADVANCE GLOBAL LEADERSHIP IN HEALTH SYSTEMS AND EQUITY CONSISTENT WITH THE STATE OF THE ART PROVIDE PROBLEM SOLVING SUPPORT ACROSS MCSP TEAMS AND USAID COUNTERPARTS TO ENSURE MCSP PROGRAMS ARE DESIGNED TO COMPLEMENT AND REINFORCE HEALTH SYSTEMS AND REACH VULNERABLE POPULATIONS CONTRIBUTE TO GOVERNANCE, ACCOUNTABILITY, LINKAGES WITH OTHER SECTORS AND THE SOCIAL DETERMINANTS OF HEALTH AS SPECIFIED IN THE RFA WORK COLLABORATIVELY AND SUPPORT CONSORTIUM PARTNERS, INCLUDING JHPIEGO WHO SERVES AS THE TECHNICAL LEAD FOR QUALITY IMPROVEMENT, MONITORING AND EVALUATION, AND HRH, JSI WHO SERVES AS THE TECHNICAL LEAD FOR SUPPLY CHAIN MGMT, HEALTH MGMT INFORMATION SYSTEMS, BROAD BRANCH ASSOC WHO SERVES AS THE TECHNICAL LEAD FOR THE USE OF INCENTIVES AND PERFORMANCE-BASED APPROACHES, FUTURES INSTITUTE WHO CONTRIBUTES TO MODELING, COSTING AND PLANNING TO SUPPORT THE USE OF DATA FOR DECISION-MAKING
SAVE THE CHILDREN54 WILTON RD WESTPORT, CT 068803108	06-0726487	501(C)3	1,487,140				OBJECTIVE 1 WORK WITH THE MOH AND ALL USG PARTNERS TO CREATE AN ENABLING ENVIRONMENT TO SUPPORT QUALITY NATION-WIDE INTEGRATED COMMUNITY AND FACILITY-BASED DELIVERY OF HIGH-IMPACT MNCH AND FP/RH INTERVENTIONS OBJECTIVE 2 SUPPORT MOH EFFORTS TO EXPAND NATIONAL COVERAGE OF HIGH-IMPACT MNCH INTERVENTIONS, THROUGH THE SCALING-UP OF THE MMI, IN COLLABORATION WITH USG PARTNERS IN EVERY PROVINCE OBJECTIVE 3 SUPPORT THE MOH TO STRENGTHEN THE DEVELOPMENT OF HUMAN RESOURCES FOR HEALTH SERVICE DELIVERY IN BASIC AND COMPREHENSIVE EMERGENCY OBSTETRIC AND NEONATAL CARE AND RH OBJECTIVE 4 SUPPORT THE EXPANSION OF CECAP ACTIVITIES USING THE SINGLE VISIT APPROACH AND ASSIST IN THE IMPLEMENTATION OF THE MOH ACTION PLAN TO STRENGTHEN AND SCALE-UP BREAST AND CECAP AND CONTROL SERVICES " OBJECTIVE 5 ASSIST IN THE DEVELOPMENT AND IMPLEMENTATION OF PREVENTIVE FP/RH SERVICES, MANAGEMENT AND REFERRAL TO APPROPRIATE FACILITIES IN SELECTED HEALTHCARE FACILITIES OBJECTIVE 6 PROMOTE AND TEST THE INTRODUCTIO

