See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
FAMILY HEALTH INTERNATIONAL
% RASIKA PADMAPERUMA
Doing business as
FHI360

Number and street (or P O box if mail is not delivered to street address) | Room/suite
359 BLACKWELL STREET Suite 200

City or town, state or province, country, and ZIP or foreign postal code
DURHAM, NC 27701

D Employer identification number
23-7413005

E Telephone number
(919) 544-7040

G Gross receipts $ 700,004,319

F Name and address of principal officer
MR PATRICK C FINE
359 BLACKWELL STREET STE 200
DURHAM,NC 27701

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 ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ FHI360 ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,489
6	Total number of volunteers (estimate if necessary)	**6**	1
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**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,567,149	11,635,431
9	Program service revenue (Part VIII, line 2g)	599,891,504	683,762,114
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-980,206	175,546
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,997,403	4,431,228
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	610,475,850	700,004,319
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	62,493,162	72,671,692
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	166,256,343	160,584,925
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	382,407,166	460,040,641
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	611,156,671	693,297,258
19	Revenue less expenses Subtract line 18 from line 12	-680,821	6,707,061

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	256,165,061	259,424,019
21	Total liabilities (Part X, line 26)	177,274,804	173,826,701
22	Net assets or fund balances Subtract line 21 from line 20	78,890,257	85,597,318

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-09-07

RASIKA PADMAPERUMA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
christopher B BOGGS	christopher B BOGGS			P00032493

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 100 N TRYON STREET STE 3800
CHARLOTTE, NC 28202

Phone no (704) 372-6300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

FHI360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 See Additional Data)	(Expenses $	92,967,304	including grants of $	12,150,949)	(Revenue $	111,406,945)
4b	(Code See Additional Data)	(Expenses $	292,912,877	including grants of $	36,262,940)	(Revenue $	349,310,843)
4c	(Code See Additional Data)	(Expenses $	102,309,353	including grants of $	13,295,747)	(Revenue $	122,537,839)
4d	Other program services (Describe in Schedule O)	(Expenses $	83,871,047	including grants of $	10,962,056)	(Revenue $	100,506,487)
4e	**Total program service expenses ▶**		572,060,581				

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	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
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		No
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		No
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . .	1a	434		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,489		
b	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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		Yes	
b	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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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	1a	10		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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			No
b	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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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
b	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 , CA , MA , MS , NY , NC , SC

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶ RASIKA PADMAPERUMA 359 BLACKWEEL STREET SUITE 200 DURHAM, NC 27701 (919) 544-7040

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,938,219	118,344	1,256,049

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 ▶ 348

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
ERNST YOUNG LLP, PO BOX 933514 ATLANTA, GA 31193	AUDIT SERVICE	1,629,618
ARAMARK SERVICES, 11800 STATESVILLE ROAD HUNTERSVILLE, NC 28078	Facilities MGMT SVCS	1,453,203
PAX MONDIAL LLC, 1655 N FORT MYER DRIVE SUITE 1100 ARLINGTON, VA 22209	SECURITY SERVICES	652,985
MODALITY SOLUTIONS LLC, 1238 MOSSY OAK DR LEAGUE CITY, TX 77573	BUSINESS SERVICES	366,207
KRM5GROUP LLC, 4271 CHELSON LANE LAKE RIDGE, VA 22192	CNSLT-DELTEK/CSTPNT	311,938

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 ▶ 26

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	0			
	d Related organizations	1d	10,224,848			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,410,583			
	g Noncash contributions included in lines 1a-1f $		0			
	h **Total.** Add lines 1a-1f		11,635,431			
Program Service Revenue		Business Code				
	2a AGENCY FOR INTERNATIONAL DEVELOPMENT	541700	449,588,689	449,588,689	0	0
	b OTHER U S GOVERNMENT	541700	76,692,138	76,692,138	0	0
	c NATIONAL INSTITUTES OF HEALTH	541700	39,288,874	39,288,874	0	0
	d DEPARTMENT OF STATE	541700	21,532,396	21,532,396	0	0
	e CENTERS FOR DISEASE CONTROL	541700	10,593,321	10,593,321	0	0
	f All other program service revenue		86,066,696	86,066,696	0	0
	g **Total.** Add lines 2a-2f		683,762,114			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		175,546			175,546
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		115,146			115,146
		(i) Real	(ii) Personal			
	6a Gross rents	3,650,098				
	b Less rental expenses					
	c Rental income or (loss)	3,650,098	0			
	d Net rental income or (loss)		3,650,098			3,650,098
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	665,984		0	665,984
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		665,984			
	12 **Total revenue.** See Instructions		700,004,319	683,762,114	0	4,606,774

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	72,515,237	72,515,237		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	156,455	156,455		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	9,518,553	5,737,677	3,780,876	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	95,514,733	60,692,321	34,822,412	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,249,440	6,733,714	4,515,726	0
9 Other employee benefits	36,130,753	21,721,747	14,409,006	0
10 Payroll taxes	8,171,446	4,867,287	3,304,159	0
11 Fees for services (non-employees)				
a Management	166,370	54,518	111,852	0
b Legal	498,072	275,801	222,271	0
c Accounting	1,679,918	322,107	1,357,811	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0		0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,759,749	19,618,476	5,141,273	0
12 Advertising and promotion	495,848	356,765	139,083	0
13 Office expenses	24,551,461	20,413,292	4,138,169	0
14 Information technology	4,113,826	3,416,885	696,941	0
15 Royalties	0	0	0	0
16 Occupancy	34,894,365	11,236,065	23,658,300	0
17 Travel	33,615,451	30,033,811	3,581,640	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	17,474,208	16,727,507	746,701	0
20 Interest	339,380	0	339,380	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,261,774	0	2,261,774	0
23 Insurance	1,402,595	592,283	810,312	0
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 SUB AWARD CONTRACT PAYMENTS	148,957,779	148,957,779	0	0
b FIELD OFFICE EXPENSES	98,320,871	94,967,125	3,353,746	0
c PARTICIPANT EXPENSES	30,430,463	30,430,463	0	0
d EQUIPMENT	10,698,234	9,520,426	1,177,808	0
e All other expenses	25,380,277	12,712,840	12,667,437	
25 **Total functional expenses.** Add lines 1 through 24e	693,297,258	572,060,581	121,236,677	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	102,686,832	1	106,735,995
	2	Savings and temporary cash investments	13,354,408	2	13,374,350
	3	Pledges and grants receivable, net	0	3	5,250,000
	4	Accounts receivable, net	113,646,136	4	109,433,986
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	5,576,889	9	8,445,779
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 32,492,469			
	b	Less accumulated depreciation — 10b: 17,512,605	17,074,817	10c	14,979,864
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	3,825,979	15	1,204,045
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	256,165,061	16	259,424,019
Liabilities	17	Accounts payable and accrued expenses	71,555,107	17	72,453,515
	18	Grants payable	0	18	0
	19	Deferred revenue	94,613,368	19	84,314,415
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	10,165,944	23	8,689,758
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	940,385	25	8,369,013
	26	**Total liabilities.** Add lines 17 through 25	177,274,804	26	173,826,701
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	78,890,257	27	85,597,318
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	78,890,257	33	85,597,318
	34	Total liabilities and net assets/fund balances	256,165,061	34	259,424,019

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	700,004,319
2	Total expenses (must equal Part IX, column (A), line 25)	2	693,297,258
3	Revenue less expenses Subtract line 2 from line 1	3	6,707,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,890,257
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,597,318

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-7413005
Name: FAMILY HEALTH INTERNATIONAL

Form 990, Part III, Line 4a

4a	(Code	) (Expenses $	92,967,304	including grants of $	12,150,949) (Revenue $	111,406,945)	

HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND LOCAL COMMUNITIES PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE, PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS IN ADDITION TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH ANTIRETROVIRAL THERAPY GLOBALLY

Form 990, Part III, Line 4b

4b	(Code	) (Expenses $	292,912,877	including grants of $	36,262,940) (Revenue $	349,310,843)	

GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILD CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED FHI FOUNDATION SUPPLEMENTS DONOR FUNDS, TO BE USED FOR RESEARCH AND INTERNAL DEVELOPMENT ACTIVITIES

