

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning, 2004, and ending

B Check if applicable:

- Address change
Name change
Initial return
Final return
[X] Amended return
Application pending

C Name of organization: Child Family Health International
D Employer Identification Number: 94-3145385
E Telephone number: (415) 957-9000
F Accounting method: [] Cash [X] Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? [] Yes [X] No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? [] Yes [] No (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No

G Web site: www.cfhi.org

J Organization type (check only one) [X] 501(c) 3 (insert no.) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Group Exemption Number

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,859,638.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 12,000. non-cash \$ 813,717.)	825,717.	825,717.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	102,221.	82,960.	3,147.	16,114.
26	Other salaries and wages	147,698.	108,354.	24,168.	15,176.
27	Pension plan contributions				
28	Other employee benefits	23,315.	17,848.	2,548.	2,919.
29	Payroll taxes	20,038.	15,339.	2,190.	2,509.
30	Professional fundraising fees				
31	Accounting fees	3,731.	0.	3,731.	0.
32	Legal fees				
33	Supplies	13,194.	0.	13,194.	0.
34	Telephone	6,933.	5,307.	758.	868.
35	Postage and shipping	1,176.	0.	1,176.	0.
36	Occupancy	17,526.	13,416.	1,916.	2,194.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	822.	0.	822.	0.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	744.	570.	81.	93.
43	Other expenses not covered above (itemize):				
a	Advertising & Promotion	13,657.	0.	0.	13,657.
b	Med Student Exch Costs	468,490.	468,490.	0.	0.
c	Other Expenses	16,781.	0.	14,737.	2,044.
d	Other Program Expenses	67,966.	67,966.	0.	0.
e	See Other Expenses Stmt	19,246.	7,941.	11,305.	0.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	1,749,255.	1,613,908.	79,773.	55,574.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>Charitable</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Please see Attachment A ----- ----- ----- (Grants and allocations \$ 825,717.)	1,613,908.
b ----- ----- (Grants and allocations \$)	
c ----- ----- (Grants and allocations \$)	
d ----- ----- (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,613,908.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash – non-interest-bearing		45 145.
	46 Savings and temporary cash investments	202,349.	46 284,300.
	47 a Accounts receivable	47 a	47 c
	b Less: allowance for doubtful accounts	47 b	
	48 a Pledges receivable	48 a 1,844.	48 c
	b Less: allowance for doubtful accounts	48 b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51 a Other notes & loans receivable (attach sch)	51 a	51 c
	b Less: allowance for doubtful accounts	51 b	
	52 Inventories for sale or use	0.	52 71,545.
	53 Prepaid expenses and deferred charges		53
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments – land, buildings, & equipment: basis	55 a	55 c
	b Less: accumulated depreciation (attach schedule)	55 b	
56 Investments – other (attach schedule)		56	
57 a Land, buildings, and equipment: basis	57 a 31,596.	57 c	
b Less: accumulated depreciation (attach schedule)	57 b 24,024.		
58 Other assets (describe ► <u>Prepays and Deposits</u>) ..	695.	58 6,141.	
59 Total assets (add lines 45 through 58) (must equal line 74)	206,858.	59 371,547.	
LIABILITIES	60 Accounts payable and accrued expenses	21,179.	60 23,848.
	61 Grants payable		61
	62 Deferred revenue	88,142.	62 139,779.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64 a Tax-exempt bond liabilities (attach schedule)		64 a
	b Mortgages and other notes payable (attach schedule)		64 b
	65 Other liabilities (describe ► _____) ..		65
66 Total liabilities (add lines 60 through 65)	109,321.	66 163,627.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	75,197.	67 174,857.
	68 Temporarily restricted	22,340.	68 33,063.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	97,537.	73 207,920.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	206,858.	74 371,547.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,875,638.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities \$ 16,000.		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	16,000.
c	Line a minus line b	c	1,859,638.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,859,638.

a	Total expenses and losses per audited financial statements	a	1,765,255.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 16,000.		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	16,000.
c	Line a minus line b	c	1,749,255.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,749,255.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Ajoy Mallik Los Altos, CA	Chair 1	0.	0.	0.
Ellen Levy San Francisco, CA	Mbr .5	0.	0.	0.
Evaleen Jones, MD Menlo Park, CA	Pres/Founder 20	39,278.	0.	0.
Gunjan Sinha Palo Alto, CA	Mbr .5	0.	0.	0.
John Somoza San Francisco, CA	Vice Chair 1	0.	0.	0.
See List of Officers, Etc. Statement		62,943.	2,708.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule— see instructions.