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SAVE THE CHILDREN54 WILTON RD WESTPORT, CT 068803108	06-0726487	501(C)3	421,771				ACTIVITIES UNDER THIS SUBAGREEMENT SHALL BE CARRIED OUT IN CONJUNCTION WITH JHPIEGO PROJECT INDONESIA - EXPANDING MATERNAL AND NEONATAL SURVIVAL (EMAS) THE OBJECTIVES OF THIS PROJECT ARE TWOFOLD 1) TO IMPROVE THE QUALITY OF MATERNAL AND NEONATAL HEALTH SERVICES AT 150 HOSPITALS, 2) TO INCREASE EFFICIENCY AND EFFECTIVENESS IN REFERRAL SYSTEMS BETWEEN 200 COMMUNITY HEALTH CENTERS (PUSKESMAS) AND 150 HOSPITALS IN ADDITION THE EMAS PROGRAM WILL IMPROVE GOVERNANCE AND INCREASE THE USE OF COMMUNICATION TECHNOLOGY TO IMPROVE REFERRAL EFFICIENCY AND QUALITY OF HEALTH SERVICES
SAVE THE CHILDREN54 WILTON RD WESTPORT, CT 068803108	06-0726487	501(C)3	4,962,059				THE SUBRECIPIENT WILL PROVIDE NATIONAL LEVEL LEADERSHIP IN NEWBORN HEALTH, CHILD HEALTH, NUTRITION AND COMMUNITY-BASED SERVICE DELIVERY, AND SERVE AS A ZONAL LEAD FOR THE SOUTH EAST AND SOUTH WEST ZONES
SAVE THE CHILDREN54 WILTON RD WESTPORT, CT 068803108	06-0726487	501(C)3	3,866,608				BASED ON THE HOUSEHOLD-TO-HOSPITAL CONTINUUM OF CARE MODEL TO IMPROVE AVAILABILITY AND ACCESS TO INTEGRATED QUALITY MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) AND HEALTHY TIMING AND SPACING OF PREGNANCIES (HTSP) SERVICES, THE MCHIP TEAM WILL WORK CLOSELY WITH THE PROVINCIAL AND DISTRICT/AGENCY STAKEHOLDERS TO IMPLEMENT THE INTERVENTIONS THE MCHIP STRATEGIC APPROACH ALIGNS WITH THE KP HEALTH SECTOR STRATEGY (2010-2017) AND FATA SUSTAINABLE DEVELOPMENT PLAN (2007-2016) AND ALSO CONTRIBUTES TOWARDS ACHIEVEMENT OF GOALS AND OBJECTIVES OF THE USAID/PAKISTAN'S MATERNAL CHILD HEALTH INITIATIVE THE MCHIP FATA-KP HEALTH PROGRAM WILL COORDINATE WITH THE MCHIP MNCH-FP PROGRAM IN PUNJAB AND SINDH TO ENSURE CONSISTENCY IN APPROACHES KEEPING IN MIND THE SPECIAL CIRCUMSTANCES OF KP AND FATA