Form 990, Part III, Line 4c

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

EDUCATION - FHI360'S EXPERTS USE INNOVATIVE METHODS TO IMPROVE TEACHING AND LEARNING IN THE U S AND AROUND THE WORLD PROGRAMS ADVANCE EDUCATIONAL ACCESS AND PROMOTE FULL PARTICIPATION FOR GIRLS, NEW IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH DISABILITIES ACTIVITIES FACILITATE DECISION MAKING BY PROVIDING RESEARCH, EVALUATION, DATA ANALYSIS AND TECHNICAL RESOURCES GLOBALLY FHI360 ALSO WORKS TO STRENGTHEN EDUCATION IN FRAGILE STATES AND SUPPORT REFORM OF POLICIES AND SYSTEMS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
EDWARD W WHITEHORNE CHAIR, BOARD OF DIRECTORS	20 90	X						15,870	89,172	0
PAUL R DE LAY JR VICE CHAIR, BOARD OF DIRECTORS	20 00	X						13,674	0	0
VIVIAN LOWERY DERRYCK BOARD MEMBER	20 00	X						13,920	0	0
PHILIP R LOCHNER JR BOARD MEMBER	20 00	X						7,776	0	0
SHEILA W MITCHELL BOARD MEMBER	20 00	X						10,692	0	0
MARTIN MITTAG-LENKHEYM BOARD MEMBER	20 00	X						11,340	5,172	0
SANDRA LYNE THURMAN BOARD MEMBER	20 00	X						11,334	0	0
HOLLY WISE BOARD MEMBER	20 00	X						13,767	0	0
HELGA YING BOARD MEMBER	20 00	X						8,748	0	0
WARREN SIMMONS BOARD MEMBER	20 00	X						2,592	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DR WILLARD CATES JR DIS STST,PRES-EMRTS(THRU 3/16)	11 0 0 0			X				105,878	0	31,081
PATRICK C FINE CHIEF EXECUTIVE OFFICER	40 0 0 0			X				402,300	0	33,152
DEBORAH KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	40 0 0 0			X				274,323	0	27,772
DR PETER R LAMPTEY DIST SCNTST, PRES-EMERITUS	20 0 0 0			X				179,013	0	28,311
ROBERT R PRICE EXEC VP/ GEN COUNSEL/SECRETARY	36 0 4 0			X				286,878	24,000	64,228
MANISHA BHARTI CHIEF STRATEGY OFFICER	40 0 0 0			X				247,592	0	63,105
ROBERT SCOTT MURPHY CHIEF FIN OFFICER(THRU 10/15)	40 0 0 0			X				213,931	0	40,411
SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40 0 0 0			X				221,409	0	42,755
PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	40 0 0 0			X				230,910	0	44,382
RASIKA PADMAPERUMA CHIEF FIN OFFICER(BEG 10/15)	40 0 0 0			X				217,827	0	42,691

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANTHONY D BONDURANT DIRECTOR APRO	40 0 0 0				X			257,144	0	29,508
IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	40 0 0 0				X			198,959	0	35,097
HAYLEY BRYANT PROJECT DIRECTOR	40 0 0 0				X			309,230	0	24,648
NADRA C FRANKLIN DIR SOC & ECO DEVELOPMENT	40 0 0 0				X			208,786	0	36,172
JOHN A GILLIES DIRECTOR GLOBAL LEARNING	40 0 0 0				X			241,009	0	52,800
PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA	40 0 0 0				X			351,333	0	24,002
LAURA C KAYSER DEPUTY TO THE COO	40 0 0 0				X			250,184	0	46,748
TIMOTHY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	40 0 0 0				X			259,136	0	32,091
MICHAEL P MAZZA DIRECTOR, INFORMATION SOLUTION	40 0 0 0				X			195,467	0	42,287
PATRICK MONTESANO DIRECTOR, US PROGRAMS	40 0 0 0				X			251,344	0	36,917

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	40 0 0 0				X			196,518	0	30,203
CHRISTIAAN JOHANNES VAN DAM DIR, PRGM SCIENCES	40 0 0 0				X			209,142	0	36,368
NZAPFURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	40 0 0 0				X			209,127	0	6,821
SUSAN VOSKUIL DIR, CONTRACT MGMT SERVICES	40 0 0 0				X			150,861	0	24,758
TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	40 0 0 0				X			183,254	0	28,572
REED RAMLOW COUNTRY DIRECTOR - VIETNAM	40 0 0 0				X			220,471	0	29,005
STEPHEN J MILLS DIR, PROJ PORTFOLIO	40 0 0 0					X		262,039	0	44,622
JANET ROBINSON DIR RSCH & LAB SCI	40 0 0 0					X		250,129	0	25,715
MICHAEL J WELSH DIRECTOR, ZAMBIA	40 0 0 0					X		283,188	0	28,416
DOUGLAS TREADWELL COUNTRY DIRECTOR	40 0 0 0					X		271,279	0	18,680

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ELIZABETH OLIVERAS COUNTRY DIRECTOR	40 0 0 0					X		399,657	0	22,750
DAVID G MEIN CHIEF ADMIN OFFICER	40 0 0 0						X	250,851	0	44,114
PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	40 0 0 0						X	179,194	0	31,122
ANGEL PADILLA DIR, CONTRACT MGMT	40 0 0 0						X	141,046	0	19,753
MELISSA PANAGIDES-BUSCH DIRECTOR, PROJ MGMT	40 0 0 0						X	156,880	0	34,287
SUSAN ZIMICKI DIR, INFECTIOUS DISEASES	40 0 0 0						X	120,187	0	16,965
WILLIAM O'CALLAGHAN DIR NIGERIA FIN	40 0 0 0						X	227,500	0	21,080
GITA PILLAI DIRECTOR INDIA	40 0 0 0						X	214,530	0	14,660

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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

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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 ▶ ☐

b **33 1/3% support test—2014.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 ▶ ☐

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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,309,714	10,883,471	3,385,217	7,567,149	11,635,431	41,780,982
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	682,823,725	651,710,017	649,995,605	599,891,504	683,762,114	3,268,182,965
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	691,133,439	662,593,488	653,380,822	607,458,653	695,397,545	3,309,963,947
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						3,309,963,947

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	691,133,439	662,593,488	653,380,822	607,458,653	695,397,545	3,309,963,947
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,475,125	4,159,780	4,713,216	4,013,577	3,940,790	21,302,488
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	4,475,125	4,159,780	4,713,216	4,013,577	3,940,790	21,302,488
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		28,357	-45,137	52,063	665,984	701,267
13 **Total support.** (Add lines 9, 10c, 11, and 12)	695,608,564	666,781,625	658,048,901	611,524,293	700,004,319	3,331,967,702

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 2015 (line 8, column (f) divided by line 13, column (f))	15	99 340 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99 416 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 639 %
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 583 %

19a **33 1/3% support tests—2015.** 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—2014.** 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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	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 on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				0
b Buildings				
c Leasehold improvements		15,395,081	6,426,808	8,968,273
d Equipment		14,877,376	10,286,040	4,591,336
e Other		2,220,012	799,757	1,420,255
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				14,979,864

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO FHI 360	699,008
DEFERRED RENT	6,559,058
SUB-TENANT SECURITY DEPOSIT	30,480
SUBLEASE INCENTIVES PAYABLE	663,800
SUBLEASE TERMINATION DUES	416,667
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,369,013

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	682,474,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	682,474,653
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	17,529,666		
c	Add lines **4a** and **4b**			4c	17,529,666
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	700,004,319

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

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

1	Total expenses and losses per audited financial statements			1	675,767,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	675,767,591
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	17,529,667		
c	Add lines **4a** and **4b**			4c	17,529,667
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	693,297,258

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7413005
Name: FAMILY HEALTH INTERNATIONAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FHI 360 is recognized as an organization exempt from Federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to Federal income tax Management has analyzed the tax positions taken by FHI 360 - and has concluded that as of September 30, 2016 and 2015, there are no uncertain tax positions tak en or are to be taken Accordingly, no interest or penalties related to uncertain tax posi tions have been accrued in the accompanying financial statements

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	Disregarded Entity Revenue $17,529,666

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	Disregarded Entity Expenses $17,529,667

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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

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

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) East Asia and the Pacific	28	496	Program Services	RESEARCH PROGRAM MGMT	63,860,148
(2) Europe (Including Iceland and Greenland)	2	191	Program Services	RESEARCH PROGRAM MGMT	39,477,933
(3) Central America and the Caribbean	6	79	Program Services	RESEARCH PROGRAM MGMT	20,330,758
(4) Middle East and North Africa	9	115	Program Services	RESEARCH PROGRAM MGMT	294,571,781
(5) Sub-Saharan Africa	84	2,820	Program Services	RESEARCH PROGRAM MGMT	232,533,118
3a Sub-total	129	3,701			650,773,738
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	129	3,701			650,773,738