Part V Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X
81a	Enter direct and indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	n/a	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	n/a	
85c	Dues, assessments, and similar amounts from members.	n/a	
85d	Section 162(e) lobbying and political expenditures.	n/a	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	n/a	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	n/a	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	n/a	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	n/a	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	n/a	
86b	Gross receipts, included on line 12, for public use of club facilities.	n/a	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	n/a	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	n/a	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <u>California</u>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	8	
91	The books are in care of <u>CFHI</u> Telephone number <u>(415) 957-9000</u> Located at <u>995 Market Street, Suite 1104, San Francisco, CA</u> ZIP +4 <u>94103</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u>		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Student Fees					865,691.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,648.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Misc			01	2,294.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,942.	865,691.
105 Total (add line 104, columns (B), (D), and (E))					869,633.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Fees paid by students to participate in medical program - supervised medical services to persons abroad. Exempt purpose is to encourage and facilitate US medical students' work abroad.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: Alan D. Biller Date: 6/29/07

Type or print name and title: Alan D. Biller, Treasurer

Paid Preparer's Use Only

Preparer's signature: Antoinette G. Nies Date: 06/12/07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W)

Firm's name (or yours if self-employed), address, and ZIP + 4: ANTOINETTE G NIES CPA
61 PRINCE ROYAL DRIVE
CORTE MADERA CA 94925 EIN: _____ Phone no.: (415) 927-9475

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Child Family Health International

Employer identification number

94-3145385

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	None	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check on **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions— subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in).....▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	1,011,119.	603,364.	460,272.	124,650.	2,199,405.
16 Membership fees received.....					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.....	63,585.	445,264.	234,623.	188,030.	931,502.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.....	1,348.	1,837.	3,380.	4,993.	11,558.
19 Net income from unrelated business activities not included in line 18.....	0.	0.	1,731.		1,731.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....	703.			15.	718.
23 Total of lines 15 through 22.....	1,076,755.	1,050,465.	700,006.	317,688.	3,144,914.
24 Line 23 minus line 17.....	1,013,170.	605,201.	465,383.	129,658.	2,213,412.
25 Enter 1% of line 23.....	10,768.	10,505.	7,000.	3,177.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.....▶	26a	44,268.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.....▶	26b	153,206.
c Total support for section 509(a)(1) test: Enter line 24, column (e).....▶	26c	2,213,412.
d Add: Amounts from column (e) for lines: 18 11,558. 19 1,731. 22 718. 26b 153,206.▶	26d	167,213.
e Public support (line 26c minus line 26d total).....▶	26e	2,046,199.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).....▶	26f	92.45 %

27 Organizations described on line 12:
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person. Do not file this list with your return. Enter the sum of such amounts for each year:
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals. Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: **15** _____ **16** _____ **17** _____ **20** _____ **21** _____ ▶ **27c** _____

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d** _____

e Public support (line 27c total minus line 27d total).....▶ **27e** _____

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...▶ **27f** _____

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).....▶ **27g _____ %**

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).....▶ **27h _____ %**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			

32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d Copies of all material used by the organization or on its behalf to solicit contributions?.....	32 d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			

33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33 a		
b Admissions policies?	33 b		
c Employment of faculty or administrative staff?	33 c		
d Scholarships or other financial assistance?	33 d		
e Educational policies?	33 e		
f Use of facilities?	33 f		
g Athletic programs?	33 g		
h Other extracurricular activities?	33 h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a Does the organization receive any financial aid or assistance from a governmental agency?.....	34 a		
b Has the organization's right to such aid ever been revoked or suspended?	34 b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

n/a

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked **a** and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is--		
	The lobbying nontaxable amount is--		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

Child Family Health International

Employer identification number

94-3145385

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule— see instructions.)