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SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	609,597				SAVE THE CHILDREN WILL LEAD THE NEWBORN CARE AND CHILD HEALTH, COMMUNITY CASE MANAGEMENT, AND COMMUNITY MOBILIZATION FOR IMPLEMENTATION PIECES OF THE SERVICE PACKAGE SC WILL CONTRIBUTE TO THE TECHNICAL MENTORSHIP OF SUB-GRANTEES IN NEWBORN AND CHILD HEALTH AND COMMUNITY MOBILIZATION, AS WELL AS SUPPORT SUB-GRANTEE INDICATOR REPORTING
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	12,013,443				BANGLADESH'S MAMONI HSS' GOAL IS TO IMPROVE UTILIZATION OF INTEGRATED MNCH/FP/N SERVICES THE PROJECT WILL ACHIEVE THIS GOAL THROUGH THE PROJECT OBJECTIVE TO INCREASE AVAILABILITY AND QUALITY OF HIGH-IMPACT INTERVENTIONS THROUGH STRENGTHENING DISTRICT-LEVEL LOCAL MANAGEMENT AND HEALTH SYSTEMS THIS OBJECTIVE IS WELL ALIGNED WITH THE GOB'S HEALTH, POPULATION AND NUTRITION SECTOR DEVELOPMENT PROGRAM (HPNSDP) 2011-2016 MAMONI HSS WILL ALSO DIRECTLY SUPPORT USAID/BANGLADESH-HEALTH STATUS IMPROVED ACTIVITY UNDER THE INVESTING IN PEOPLE OBJECTIVE, HEALTH PROJECT AREA OF THE U S FOREIGN ASSISTANCE FRAMEWORK MAMONI HSS PROPOSES A SET OF HIGH-IMPACT ACTIVITIES TO ACHIEVE FOUR INTERMEDIATE RESULTS (IRS) THAT WILL ULTIMATELY LEAD TOWARDS ACHIEVING THE PROJECT OBJECTIVE AND IRS
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	780,008				THE USAID-FUNDED INTEGRATED SERVICE DELIVERY PROGRAM WILL WORK WITH THE MINISTRY OF HEALTH TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE AND WERTERN EQUATORIA STATE BY THE END OF THE PROJECT, MCHIP WILL, IN COLLABORATION WITH THE GOVERNMENT OF THE REPUBLIC OF SOUTH SUDAN, ENSURE STANDARDIZED AND FUNCTIONAL HEALTH FACILITIES ABLE TO PROVIDE THE MINIMUM PACKAGE OF QUALITY PHC SERVICES AND INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	316,504				SAVE THE CHILDREN IS A CONTRIBUTING PARTNER AND WILL PROVIDE TECHNICAL STAFF AND LEADERSHIP IN ZIMBABWE FOR THE PROJECT'S NEWBORN HEALTH AND COMMUNITY MATERNAL AND NEWBORN HEALTH ACTIVITIES, THROUGH THE LOCAL NEWBORN HEALTH TECHNICAL OFFICER AND TWO DISTRICT COMMUNITY OFFICERS, AS WELL AS THE PROVISION OF PERIODIC SHORT TERM TECHNICAL SUPPORT FROM MCHIP HQ IN NEWBORH HEALTH AND M&E
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	253,609				SAVE THE CHILDREN (SC) IS A CONTRIBUTING PARTNER AND WILL PROVIDE TECHNICAL STAFF AND LEADERSHIP FOR THE PROJECT'S NEWBORN HEALTH AND COMMUNITY-BASED ACTIVITIES SAVE THE CHILDREN WILL HIRE THE COMMUNITY OFFICER TO BE BASED IN THE MCHIP SANA'A OFFICE AS WELL AS A MCHIP COORDINATOR TO BE BASED IN THE SAVE THE CHILDREN'S SANA'A OFFICE THROUGH THE NEWBORN AND COMMUNITY OFFICERS SAVE THE CHILDREN WILL ALSO SERVE AS THE PRIMARY IMPLEMENTING PARTNER IN ADEN GOVERNORATE (PENDING MOPHP CONFIRMATION) AND WILL BE RESPONSIBLE FOR EMPLOYING GOVERNORATE STAFF
SAVE THE CHILDREN54 WILTON RD WESTPORT,CT 068803108	06-0726487	501(C)3	6,547,546				FOR THE MCSP AWARD, SAVE WILL BE THE TECHNICAL LEAD - (1) NEWBORN HEALTH, INCLUDING KEY INTERVENTIONS TO ADDRESS THE THREE CAUSES OF NEONATAL MORTALITY (BIRTH ASPHYXIA, INFECTIONS, AND PRETERM BIRTH) IN FACILITIES AND COMMUNITIES, (2) ADOLESCENT REPRODUCTIVE HEALTH, (3) COMMUNITY MOBILIZATION, COMMUNITY CAPACITY BUILDING, (4) WASH CONTRIBUTE TO (1) CHILD HEALTH (ESPECIALLY COMMUNITY CASE MANAGEMENT), (2) PEDIATRIC HIV CARE, (3) ORGANIZATIONAL CAPACITY BUILDING (ADMINISTRATION, FINANCIAL, GOVERNANCE AND TECHNICAL AS APPROPRIATE, (4) COMMUNITY BASED REPRODUCTIVE HEALTH AND FAMILY PLANNING, (5) NUTRITION (INFANT AND CHILD NUTRITION AND STUNTING, (6) SERVICE DELIVERY ALONG THE CONTINUUM OF MATERNAL, NEWBORN AND CHILD CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO3333 CALIFORNIA ST SUITE 315 SAN FRANCISCO,CA 94118	26-2813021	115	14,055				1) PROVIDE INSIGHT AND TECHNICAL EXPERTISE FROM THE MALARIA ELIMINATION INITIATIVE TO THE SECOND RWANDA MALARIA PRE-ELIMINATION FORUM, 2) CONDUCT AN INITIAL REVIEW TO INFORM A MORE EXTENSIVE ASSESSMENT BY MEI OF PROGRESS AND GAPS TOWARD PRE-ELIMINATION IN RWANDA IN COLLABORATION WITH THE MCSP AND KEY STAKEHOLDERS
VENTURE STRATEGIES INNOVATIONS19200 VON KARMAN AVENUE SUITE 400 IRVINE,CA 92612		501(C)3	119,000				IDENTIFY GENERIC GLOBAL MANUFACTURERS OF THE TWO UTEROTONIC PRODUCTS, IDENTIFY THOSE INTERESTED IN PURSUING WHO PREQUALIFICATION FOR THEIR PRODUCTS, AND COLLABORATE WITH A SUBSET OF THOSE MANUFACTURERS TO MAKE THEM ELIGIBLE FOR WHO PREQUALIFICATION
WORLD VISIONPO BOX 9716 FEDERAL WAY,WA 980639716	95-1922279	501(C)3	1,866,536				PROVIDE SUPPORT FOR SERVICE DELIVERY AND QUALITY OF BASIC SERVICES IN AFGHANISTAN THE GOAL OF THE SERVICES SUPPORT PROJECT (SSP) IS TO CONTINUE TO ASSIST HIGH QUALITY MIDWIFERY TRAINING PROGRAMS THAT WILL PREPARE SKILLED PROVIDERS OF MATERNAL AND NEWBORN HEALTH SERVICES, AND SUPPORT THE MIDWIFE/MIDWIFERY STUDENT IN THE CLASSROOM, HOSPITAL AND COMMUNITY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING AMOUNT REPRESENTS DISTRIBUTIONS MADE TO THE INDIVIDUAL FROM A NONQUALIFIED DEFERRED COMPENSATION PLAN OF THE RELATED ORGANIZATION BECAUSE THERE IS NO LONGER A SUBSTANTIAL RISK OF FORFEITURE FOR THE INDIVIDUAL'S RIGHT TO THE DEFERRED AMOUNT. AMOUNT IS REPORTED ON THE INDIVIDUAL'S FORM W-2, BOX 11. LESLIE MANCUSO \$ 61,477. THE FOLLOWING EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PROVIDED BY THE RELATED ORGANIZATION. EMPLOYER CONTRIBUTIONS UNDER THE PLAN ARE INCLUDED IN COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION. JONATHAN BAGGER \$ 4,462. ROBERT LIEBERMAN \$ 31,824. JONATHAN LINKS \$ 2,546. LESLIE MANCUSO \$ 15,945. HARSHADKUMAR SANGHVI \$ 2,106. DENIS WIRTZ \$ 4,270. SCOTT ZEGER \$ 12,013.