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)			East Asia and the Pacific		66,981	WIRE TRANSFR			
(2)			Sub-Saharan Africa		62,891	WIRE TRANSFR			
(3)									
(4)									

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 . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 1

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
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US FHI 360 UTILIZES A VARIETY OF TOOLS TO ENSURE PROGRAMS ARE IMPLEMENTED AT APPLICABLE REQUIREMENTS AND FOLLOWING SOUND FI NANCIAL PRACTICES THESE TOOLS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL SITE VISITS TO G RANTEE OFFICES, ATTENDANCE AT GRANTEE EVENTS TO MEASURE SUCCESS, FINANCIAL MONITORING AND AUDITS, REGULAR TECHNICAL AND FINANCIAL REPORTING, REVIEW OF PROCUREMENT DOCUMENTS AND REV IEWS OF BUDGET VERSUS ACTUAL EXPENSES MOST GRANTS ARE FUNDED FOR ONE YEAR OR LESS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

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" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 . . . . . ▶ 140

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 52

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

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

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
PROCEDURES FOR MONITORING USE OF GRANT FUNDS INSIDE THE US	FHI360 REQUIRES GRANTEES WITH MORE THAN $500,000 IN FEDERAL FUNDING Submit an A-133 REPORT EACH YEAR ANY FINDINGS MUST INCLUDE DETAILS OF HOW FINDINGS ARE TO BE CORRECTED REPORTS ARE OBTAINED AS TO HOW FUNDS ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED

Additional Data

Software ID:
Software Version:
EIN: 23-7413005
Name: FAMILY HEALTH INTERNATIONAL

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 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
HELEN KELLER INTERNATIONAL 352 PK AVE S 1200 NEW YK,NY 10010	13-5562162	501(C)(3)	6,429,967				CANCER PRVNTN TECH DVLMNT
HOWARD UNIVERSITY 525 BRYANT ST NW 137 WSHNGTN,DC 20059	53-0204707	501(C)(3)	3,889,446				HIV/AIDS PREVENTION
UNIVERSITY OF MASSACHUSETTS 100 VENTURE WAY 9 HADLEY,MA 01035	04-3167352	GOVERNMENT	3,824,402				GENERAL SUPPORT

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 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
UNIV OF NORTH CAROLINA AT CHAPEL HILL CAMPUS BOX 1220 CHPL HLL,NC 275991220	56-6001393	501(C)(3)	3,348,976				GENERAL SUPPORT
CARE INC 151 ELLIS ST NE ATLANTA,GA 303032440	13-1685039	501(C)(3)	2,618,283				HIV/AIDS PREVENTION
PACT INC 1828 L ST NW 300 WSHNGTN,DC 20036	13-2702768	501(C)(3)	2,518,739				GENERAL SUPPORT

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 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
ABT ASSOCIATES INC P O BOX 84-5586 BOSTON,MA 022845586	04-2347643		2,133,339				HIV/AIDS PREVENTION
ACCELOVANCE INC 2275 RSRCH BLVD 700 ROCKVILLE,MD 20850	20-0956757		1,999,065				GENERAL SUPPORT
MANAGEMENT SCIENCES FOR HEALTH INC 784 MEMORIAL DR CAMBRIDGE,MA 021394613	04-2482188	501(C)(3)	1,876,178				HIV/AIDS PREVENTION

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 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
REGENTS OF THE UNIVERSITY OF CALIFORNIA 3333 CA ST 315 SAN FRAN,CA 94541	94-6036493	GOVERNMENT	1,859,081				GENERAL SUPPORT
PATHFINDER INTERNATIONAL 9 GALEN ST 217 WATERTOWN,MA 024724501	53-0235320	501(C)(3)	1,679,442				GENERAL SUPPORT
INTRAHEALTH INTERNATIONAL INC 6340 QNDRNGLE DR 200 CHPL HL,NC 27517	55-0825466	501(C)(3)	1,590,967				GENERAL SUPPORT

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 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
DELOITTE CONSULTING LLP 1919 N LYNN ARLINGTON,VA 22209	06-1454513		1,546,237				GENERAL SUPPORT
UNIVERSITY OF NORTH CAROLINA 104 APRT DR 2200 CHPL HL,NC 275991350	56-6001393	501(C)(3)	1,434,839				HIV/AIDS PREVENTION
INT'L FOOD POLICY RESEARCH INSTITUTE 2033 K ST NW WASHINGTON,DC 20006	52-1041632	501(C)(3)	1,416,774				NUTRITION DEVELPMNT

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 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
THE TRUSTEES OF COLUMBIA UNIVERSITY CITY 630 W 168TH ST BOX 49 NEW YK,NY 10032	13-5598093	501(C)(3)	1,416,457				GENERAL SUPPORT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GLMN DR MC 0009 LA JOLLA,CA 92093	95-6006144	GOVERNMENT	1,402,580				GENERAL SUPPORT
HEALTH & DEVELOPMENT INTERNATIONAL 318 SETH PLACE ROCKVILLE,MD 20850	30-0207842	501(c)(3)	1,383,227				GENERAL SUPPORT

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 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 WASHINGTON 12455 COLLECTIONS DR CHICAGO,IL 60693	91-6001537	501(C)(3)	986,466				GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 1809 ASLD AVE DRG HL 203 BLTM,MD 21205	52-0595110	501(C)(3)	949,315				GENERAL SUPPORT
REGENTS UNIV OF CALIFORNIA UCLA ADMIN 1125 MRPY HL 405 HLGD AVE LA,CA 90095	95-6006143	GOVERNMENT	940,699				HIV RELATED RESEARCH

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 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
INT'L CITY COUNTY MANAGEMENT ASSOCIATION 777 N CPTL ST NE 500 WTN,DC 20002	36-2167755	501(C)(3)	911,099				GENERAL SUPPORT
PURDUE UNIVERSITY HVD HL 610 PRDE ML W LFYT,IN 47907	35-6002041	501(C)(3)	865,114				GENERAL SUPPORT
CATHOLIC RELIEF SERVICES USCCB 228 W LXNGTN ST BALTIMORE,MD 212013443	13-5563422	501(C)(3)	784,163				GENERAL SUPPORT

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 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
TRUSTEES OF TUFTS COLLEGE 169 HOLLAND STREET SOMERVILLE,MA 02144	04-2103634	501(c)(3)	711,920				GENERAL SUPPORT
MENNONITE ECONOMIC DEVELOPMENT 1891 SB DR 201 LANCASTER,PA 176014106	23-7398678	501(C)(3)	697,945				GENERAL SUPPORT
SAVE THE CHILDREN 501 KNG HHWY E 400 FRFLD,CT 06825	06-0726487	501(C)(3)	543,669				HIV/AIDS PREVENTION

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 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 INSTITUTES FOR RESEARCH PO BOX 28126 NEW YORK,NY 100878126	25-0965219	501(C)(3)	500,812				GENERAL SUPPORT
GRAMEEN FOUNDATION USA 1101 15TH ST NW 3RD FL WSHNGTN,DC 20005	73-1502797	501(C)(3)	492,858				INTERNATIONAL ECONOMIC DEVELOPMENT
AIDS PROJECT LOS ANGELES 611 S KINGSLEY DR LOS ANGELES,CA 90005	95-3842506	501(C)(3)	489,767				GENERAL SUPPORT

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 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
INTERNATIONAL RESEARCH & EXCHANGE BOARD 1275 K ST NW 600 WSHNGTN,DC 20005	22-3087809	501(C)(3)	469,736				GENERAL SUPPORT
BALL STATE UNIVERSITY 2000 W UNIV AVE MUNCIE,IN 473060750	35-6024566	501(C)(3)	456,423				GENERAL SUPPORT
FSG INC 123 MISSION ST 8TH F SAN FRAN,CA 94105	20-2776974	501(C)(3)	445,210				MANAGEMENT & TECHNICAL ASSISTANCE

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 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
ROUGHRIDER EDUCATION SERVICES PROGRAM 1173 3RD AVE W 6 DCKINSN,ND 58601	27-0230307	GOVERNMENT	441,638				GENERAL SUPPORT
SSG ADVISORS LLC 1 MILL STREET 201 BURLINGTON,VT 05401	27-1226648		437,064				GENERAL SUPPORT
CHILDFUND INTERNATIONAL 2821 EMERYWOOD PKWY RICHMOND,VA 23294	54-0536100	501(C)(3)	417,834				GENERAL SUPPORT