General Rule —

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use **exclusively** for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for **exclusively** religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

Child Family Health International

94-3145385

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Vida USA 6251 Hollis Street Emeryville CA 94608	\$ 729,026.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Community Foundation for Monterey County 99 Pacific St., Suite 155A Monterey CA 93940	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Cameron Nezhat, MD 900 Welch Road, Ste 403 Palo Alto CA 94304	\$ 33,373.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Ethicon Endo-Surgery 3955 E Holmes Rd. Memphis TN 38118	\$ 46,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Hannah Kellog 286 NE Green St. White Salmon WA 98672	\$ 25,995.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Bernadette Aragon 4141 Geary Blvd., Suite 219 San Francisco CA 94118	\$ 12,177.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Child Family Health International

94-3145385

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Craig McDow, MD ----- 450 Sutter Street ----- San Francisco CA 94108 -----	\$ 12,374.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Panjwani Rashid Family Foundation ----- 85 Southdown Ct. ----- Hillsborough CA 94010 -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Organization for International Health ----- 2225 Sharon Road, #213 ----- Menlo Park CA 94025 -----	\$ 6,547.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	Stanford Hospital Anesthesia Services ----- 300 Pasteur Drive ----- Stanford CA 94305 -----	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Thomas K Zander ----- 9718 N Lake Drive ----- Milwaukee WI 53217 -----	\$ 5,941.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Carpenter Moore Insurance Services ----- 717 Market St. 7th Floor ----- San Francisco CA 94103 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Child Family Health International	Employer identification number 94-3145385
---	--

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Medical supplies	\$ 729,026.	various
3	Medical supplies	\$ 17,375.	08/30/04
4	Endoscopy equipment	\$ 46,170.	12/31/04
5	Medical supplies	\$ 25,995.	04/01/04
6	Medical supplies	\$ 12,177.	01/20/04
7	Medical supplies	\$ 12,374.	01/27/04

BAA

Name of organization

Employer identification number

Child Family Health International

94-3145385

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
9	Medical supplies	\$ 6,547.	10/03/04
10	Medical supplies	\$ 8,000.	02/06/04
11	Medical supplies	\$ 5,941.	various
		\$	
		\$	

BAA

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Professional Fees	6,687.	0.	6,687.	0.
Insurance	4,115.	0.	4,115.	0.
Dues and Subscriptions	503.	0.	503.	0.
Partner Exchange Pgm	7,941.	7,941.	0.	0.
Total	<u>19,246.</u>	<u>7,941.</u>	<u>11,305.</u>	<u>0.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Joshua Pickus San Francisco, CA	Member .5	0.	0.	0.
Laurie Price San Francisco, CA	Secretary .5	0.	0.	0.
Mark Stinson San Francisco, CA	Treasurer .5	0.	0.	0.
Safeena Husain San Francisco, CA	Exec Dir 40	37,660.	1,625.	0.
Steven Schmidbauer San Francisco, CA	Exec Dir 40	25,283.	1,083.	0.
Total		<u>62,943.</u>	<u>2,708.</u>	<u>0.</u>

Child Family Health International
94-3145385

Form 990, Line 22 – Grants and Allocations

Grants of medical supplies for use in the following countries:

Country	Location	Recipient	Number of Shipments	Value
Bolivia	La Paz	Dr. Cecilia Uribe de Chavez	15	\$7,875
Chile	Easter Island	Easter Island residents	1	\$5,000
Ecuador	Puyo	Dr. Wilfrido Torres	22	\$11,550
Ecuador	Quito	Dr. Susana Alvear	115	\$60,375
Ecuador	Chone	Dr. Matilda Diaz	1	\$16,656
Ecuador	Cuenca	Dr. Edgar Rodas	3	\$1,575
Ecuador	Puyo/ Guayaquil	Dr. Wilfrido Torres & Junta de Beneficencia de Guayaquil, c/o Armando Baquerizo	1	\$269,317
Ecuador	Guayaquil	Junta de Beneficencia de Guayaquil, c/o Armando Baquerizo	1	\$158,296
Haiti	Port-au-Prince	Consortium for the Advancement of Haiti (COADHA)	1	\$172,323
India	Dehradun	Dr. U. S. Paul & Dr. Sanjay Gandhi	40	\$21,000
India	Mumbai	Dr. Dilip Murarka	24	\$12,600
Mexico	Oaxaca	Dr. German Tenorio	57	\$29,925
Mexico	Puerto Escondido	Dr Oscar Castillo	18	\$9,450
South Africa	Cape Town	Clive Newman Conferences	71	\$37,275
				\$813,217

December 2004

Child Family Health International (CFHI) builds and strengthens sustainable health care services in underserved communities worldwide. CFHI does this by:

1. Building health infrastructure at the community level,
2. Increasing access to and efficient use of medical supplies, and
3. Promoting cultural competency and awareness of international health issues.