Additional Data

Software ID:
Software Version:
EIN: 23-7424444
Name: JHPIEGO CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JONATHAN LINKS PHD, CHAIR, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	272,598	0	15,000	33,746	18,020	339,364	0
ROBERT LIEBERMAN PHD, VICE CHAIR, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	511,535	30,000	54,037	63,024	24,505	683,101	0
LESLIE MANCUSO PHD RN FAAN, PRESIDENT/CEO, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	384,603	0	64,263	47,145	17,919	513,930	61,477
DENIS WIRTZ PHD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	291,224	100	500	34,855	1,382	328,061	0
NANCY GLASS PHD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	189,583	0	1,296	23,098	8,568	222,545	0
EDWIN J JUDD MSW, SECRETARY, COO	(i)	0	0	0	0	0	0	0
	(ii)	252,861	0	8,814	28,825	4,892	295,392	0
TERRY PADGETT BS, INTERIM CFO	(i)	0	0	0	0	0	0	0
	(ii)	157,007	0	13,086	19,440	10,433	199,966	0
ALAIN DAMIBA MD MPH MBA, SR VP, GLOBAL PROGRAMS/TECHNCIAL LEA	(i)	0	0	0	0	0	0	0
	(ii)	249,900	0	5,097	29,050	14,988	299,035	0
HARSHADKUMAR SANGHVI MD, VICE PRES INNOVATIONS/MEDI	(i)	0	0	0	0	0	0	0
	(ii)	265,059	0	5,049	33,306	22,182	325,596	0
KOKI AGARWAL MBBS PHD, DIRECTOR MCHIP/VP DC OPERA	(i)	0	0	0	0	0	0	0
	(ii)	217,016	0	500	26,275	2,671	246,462	0
MANJUSHREE BADLANI MA SPHR, CHIEF HUMAN RES AND ADMIN	(i)	0	0	0	0	0	0	0
	(ii)	198,911	0	1,365	25,100	20,445	245,821	0
NANCY CAIOLA MPH, VICE PRES GLOBAL PROGRAMS OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	154,202	0	2,740	18,969	9,560	185,471	0
JEFFREY M SMITH MD MPH, VICE PRES TECHNICAL LEADERSHIP	(i)	0	0	0	0	0	0	0
	(ii)	182,180	0	352	22,071	7,415	212,018	0
FRANCIA GURDIAN-SANDOVAL MA, CHIEF OF PARTY, ANGOLA	(i)	0	0	0	0	0	0	0
	(ii)	105,476	0	147,615	8,632	8,303	270,026	0
KATHRYN BORYC SMOCK MPH, CHIEF OF PARTY, LUSOPHONE COUNTRIES	(i)	0	0	0	0	0	0	0
	(ii)	86,118	0	150,506	11,516	22,287	270,427	0
ANNE HYRE BSN MPH CNM, CHIEF OF PARTY, INDONESIA	(i)	0	0	0	0	0	0	0
	(ii)	134,510	0	165,024	16,977	19,127	335,638	0
HALLY MAHLER MHS, HIV/AIDS DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	145,039	0	137,042	17,842	11,592	311,515	0
ERIC RAMIREZ-FERRERO PHD MPH, CHIEF OF PARTY, MOZAMBIQUE	(i)	0	0	0	0	0	0	0
	(ii)	117,404	0	109,544	9,776	14,369	251,093	0
SCOTT ZEGER PHD, FORMER VICE CH, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	356,519	0	700	43,213	27,205	427,637	0
JONATHAN BAGGER PHD, FORMER VICE CH, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	250,202	0	150	31,417	45,408	327,177	0