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

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PH SCIENCE HOLDINGS INC 15022 35TH AVE W F LYNNWOOD,WA 98087	91-2181922	501(C)(3)	417,053				COMMUNITY HEALTH SYSTEMS
MID-DAKOTA EDUCATION 215 2ND STREET SE MINOT,ND 58701	45-6001841	GOVERNMENT	416,587				GENERAL SUPPORT
NORTHEAST EDUCATION SERVICES 205 16TH ST NW DEVILS LK,ND 58301	45-6001342	GOVERNMENT	413,500				GENERAL SUPPORT

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

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RED RIVER VALLEY EDUCATION 2400 47TH AVE S GRND FRKS,ND 581066000	45-0333456	501(C)(3)	411,339				GENERAL SUPPORT
BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BRKLINE AVE BR-109 BOSTON,MA 02215	04-2103881	501(C)(3)	394,855				GENERAL SUPPORT
EMORY UNIVERSITY 1599 CLIFTON RD ATLANTA,GA 30322	58-0566256	501(C)(3)	371,728				GENERAL SUPPORT

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

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INTERNEWS NETWORK PO BOX 4448 ARCATA,CA 95518	94-3027961	501(C)(3)	371,004				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
SOUTH EAST EDUCATION COOPERATIVE 1305 9TH AVE S NRTH FRGO,ND 58103	45-6000294	GOVERNMENT	367,098				EDUCATNL DEVELOPMENT
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL ASHBURN,VA 20147	53-0196584	501(C)(3)	401,443				GENERAL SUPPORT

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

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EQUAL ACCESS INTERNATIONAL 271 ASTN ST SAN FRANCISCO,CA 94109	94-3402601	501(C)(3)	333,089				GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST NEW YORK,NY 101681289	13-5660870	501(C)(3)	331,696				GENERAL SUPPORT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WLNT ST P221 FRKN BG PHL,PA 19101	23-1352685	501(C)(3)	328,910				GENERAL SUPPORT

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

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MUNICIPIO DE SAN JUAN 3RD FLOOR ROOM FP-04 SAN JUAN,PR 00935	66-0427034	Government	322,938				GENERAL SUPPORT
HARVARD BUSINESS SCHOOL 23 EVRT 327 MRCT OFCE CMBRDGE,MA 02138	04-2103580	501(C)(3)	318,757				GENERAL SUPPORT
UNIVERSITY OF WASHINGTON IRC/HMC 325 9TH AV 359927 SEA,WA 98104	99-9999999	GOVERNMENT	315,693				GENERAL SUPPORT

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

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VANDERBILT UNIVERSITY MEDICAL CENTER 3319 W END AVE 100 NASHVILLE,TN 37203	35-2528741	501(C)(3)	313,321				SOCIO-ECONOMIC DEVELOPMENT
BRIGHAM & WOMEN'S HOSPITAL RESEARCH 75 FRANCIS STREET BOSTON,MA 022413887	04-2312909	501(C)(3)	311,775				GENERAL SUPPORT
TECHNOSERVE INC 1120 19TH ST NW 8TH FL WSHNGTN,DC 20036	13-2626135	501(C)(3)	309,576				GENERAL SUPPORT

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

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GREAT NORTHWEST REGIONAL 1410 UNIV AVE WILLISTON,ND 58801	06-1759315	GOVERNMENT	303,642				GENERAL SUPPORT
SCHOOL TO SCHOOL INTERNATIONAL 200 SAN MARLO WY 3 PACIFICA H,CA 94044	02-0600889	501(C)(3)	297,558				EDUCATNL DEVELOPMENT
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK,RI 02886	13-5661832	501(C)(3)	278,319				INTERNATIONAL DEVELOPMENT, RELIEF 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 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
EDUCATION FOR EMPLOYMENT 1612 K ST NW 800 WASHINGTON,DC 20006	82-0578781	501(c)(3)	267,276				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
WASHINGTON UNIVERSITY WUSL 700 ROSEDALE AVE ST LOUIS,MO 631121408	43-0653611	501(C)(3)	261,955				HIV/AIDS PREVENTION
FORUM ONE COMMUNICATIONS CORP 15954 JKSN CK PKWY B374 MNMNT,CO 80132	94-3261569		258,183				GENERAL SUPPORT

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

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PUBLIC INTER LAW AND POLICY GROUP 888 16TH ST NW 831 WASHINGTON,DC 20006	04-3309296	501(C)(3)	247,830				GENERAL SUPPORT
MCCANN GLOBAL HEALTH 13801 FNB PARKWAY OMAHA,NE 68154	13-1938691		245,250				GENERAL SUPPORT
PUBLIC HLTH FOUNDATION ENTERPRISES INC 12801 CRDS PWY S 200 INDUSTRY,CA 91746	95-2557063	501(C)(3)	240,182				PUBLIC HLTH PROGRAM

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

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WINROCK INTERNATIONAL 2101 RIVERFRONT DR LITTLE ROCK,AR 72202	71-0603560	501(C)(3)	237,184				GENERAL SUPPORT
EDUCA VISION INC 7550 NW 47 AVE COCONUT CREEK,FL 33073	59-3269650		231,622				GENERAL SUPPORT
AVAC 423 W 127TH ST 4TH FL NEW YORK,NY 10027	94-3240841	501(C)(3)	230,224				GENERAL SUPPORT

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

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CONTINUUM LLC 1220 WASHINGTON ST WEST NEWTON,MA 02465	27-3892653		226,700				GENERAL SUPPORT
CENTER FOR INTL PRIVATE Enterprises 1211 CT AVE NW 700 WASHINGTON,DC 20036	52-1398742	501(c)(3)	218,576				GENERAL SUPPORT
WORLD LEARNING 1015 15TH ST NW 7TH F WSHNGTN,DC 20005	03-0179592	501(C)(3)	208,112				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES

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

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FREEDOM FROM HUNGER 1644 DA VINCI COURT DAVIS,CA 95618	95-1647835	501(C)(3)	205,883				GENERAL SUPPORT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LXNGTN AVE 9TH F NEW YORK,NY 10022	13-1623978	501(C)(3)	202,666				GENERAL SUPPORT
UN DEVELOPMENT PROGRAMME HEALTH & HIV 304 EAST 45TH STREET NEW YORK,NY 10017	58-2368165	501(c)(3)	199,974				HIV/AIDS PREVENTION

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

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AWHERE INC 4891 INDPDNE ST 275 WHT RIDGE,CO 80033	75-2811990		198,162				GENERAL SUPPORT
PATH 2201 WESTLAKE AVE 200 SEATTLE,WA 98107	91-1157127	501(C)(3)	197,148				GENERAL SUPPORT
WORLDREADERORG 40 RINGOLD SAN FRANCISCO,CA 94103	27-2092468	501(c)(3)	196,417				GENERAL SUPPORT

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

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NORTH CENTRAL EDU COOPERATIVE 105 SMRL BLVD DKTA CLG BTTNEAU,ND 58318	45-6000140	GOVERNMENT	195,612				GENERAL SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM 703 19TH ST S ZRB 242 BMNGHM,AL 35294	63-0649108	501(C)(3)	189,221				GENERAL SUPPORT
RTI INTENTERNATIONAL POBOX 900002 RALEIGH,NC 276759000	56-0686338	501(C)(3)	181,977				GENERAL SUPPORT

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OPEN REVOLUTION LLC 1150 CT AVE NW 1025 WSHNTN,DC 20036	27-0541509		181,818				GENERAL SUPPORT
JSI RESEARCH AND TRAINING INSTITUTE INC 1616 FT MYER DR 11TH F ARLNGTN,VA 22209	04-2679824	501(C)(3)	173,547				GENERAL SUPPORT
HAGER SHARP INC 1030 15TH ST NW 600E WSHNGTN,DC 20005	52-0983278		166,644				GENERAL SUPPORT

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UNIV OF NEBRASKA MEDICAL CTR S 42ND STEML ST BX 985100 OMH,NE 68198	47-0785575	501(c)(3)	154,923				GENERAL SUPPORT
YALE UNIVERSITY PO BOX 208260 NEW HAVEN,CT 065208260	06-0646973	501(c)(3)	150,686				GENERAL SUPPORT
522 PRODUCTIONS LLC 711 KING ST 2ND FL ALEXANDRIA,VA 22314	20-0564214		150,033				GENERAL SUPPORT