Dr. Evaleen Jones launched CFHI in 1992, after witnessing babies being born on newspapers during her travels to Ecuador. She moved forward to develop a way to teach about and sustain health care services for underserved communities there. Since then, CFHI has successfully expanded around the world. We now work with 145 international partners in the medical profession to run clinics and services in Bolivia, Ecuador, India, Mexico and South Africa. Our partnership-based programs have grown from one to eleven:

- = **India:** Infectious Disease, Rural Rotation, Introduction to Traditional Medicine
- = **South Africa:** Challenges to Healthcare
- = **Mexico:** Clinical Rotation, Tropical Medicine
- = **Bolivia:** Pediatric Health in La Paz, Bolivia
- = **Ecuador:** Clinical Rotation, Reproductive & Women's Health, Community Medicine, Tropical Medicine

Providing a comprehensive curriculum to over 500 students a year - up from 15 in 1998 - CFHI has matured into a nationally recognized organization. With the support of these students, our partners serve hundreds of thousands of patients in rural and urban underserved communities around the world every year. CFHI also recovers medical supplies and equipment that are then distributed by our global partners. Our students participate in the collection and distribution of recovered medical supplies, offering them a concrete way to contribute to the areas they visit while abroad.

CFHI at a Glance:

- Founded: **1992**
- Full-time employees: **5.5**
- Board members: **10**
- Paid partners abroad: **145**
- Partner clinics/hospitals: **75**
- Student volunteers since 1992: **1,700**
- Patients served *directly* in 2004: **4,500**
- Universities of origin for students: **325**
- Program sites supported: **11**
- Onsite coordinators at each site: **2-4**
- Medical supplies recovered since 1995: **\$3.1 million**

Medical Students Program: Educational Level of Participants

2004 Statistics

Total Individual Participants: 500

Pre-med	Pre-clinical (MS I-II)	Clinical (MS III-IV)	Nursing	MPH	Residents/Other
179	129	120	29	3	40
36%	26%	24%	6%	0%	8%

Compared to 2003

Total Participants: 396

Pre-med	Pre-clinical (MS I-II)	Clinical (MS III-IV)	Nursing	MPH	Residents/Other
149	105	105	8	1	27
38%	27%	27%	2%	0%	7%

RECOVER

CFHI sponsored four major shipments of medical supplies in 2004 – 3 containers and one emergency medicine “kit”. The first shipped in January to the Junta de Beneficence hospitals in the Guayaquil region of Ecuador and included medical supplies and equipment 6 hospital beds, 8 mattresses, 1 exam table, 1 physical therapy, 2000 biohazard bags, 180 pairs of crutches, 50 canes, 1000 eyeglasses, 2000 syringes, 1000 needles, diapers, gauze and other basic medical supplies. These medical supplies helped make the daily work of the public and nonprofit hospitals in Guayaquil possible, as they mainly serve patients that cannot afford to pay for healthcare. The container included \$158,000 of medical supplies to supplement the hospitals resources.

CFHI sent another two containers in November and December of 2004 to our partners in Guayaquil and Puyo, Ecuador, and to new partners in Haiti – worth \$269,000 and \$172,000, respectively.

Program Participants also recovered and transported a substantial amount of unused medical supplies during the 2004 program year. The total value of these donations was approximately \$99,000.

In late 2004, an earthquake in the Indian Ocean triggered a tsunami that wiped out hundreds of thousands of people and cities living along the region’s coasts. CFHI worked quickly to respond to the catastrophe, arranging a partnership with the International Medical Corps that would provide \$60,000 worth of emergency and basic medical supplies for a team of doctors to serve 10,000 people for 3 months.

Direct Service Health Projects

During the last three years, the clinic in Than Gaon, India has operated from grants from CFHI fundraising efforts. Support from CFHI pays for medicines/supplies, the doctor’s salary for one year, as well as for an assistant for him. The Than Gaon clinic will continue to meet the health care needs for thousands of individuals in the region every year.

2004 saw the start of more local project funding to support healthcare projects around the world for CFHI. We began funding a health promoter training project in rural India, as well as several other small projects in Ecuador and Mexico. These projects addressed health issues such as lack of access to regular healthcare, OB/GYN services for rural communities, diabetes and osteoporosis.