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RONALD MAGARICK PHD, DIR , SPECIAL PROJ /FORMER VP	(i)	0	0	0	0	0	0
	(ii)	202,604	0	0	25,272	17,616	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization JHPIEGO CORPORATION	Employer identification number 23-7424444
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMNS (E) AND (F)	
FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING, LINE 3B	JHPIEGO CORPORATION UNDERWENT AN AUDIT AS PART OF THE JOHNS HOPKINS UNIVERSITY'S AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133
FORM 990, PART VI, SECTION B, LINE 14	JHPIEGO CORPORATION HAS WRITTEN POLICIES FOR DOCUMENT RETENTION AND DESTRUCTION. HOWEVER, THE QUESTION MUST BE ANSWERED "NO" ACCORDING TO FORM INSTRUCTIONS BECAUSE THESE POLICIES AND PROCEDURES HAVE NOT BEEN APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF THE JOHNS HOPKINS UNIVERSITY APPOINTS MEMBERS OF JHPIEGO CORPORATION'S BOARD, AS DESCRIBED IN THE CORPORATION'S BYLAWS.
FORM 990, PART VI, SECTION A, LINE 8B	THERE WERE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY DURING THE YEAR ENDED JUNE 30, 2015. GOVERNANCE IS MAINTAINED THROUGH A MEMORANDUM OF UNDERSTANDING WITH JOHNS HOPKINS UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE IN CONJUNCTION WITH JHPIEGO CORPORATION AND VARIOUS UNIVERSITY OFFICES INCLUDING GENERAL ACCOUNTING, ACCOUNTS PAYABLE, AND HUMAN RESOURCES. THE FORM 990 WAS REVIEWED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE AND JHPIEGO CORPORATION'S CHIEF OPERATING OFFICER. A COPY OF THE FORM 990 WAS PROVIDED TO THE JHPIEGO BOARD OF TRUSTEES BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	JHPIEGO SENIOR OFFICERS INCLUDING THE CEO (PRESIDENT) AND COO SUBMITTED DETAILED DISCLOSURE STATEMENTS TO BOTH JHPIEGO CORPORATION AND THE JOHNS HOPKINS UNIVERSITY FOR THE FISCAL YEAR ENDED JUNE 30, 2015. THERE WERE NO REPORTABLE MATTERS DISCLOSED.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE JHPIEGO CEO/PRESIDENT, OFFICERS AND OTHER KEY STAFF ARE DETERMINED AND APPROVED BY THE JOHNS HOPKINS UNIVERSITY PROVOST.
FORM 990, PART VI, SECTION C, LINE 19	JHPIEGO CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE MONDAY - FRIDAY, DURING NORMAL BUSINESS HOURS, EXCEPT HOLIDAYS AND DESIGNATED OFFICES CLOSURES FROM JHPIEGO DIRECTOR, EXECUTIVE OFFICE.
FORM 990, PART VII, SECTION A, COLUMN B	DESCRIBE HOURS FOR RELATED ORGANIZATIONS IN SCHEDULE O. JONATHAN LINKS, PH.D. IS COMPENSATED FOR SERVICES PERFORMED FOR THE JOHNS HOPKINS UNIVERSITY, A RELATED ORGANIZATION, AND WORKS AN AVERAGE OF 50 HOURS PER WEEK FOR THE UNIVERSITY. ROBERT LIEBERMAN, PH.D. IS COMPENSATED FOR SERVICES PERFORMED FOR THE JOHNS HOPKINS UNIVERSITY, A RELATED ORGANIZATION, AND WORKS AN AVERAGE OF 50 HOURS PER WEEK FOR THE UNIVERSITY.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JHPIEGO CORPORATION

Employer identification number
23-7424444

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD STE N4327-B BALTIMORE, MD 21211 52-0595110	EDUCATIONAL	MD	501(C)(3)	170(B)(1) (A)(II)			No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Yes	No
-----	----

[illegible]

- | | | |
|-----------|--|-----------|
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 1d | | No |
| 1e | | No |

- | | | |
|----|-----|----|
| 1f | | No |
| 1g | | |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | Yes | |
| 1q | | No |
| | | |
| 1r | | No |
| 1s | Yes | |

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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