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GFK CUSTOMS RESEARCH LLC 75 NINTH AVE 5TH FL NEW YORK,NY 10011	36-2948619		145,184				GENERAL SUPPORT
PANAGORA GROUP LLC 3209 MCCOMAS AVENUE KENSINGTON,MD 20895	27-4148413		144,352				GENERAL SUPPORT
COLUMBIA UNIVERSITY 600 W 168TH ST 6TH F NEW YK,NY 10032	13-5598093	501(c)(3)	129,642				GENERAL SUPPORT

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GEORGIA TECH RESEARCH CORPORATION 505 10TH ST NW STE 300 ATLANTA,GA 30332	58-0603146	501(c)(3)	129,065				GENERAL SUPPORT
GEORGIA STATE UNIVERSITY RESEARCH FDN INC P O BOX 3999 ATLANTA,GA 303023999	58-1845423	501(c)(3)	125,454				SOCIO-ECONOMIC DEVELOPMENT
REBOOT DESIGN LLC 45 E 20TH ST 5TH F NEW YK,NY 10003	27-3684870		122,177				GENERAL SUPPORT

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EDUCATION DEVELOPMENT CTR INC 43 FOUNDRY AVENUE WALTHAM,MA 02453	04-2241718	501(c)(3)	121,990				GENERAL SUPPORT
PANGAEA GLOBAL AIDS 436 14TH STREET 920 OAKLAND,CA 94612	91-2167423	501(c)(3)	120,864				GENERAL SUPPORT
ORBIS BIOSCIENCES INC 8006 REEDER ST LENEXA,KS 66214	26-2360301		118,587				GENERAL SUPPORT

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PPD DEVELOPMENT LLC 2244 DABNEY ROAD RICHMOND,VA 23230	74-2325267		115,452				GENERAL SUPPORT
THE RESEARCH FOUNDATION FOR STATE OF NY 1400 WSHNTN AVE MSC 312 ALBANY,NY 12222	14-1368361	501(c)(3)	110,448				GENERAL SUPPORT
MCMAHON CONSULTING GROUP LLC 5 MELVIN AVE CATONSVILLE,MD 21228	27-2953125		105,680				GENERAL SUPPORT

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VARELA CONSULTING LLC 7027 E KENYON DR TUCSON,AZ 85710	46-4433483		105,000				GENERAL SUPPORT
ICNL 1126 16TH ST NW 400 WHTN,DC 20036	52-1818273	501(C)(3)	100,763				GENERAL SUPPORT
REGENTS OF THE UNIV OF CALIFORNIA 5171 CA AVE 150 IRVINE,CA 927967600	95-2226406	501(c)(3)	92,850				GENERAL SUPPORT

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UNIVERSITY OF OREGON 5219 UNIV OF OREGN EUGENE,OR 974035219	46-4727800	GOVERNMENT	91,961				GENERAL SUPPORT
FHI SOLUTIONS LLC 1825 CONNECTICUT AVE NW WSHNTN,DC 20009	45-2462813		91,241				GENERAL SUPPORT
MEDIC MOBILE INC 3254 19TH ST F 2 SAN FRANCISCO,CA 67110	27-5104203	501(c)(3)	90,646				GENERAL SUPPORT

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

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THE SEEP NETWORK PO BOX 10455 UNIONDALE,NY 115550455	13-3840611	501(C)(3)	89,185				GENERAL SUPPORT
WORLDCHICAGO 72 EAST RNDLPH ST CHICAGO,IL 60601	36-2406639	501(C)(3)	88,732				GENERAL SUPPORT
MISSOURI RIVER EDUCATIONAL COOPERATIVE 3001 MEMRL HWY B MANDAN,ND 58554	45-6000242	GOVERNMENT	86,784				GENERAL SUPPORT

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CARDLOGIX 16 HUGHES 100 IRVINE,CA 92618	33-0608026		86,220				GENERAL SUPPORT
WORLD AFFAIRS COUNCIL OF OREGON 1200 SW PK AVE 3RD F PTLD,OR 97205	93-0568356	501(C)(3)	85,612				GENERAL SUPPORT
DREXEL UNIVERSITY 3201 ARCH ST 420 PHILADELPHIA,PA 19104	23-1352630	501(c)(3)	84,728				GENERAL SUPPORT

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WATER AID AMERICA INC 315 MDSN AVE 2301 NEW YK,NY 10017	30-0181674	501(C)(3)	82,230				GENERAL SUPPORT
THE UNIVERSITY OF TENNESSEE CHATTANOOGA 615 MCCLLE AVE DPT 4905 CTTNGA,TN 37403	62-6001636	GOVERNMENT	80,659				GENERAL SUPPORT
ALAN NEWMAN RESEARCH 1025 BLDRS PWY 401 RCHMD,VA 23225	54-1090609		80,529				GENERAL SUPPORT

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ENCLUDE LTD 1220 19TH ST NW 200 WSTN,DC 20036	36-3556389		80,085				SOCIO-ECONOMIC DEVELOPMENT
SAFE SPACE NYC INC 89-74 162ND ST 5TH F JAMAICA,NY 11432	11-1711014	501(c)(3)	79,653				GENERAL SUPPORT
GEORGETOWN UNIVERSITY 37TH O STREET NW WASHINGTON,DC 20057	53-0196603	501(c)(3)	74,604				GENERAL SUPPORT

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MEDIA FOR DEVELOPMENT INTERNATIONAL 41367 LAMBORN MESA RD PAONIA,CO 81428	52-1659722	501(c)(3)	73,201				GENERAL SUPPORT
MCKESSON MEDICAL SURGICAL INC 9954 MRYLD DR 4000 RICHMOND,VA 23233	94-2640465		70,654				GENERAL SUPPORT
MANAGEMENT SYSTEMS INTERNATIONAL INC 1130 CT AVE NW 200 WASHINGTON,DC 20036	52-1215041	501(C)(3)	69,756				GENERAL SUPPORT

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

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PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH F OAKLD,CA 94607	94-1646278	501(c)(3)	68,796				GENERAL SUPPORT
UNIVERSITY OF NOTRE DAME 731 GRACE HALL NOTRE DAME,IN 46556	35-0868188	501(c)(3)	68,570				GENERAL SUPPORT
AFRICARE 440 R ST NW WASHINGTON,DC 20001	23-7116952	501(c)(3)	67,471				GENERAL SUPPORT

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OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BNCF ST L106OPAM PRTLD,OR 97239	93-1176109	GOVERNMENT	66,559				GENERAL SUPPORT
PACER CENTER 8161 NORMANDALE BLVD MPLS,MN 55437	41-1306304	501(C)(3)	63,026				GENERAL SUPPORT
THE CENTER FOR VICTIMS OF TORTURE 649 DAYTON AVE ST PAUL,MN 551046631	36-3383933	501(c)(3)	61,696				GENERAL SUPPORT

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

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THE HANNON GROUP LLC 10002 EDGWTR TRCE 100 FT WSTN,MD 20744	32-0044001		59,896				GENERAL SUPPORT
WORLD COUNCIL OF CREDIT UNIONS 5710 MNRL PNT RD MADISON,WI 537054493	39-1143339	501(C)(3)	57,565				GENERAL SUPPORT
MEMOTEXT LLC 4416 E W HWY 4TH F BETHESDA,MD 20814	46-0521076		57,351				GENERAL SUPPORT

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 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 TEXAS HEALTH SCIENCE CENTER UCT 1006 C 7000 FANNIN HOUSTON,TX 77030	74-1761309	GOVERNMENT	55,807				GENERAL SUPPORT
NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK,NY 10016	13-5562309	501(c)(3)	52,832				GENERAL SUPPORT
CHILD TRENDS 7315 WSCS AVE 1200W BTHDA,MD 20814	13-2982969	501(C)(3)	52,415				GENERAL SUPPORT

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 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
PATWELL PHARMACEUTICAL SOLUTIONS LLC 555 FOX CHASE 102 COATESVILLE,PA 19320	74-3086179		49,916				GENERAL SUPPORT
EMORY UNIVERSITY OFF OF SPONS PO BOX 935084 ATLANTA,GA 31193	58-0566256	501(C)(3)	49,359				GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF MICHIGAN 5000 WOLVERINE TOWER ANN ARBOR,MI 48109	38-6006309	GOVERNMENT	49,198				NUTRITION DEVELPMNT

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 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
NORTH DAKOTA INFORMATION 600 E Blvd AVE DPT 112 BISMARK,ND 58505	45-0457215		47,500				GENERAL SUPPORT
SALAM PEACE AND JUSTICE INSTITUTE 4000 ALBMRL ST 304 WASHINGTON,DC 20016	56-2455292	501(c)(3)	45,178				GENERAL SUPPORT
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC 150 BROADWAY SUITE 301 MENANDS,NY 12204	14-1410842	501(C)(3)	44,406				GENERAL SUPPORT

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 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
MAKING CENTS INTERNATIONAL 1155 30TH ST NW 300 WHTN,DC 20007	84-1672193		44,285				GENERAL SUPPORT
POPULATION SERVICES INTERNATIONAL PSI 1120 19TH ST NW 600 WSHINGTON,DC 20036	56-0942853	501(C)(3)	43,780				GENERAL SUPPORT
SPORTS AND ARTS IN SCHOOLS FOUNDATION 58-12 QUEENS BLVD WOODSIDE,NY 11377	11-3112635	501(c)(3)	43,766				GENERAL SUPPORT

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 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
JOHNS HOPKINS UNIV SCHOOL OF MEDICINE 733 N BROADWAY BALTIMORE,MD 212051832	52-1259299	501(C)(3)	43,663				GENERAL SUPPORT
SEATTLE CHILDRENS HOSPITAL PO BOX 5371 M/S RC-507 SEATTLE,WA 98145	91-0564748	501(c)(3)	43,151				GENERAL SUPPORT
AVENIR HEALTH INC 41-A NEW LNDN TRNPK GLASTONBURY,CT 06033	20-4816286	501(c)(3)	42,535				GENERAL SUPPORT

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 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
ROTARY INTERNATIONAL 1560 SHERMAN AVE EVANSTON,IL 60201	36-1707667	501(C)(3)	42,127				GENERAL SUPPORT
PARTICLE SCIENCES INC 3894 CRTNEY ST 180 BETHLEHEM,PA 18017	23-2949752		40,795				GENERAL SUPPORT
INSTITUTE FOR CLINICAL RESEARCH INC PO BOX 29545 WASHINGTON,DC 200170745	52-1336656	501(C)(3)	39,196				GENERAL SUPPORT

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 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
PERIGEE LABS INC 13311 LAWRENCE LANE BRISTOW,VA 20136	46-5528852		36,850				GENERAL SUPPORT
FENWAY COMMUNITY HEALTH CENTER 1340 BOYLSTON ST 8TH F BOSTON,MA 02215	04-2510564	501(C)(3)	36,629				GENERAL SUPPORT
INTERNATIONAL DEVELOPMENT ENTERPRISES 1031 33RD ST 270 DENVER,CO 80205	23-2220051	501(C)(3)	36,296				GENERAL SUPPORT

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 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
THE HOWARD UNIVERSITY 525 BRYANT ST NW 137 WSHNTN,DC 20059	53-0204707	501(C)(3)	36,135				GENERAL SUPPORT
EASTERN VIRGINIA MEDICAL SCHOOL 740 W OLNEY RD PO BX 1980 NRFK,VA 23501	54-6055378	501(C)(3)	35,418				GENERAL SUPPORT
TULANE UNIVERSITY 800 E CMMECE RD 203 HRHN,LA 70123	72-0423889	501(c)(3)	32,758				GENERAL SUPPORT

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 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
CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST 423A SAN FRAN,CA 94103	94-6000417	GOVERNMENT	32,119				GENERAL SUPPORT
YMCA OF THE USA 101 N WACKER DR 1600 CHICAGO,IL 60606	36-3258696	501(c)(3)	29,710				GENERAL SUPPORT
NETHOPE INC 10615 JUDICIAL DR 402 FAIRFAX,VA 22030	20-1782011		26,905				GENERAL SUPPORT

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

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KYDES PHARMACEUTICALS LLC 1450 S ROLLING RD HALETHORPE,MD 21227	20-1816126		25,940				GENERAL SUPPORT
AMDEE LLC 10611 PN HVN TRCE N BTHDA,MD 20852	27-2225163		25,020				GENERAL SUPPORT
JAMES MADISON UNIVERSITY 1031 S MAIN ST MSC 5705 HRSNBG,VA 22807	54-6001756	501(c)(3)	24,737				GENERAL SUPPORT

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 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
CENTRETEK SOLUTIONS LLC 8318 FORREST ST ELLICOTT CITY,MD 21043	52-2282998		24,455				GENERAL SUPPORT
GRETCHEN SWANSON CENTER FOR NUTRITION 8401 W DDGE RD 100 OMAHA,NE 68114	27-4313546	501(C)(3)	24,320				GENERAL SUPPORT
MEBS GLOBAL REACH LC 14930 BOGLE DR CHANTILLY,VA 20151	20-4529940		22,943				GENERAL SUPPORT

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

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PPD GLOBAL CENTRAL LABS LLC 929 NORTH FRONT ST WILMINGTON,NC 28401	45-3806478		22,851				GENERAL SUPPORT
FUND FOR THE CITY OF NEW YORK 121 AVE OF AMRCS 6TH FL NEW YK,NY 10013	02-0590588	501(c)(3)	22,830				GENERAL SUPPORT
LINC LLC 667 F STREET NE WASHINGTON,DC 20002	46-2573007		22,139				GENERAL SUPPORT

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 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
THE BRIGHAM AND WOMANS HOSPITAL INC 101 HUNTINGTON AVE 300 BOSTON,MA 02199	04-2312909	501(C)(3)	21,481				GENERAL SUPPORT
IDEXX DISTRIBUTION INC ONE IDEXX DRIVE WESTBROOK,ME 04092	35-2186625		21,395				GENERAL SUPPORT
JHU CENTER FOR COMMUNICATION PROGRAMS 111 MKT PL 310 BALTIMORE,MD 212024012	52-0595110	501(c)(3)	21,221				GENERAL SUPPORT

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

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RESEARCH FOUNDATION OF CITY UNIV NY 250 BEDFORD PARK BLVD W BRONX,NY 10468	13-1988190	501(C)(3)	20,630				GENERAL SUPPORT
ADIRONDACK ACCESSABILITY INC 687 FIGERT RD COLD BROOK,NY 13324	16-1587281		20,098				GENERAL SUPPORT
EMERY GROUP LTD 1205 E MDSN PK 1 CHICAGO,IL 60615	45-2488264		20,000				GENERAL SUPPORT

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

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UNIVERSITY OF MINNESOTA 200 OAK ST SE 450 MPLS,MN 554552070	41-6007513	GOVERNMENT	19,426				GENERAL SUPPORT
DUKE UNIVERSITY P O BOX 602651 CHARLOTTE,NC 282602651	56-0529965	501(C)(3)	16,401				GENERAL SUPPORT
CAYEN SYSTEMS LLC 7100 W CTR ST MILWAUKEE,WI 53210	39-1934552		16,334				GENERAL SUPPORT

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

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THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-1145986	501(c)(3)	15,778				GENERAL SUPPORT
TEQUIPMENT NET 205 WESTWOOD AVE LONG BRANCH,NJ 07740	20-2111443		15,286				GENERAL SUPPORT
PEOPLE HEALTH FOUNDATION INC 255 CARTER HALL LN MILLWD,VA 226450255	53-0242962	501(c)(3)	15,184				GENERAL SUPPORT

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

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EVERGREEN EVALUATION AND CONSULTING INC 16 BRADLEY BOW RD JERICHO,VT 054653136	45-3846065		15,000				GENERAL SUPPORT
SMITHGEIGER LLC 31365 OAK CRT DR 150 WLK VLLG,CA 91361	77-0570777		15,000				GENERAL SUPPORT
AKROS INC BOX 457 LARAMIE,WY 82073	26-3668995		14,849				GENERAL SUPPORT

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 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
CHARLES R DREW UNV OF MED AND SCI 1731 E 120 ST LOS ANGELES,CA 900593051	95-6151774	501(c)(3)	14,121				GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVE RALEIGH,NC 27603	56-1282557	501(C)(3)	12,877				GENERAL SUPPORT
VILLAGE ENTERPRISE 751 LREL ST PMB 222 SAN CARLOS,CA 94070	22-2852248		12,787				GENERAL SUPPORT

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 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
THE WILLIAM DAVIDSON INSTITUTE 724 E UNIV AVE ANN ARBOR,MI 481091234	38-3048086	501(C)(3)	11,647				GENERAL SUPPORT
VOICES FOR HEALTH INC 2851 MICH ST NE 104 GR,MI 49506	38-3543238		11,151				GENERAL SUPPORT
JUAREZ AND ASSOCIATES INC 12139 NTNL BLVD LOS ANGELES,CA 90064	95-2750512		11,118				GENERAL SUPPORT

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

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GEOTECH ENVIRONMENTAL EQUIPMENT INC 2650 E 40TH AVE DENVER,CO 80205	84-0753199		10,362				GENERAL SUPPORT
TECHNOLOGY INTEGRATION GROUP 7810 TRADE ST SAN DIEGO,CA 92121	95-3825596		10,251				GENERAL SUPPORT
RESTLESS DEVELOPMENT USA INC 227 W 17TH ST 3RD FL NEW YORK,NY 10011	04-3561445	501(c)(3)	10,000				GENERAL SUPPORT

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

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DICAPTA 900 FX VLLY DR 204 LNGWD,FL 32779	20-2109501		9,690				GENERAL SUPPORT
BYRAM LABORATORIES INC 1 COLUMBIA RD BRANCHBURG,NJ 08876	22-2741042		9,405				GENERAL SUPPORT
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MRS PK AVE BLFR 1108 BRX,NY 10461	47-2209056	501(c)(3)	8,000				GENERAL SUPPORT

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

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UNIVERSITY OF ILLINOIS 1737 W PK ST 304 AOB 672 CHI,IL 60612	37-6000511	501(c)(3)	6,027				GENERAL SUPPORT
MERCY CORPS 45 ANKENY ST PORTLAND,OR 97204	91-1148123	501(C)(3)	5,459				GENERAL SUPPORT
MICHIGAN STATE UNIVERSITY CONTRACT & GRA 426 AUDITORIUM RD 2 E LNSNG,MI 48824	23-7326030	GOVERNMENT	5,053				NUTRITION DEVELPMNT

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	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	**1b**	Yes	
2	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?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(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 on 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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 23-7413005
Name: FAMILY HEALTH INTERNATIONAL

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENT
SCHEDULE J, PART I, LINE 3	FHI 360S AUDIT COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE AND SETS THE CEOS COMPENSATION BASED ON PERFORMANCE REVIEW AND COMPARABILITY DATA FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS FURTHER DETAILS OF THE COMMITTEES ACTIVITIES ARE RECORDED AS FHI 360S RESPONSE TO FORM 990, PART VI, LINE 15B
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS WERE MADE DURING THE CALENDAR YEAR 2015 TO THE FOLLOWING DAVID G MEIN $61,500 SUSAN ZIMICKI $63,657 PAUL LESLIE BUNDICK $48,082 MELISSA PANAGIDES-BUSCH $35,771 WILLIAM OCALLAGHAN $24,157 GITA PILLAI $16,896

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	A 457(B) VOLUNTARY SALARY DEFERRAL PLAN IS MADE AVAILABLE TO THE EXTENT ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PATRICK C FINE CHIEF EXECUTIVE OFFICER	(I)	390,000	0	12,300	31,800	1,352	435,452	0
	(II)	0	0	0	0	0	0	0
1 DEBORAH KENNEDY-IRAHETA CHIEF OPERATIONS OFFICER	(I)	271,923	0	2,400	26,744	1,028	302,095	0
	(II)	0	0	0	0	0	0	0
2DR PETER R LAMPTEY DIST SCNTST, PRES-EMERITUS	(I)	173,612	0	5,401	21,434	6,877	207,324	0
	(II)	0	0	0	0	0	0	0
3ROBERT R PRICE EXEC VP/ GEN COUNSEL/SECRETARY	(I)	281,878	0	5,000	49,300	14,928	351,106	0
	(II)	0	0	24,000	0	0	24,000	0
4MANISHA BHARTI CHIEF STRATEGY OFFICER	(I)	247,592	0	0	46,711	16,394	310,697	0
	(II)	0	0	0	0	0	0	0
5ROBERT SCOTT MURPHY CHIEF FIN OFFICER(THRU 10/15)	(I)	213,931	0	0	25,672	14,739	254,342	0
	(II)	0	0	0	0	0	0	0
6SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(I)	215,250	0	6,159	26,430	16,325	264,164	0
	(II)	0	0	0	0	0	0	0
7PAMELA MYERS CHIEF HUMAN RESOURCE OFFICER	(I)	225,910	0	5,000	27,709	16,673	275,292	0
	(II)	0	0	0	0	0	0	0
8DAVID G MEIN CHIEF ADMIN OFFICER	(I)	213,200	0	37,651	40,547	3,567	294,965	0
	(II)	0	0	0	0	0	0	0
9ANTHONY D BONDURANT DIRECTOR APRO	(I)	195,818	950	60,376	23,498	6,010	286,652	0
	(II)	0	0	0	0	0	0	0
10PAUL LESLIE BUNDICK DIRECTOR ECONOMIC DEVELOPMENT	(I)	165,428	0	13,766	19,851	11,271	210,316	0
	(II)	0	0	0	0	0	0	0
11IVAN CHARNER DIRECTOR NATIONAL INSTITUTES	(I)	198,759	0	200	23,851	11,246	234,056	0
	(II)	0	0	0	0	0	0	0
12HAYLEY BRYANT PROJECT DIRECTOR	(I)	142,699	0	166,531	17,124	7,524	333,878	0
	(II)	0	0	0	0	0	0	0
13NADRA C FRANKLIN DIR SOC & ECO DEVELOPMENT	(I)	207,531	0	1,255	24,904	11,268	244,958	0
	(II)	0	0	0	0	0	0	0
14JOHN A GILLIES DIRECTOR GLOBAL LEARNING	(I)	237,219	0	3,790	45,903	6,897	293,809	0
	(II)	0	0	0	0	0	0	0
15PHYLLIS JONES-CHANGA DIRECTOR, NIGERIA	(I)	170,549	0	180,784	20,466	3,536	375,335	0
	(II)	0	0	0	0	0	0	0
16LAURA C KAYSER DEPUTY TO THE COO	(I)	246,376	0	3,808	30,022	16,726	296,932	0
	(II)	0	0	0	0	0	0	0
17TIMOTHY MASTRO DIR GLOBAL HLTH POP/ NUTRITION	(I)	254,382	0	4,754	31,097	994	291,227	0
	(II)	0	0	0	0	0	0	0
18MICHAEL P MAZZA DIRECTOR, INFORMATION SOLUTION	(I)	193,067	0	2,400	41,456	831	237,754	0
	(II)	0	0	0	0	0	0	0
19PATRICK MONTESANO DIRECTOR, US PROGRAMS	(I)	247,447	0	3,897	30,159	6,758	288,261	0
	(II)	0	0	0	0	0	0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21LARRY THOMAS ORIGLIO DIRECTOR, OPERATIONS SUPPORT	(I) (II)	192,572 0	0 0	3,946 0	23,582 0	6,621 0	226,721 0	0 0
1ANGEL PADILLA DIR, CONTRACT MGMT	(I) (II)	125,816 0	0 0	15,230 0	15,339 0	4,414 0	160,799 0	0 0
2RASIKA PADMAPERUMA CHIEF FIN OFFICER(BEG 10/15)	(I) (II)	210,596 0	0 0	7,231 0	26,139 0	16,552 0	260,518 0	0 0
3MELISSA PANAGIDES-BUSCH DIRECTOR, PROJ MGMT	(I) (II)	148,807 0	0 0	8,073 0	18,037 0	16,250 0	191,167 0	0 0
CHRISTIAAN JOHANNES VAN **4**DAM DIR, PRGM SCIENCES	(I) (II)	209,142 0	0 0	0 0	25,097 0	11,271 0	245,510 0	0 0
5SUSAN ZIMICKI DIR, INFECTIOUS DISEASES	(I) (II)	107,842 0	0 0	12,345 0	13,103 0	3,862 0	137,152 0	0 0
6NZAPFURUNDI CHABIKULI DIR SOUTH AFRICA REGNL OFFICE	(I) (II)	207,742 0	0 0	1,385 0	0 0	6,821 0	215,948 0	0 0
7SUSAN VOSKUIL DIR, CONTRACT MGMT SERVICES	(I) (II)	146,289 0	0 0	4,572 0	18,098 0	6,660 0	175,619 0	0 0
8TED FITZGERALD DIR, GLOBAL RESEARCH SERVICES	(I) (II)	181,869 0	0 0	1,385 0	21,991 0	6,581 0	211,826 0	0 0
9REED RAMLOW COUNTRY DIRECTOR - VIETNAM	(I) (II)	133,014 0	10,000 0	77,457 0	22,672 0	6,333 0	249,476 0	0 0
10STEPHEN J MILLS DIR, PROJ PORTFOLIO	(I) (II)	176,349 0	1,500 0	84,190 0	38,662 0	5,960 0	306,661 0	0 0
11WILLIAM O'CALLAGHAN DIR NIGERIA FIN	(I) (II)	125,616 0	0 0	101,884 0	15,404 0	5,676 0	248,580 0	0 0
12GITA PILLAI DIRECTOR INDIA	(I) (II)	115,830 0	0 0	98,700 0	14,128 0	532 0	229,190 0	0 0
13JANET ROBINSON DIR RSCH & LAB SCI	(I) (II)	184,018 0	650 0	65,461 0	22,145 0	3,570 0	275,844 0	0 0
14MICHAEL J WELSH DIRECTOR, ZAMBIA	(I) (II)	191,909 0	0 0	91,279 0	20,767 0	7,649 0	311,604 0	0 0
15DOUGLAS TREADWELL COUNTRY DIRECTOR	(I) (II)	147,903 0	0 0	123,376 0	18,012 0	668 0	289,959 0	0 0
16ELIZABETH OLIVERAS COUNTRY DIRECTOR	(I) (II)	127,219 0	0 0	272,438 0	15,266 0	7,484 0	422,407 0	0 0

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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

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
EXPLANATION OF AMENDMENTS	FHI360's Form 990 is being amended to include the Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations, which was inadvertently not attached to the previously timely e-filed form 990 The form 5471 is being included to disclose FHI360s ownership interest in FHI 360 COMMUNITY CONSULTING SERVICES (INDIA) PVT LTD ORGANIZATION'S MISSION FORM 990, PART I, LINE 1 FHI360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOC IAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE GENDER EQUALIT Y IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUI TY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE FHI360 PROMOTES COMMUNITY S OLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO-ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOO D FOR THE MOST-AT-RISK HOUSEHOLDS EXPENSES $55,218,704 GRANTS $7,217,157 REVENUES $66,171 ,082 REPRODUCTIVE HEALTH - FHI360'S EXPERTS SUPPORT MATERNAL AND CHILD HEALTH, INCREASE AC CESS TO HIGH-QUALITY REPRODUCTIVE HEALTH CARE FOR MEN AND WOMEN AND EVALUATE HEALTH OUTCOM ES OF PROGRAMS FHI360 HAS WORKED FOR MORE THAN THIRTY YEARS TO IMPROVE THE AVAILABILITY, SAFETY, AND ACCEPTANCE AND USE OF MODERN CONTRACEPTIVE METHODS TO IMPROVE MATERNAL AND CHI LD HEALTH, AND TO PREVENT SEXUALLY-TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS, WORKING WIT H LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS IN MORE THAN 70 COUNTRIES AROUND THE WOR LD EXPENSES $28,652,343 GRANTS $3,744,899 REVENUES $34,335,405 NAME OF FOREIGN COUNTRY FO RM 990, PART V, LINE 4B Afghanistan Bangladesh Botswana Myanmar Burundi China Democratic R epublic of The Congo Dominican Republic Equatorial Guinea Ethiopia Djibouti Ghana Guatemal a Guinea India Indonesia Iraq Cte d'Ivoire Jordan Kenya Kyrgyzstan Lao Peoples Democratic Republic (Laos) Liberia Malawi Mozambique Namibia Nepal Nigeria Pakistan Papua New Guinea Peru Philippines Rwanda Senegal Sierra Leone Vietnam South Africa Zimbabwe South Sudan Swa ziland Thailand Uganda Egypt United Republic of Tanzania Burkina Faso Zambia Kosovo

990 Schedule O, Supplemental Information

Return Reference	Explanation
MATERIAL DIFFERENCES IN VOTING RIGHTS	FORM 990, PART VI, LINE 1A AN EXECUTIVE COMMITTEE CONSISTING OF SIX MEMBERS, OF WHICH FIVE ARE VOTING MEMBERS, EXERCISES BOARD AUTHORITY BETWEEN QUARTERLY MEETINGS OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO	REVIEW 990 FORM 990, PART VI, LINE 11B FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP AFTER A FINAL REVIEW BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER, GENERAL C OUNSEL, AND CHIEF EXECUTIVE OFFICER, FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF T HE BOARD OF DIRECTORS AND COPIES ARE MADE AVAILABLE FOR REVIEW TO EACH MEMBER OF THE BOARD OF DIRECTORS AFTER BOARD'S APPROVAL IS OBTAINED, FORM 990 IS SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS	OF INTEREST FORM 990, PART VI, LINE 12C THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTE REST", ADOPTED BY THE RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD ME MBER AND TO EACH OF THE ORGANIZATION'S EMPLOYEES A DISCLOSURE FORM IS COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY EMPLOYEE AT THE INITIATION OF EMPLOYM ENT STATEMENTS COMPLETED BY BOARD MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CH AIR'S STATEMENT IS FILED WITH THE VICE CHAIR OF THE BOARD STATEMENTS BY US EMPLOYEES ARE FILED WITH THE HUMAN RESOURCES DEPARTMENT STATEMENTS BY NON-US BASED EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE. THE POLICY REQUIRES DISCLOSURE ON AN ONGO ING BASIS OF ANY CONFLICTS AS THEY ARISE. ADDITIONALLY, IN JULY OF EACH YEAR, THE CORPORAT ION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR DISCLOSURE STATEMENTS ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT T HE LEVEL OF DIRECTOR AND ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE O FFICER THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS REGARDING CONDUCT, AND ETHICAL STANDA RDS, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMEN T EACH MEMBER AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES WI TH THE CODE OF ETHICS AND CONDUCT

990 Schedule O, Supplemental Information

Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS	BEGAN FORM 990, PART VI, LINES 15A & 15B THE ORGANIZATION'S BYLAWS, WHICH ESTABLISH THE AU DIT COMMITTEE OF THE BOARD OF DIRECTORS, AND THE CHARTER OF THE AUDIT COMMITTEE, PROVIDE T HAT THE AUDIT COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION C OMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPO RATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT T HAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVID UAL PERFORMANCE DURING THE PRIOR YEAR THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTE E MEETS TO (1) CONSIDER THE CEO'S PERFORMANCE DURING THE PRIOR YEAR, (2) CONSIDER THE CEO' S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS, (3) REVIEW TH E RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM, (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR, AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, LINE 19 FHI 360'S ORGANIZATIONAL CHARTER IS A VAILABLE THROUGH THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE FHI 360'S AUDITED F INANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC FHI 360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAIALBLE UPON REQUEST

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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

2015

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL

Employer identification number
23-7413005

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHI SOLUTIONS LLC 359 BLACKWELL STREET 200 DURHAM, NC 27701 45-2462813	NUTRITION	NC	17,529,666	26,969,709	FHI

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	(g) No
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION 359 BLACKWELL STREET 200 DURHAM, NC 27701 56-1719871	SUPPRT FHI360	NC	501(c)(3)	11a	FHI	Yes	
(2) FHI DISASTER RELIEF FUND 359 BLACKWELL STREET 200 DURHAM, NC 27701 45-3735754	DISAST RELIEF	NC	501(c)(3)	7	FHI	Yes	
(3) Achieving Health Nigeria Initiative Godab Plaza Area 3 Garki Abuja NI	Local Health	NI	N/A	N/A	FHI	Yes	
(4) Gold Star Kenya 12 Riph Bnch RdKgra Msnts 17 Nairobi 19535-00202 KE	Local Health	KE	N/A	N/A	FHI	Yes	
(5) FH India H-5 GROUND FL GREEN PARK EXT New Delhi, DELHI 110016 IN	Local Health	IN	N/A	N/A	FHI	Yes	

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) Disproprtionate 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
(1) FHI 360 Cmmnty Csltg SVC (India) pvt LTD H-5 GROUND FL GREEN PARK EXT NEW DELHI, DELHI 110016 IN	Local Health	IN	NA	N/A	47	395	100 000 %	Yes	

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**		**No**
p	Reimbursement paid to related organization(s) for expenses	**1p**		**No**
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**		**No**
s	Other transfer of cash or property from related organization(s)	**1s**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)FAMILY HEALTH INTERNATIONAL FOUNDATION	c	10,224,848	CASH DONATION
(2) Achieving Health Nigeria Initiative	m	3,116,700	FMV
(3) Gold Star Kenya	m	211,000	FMV

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) Disproprtionate 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