

Return of Organization Exempt From Income Tax

2006

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Header information including: A For the 2006 calendar year, or tax year beginning; B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Accounting method; G Website; H and I are not applicable to section 527 organizations.

J Organization type (check only one); K Check here; H(d) Is this a separate return filed by an organization covered by a group ruling?; M Check

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,273,213

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

Main 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; 4 Interest on savings; 5 Dividends; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets; 9 Special events and activities; 10 Gross sales of inventory; 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; 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. (See the instructions.)

Table with columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 a Grants paid from donor advised funds, 22 b Other grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 a Compensation of current officers, directors, key employees, etc., 25 b Compensation of former officers, directors, key employees, etc., 25 c Compensation and other distributions, not included above, to disqualified persons, 26 Salaries and wages of employees not included on lines 25a, b, and c, 27 Pension plan contributions not included on lines 25a, b, and c, 28 Employee benefits not included on lines 25a - 27, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): Medical Student Exchange Program, a Other program expenses, b Other program expenses, c Professional fees, d Advertising and Promotion, e Other expenses, f, g Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; and (iv) the amount allocated to Fundraising \$

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

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.

What is the organization's primary exempt purpose? **to promote the health of the world community**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a Provided service learning programs in international health to over 730 students at a total of 14 program sites in Bolivia, Ecuador, India, Mexico, Nicaragua, and South Africa. Funded community health projects, provided professional development for local medical professionals, and funded the shipment of more than \$1.4 million worth of medical supplies and equipment.

(Grants and allocations \$ 1,491,737) If this amount includes foreign grants, check here

3,068,989

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

(Grants and allocations \$ _____) If this amount includes foreign grants, check here

e Other program services (attach schedule) (Grants and allocations \$ 0) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 3,068,989

Part IV Balance Sheets (See the 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
45	Cash—non-interest-bearing	573,649	447,581
46	Savings and temporary cash investments		
47 a	Accounts receivable		
	b Less: allowance for doubtful accounts	0	2,160
47 c			
48 a	Pledges receivable		
	b Less: allowance for doubtful accounts	0	0
48 c		1,924	0
49	Grants receivable		49
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
51 a	Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts	0	0
51 c			
52	Inventories for sale or use	52,572	84,272
53	Prepaid expenses and deferred charges	11,477	10,873
54 a	Investments—publicly-traded securities	0	0
	b Investments—other securities (attach schedule)	0	0
54 b			
55 a	Investments—land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)	0	0
55 c		0	0
56	Investments—other (attach schedule)	0	0
57 a	Land, buildings, and equipment: basis	21,648	
	b Less: accumulated depreciation (attach schedule)	12,493	7,701
57 c			
58	Other assets, including program-related investments (describe) ▶ Deposits	1,643	2,480
59	Total assets (must equal line 74). Add lines 45 through 58	653,758	555,067
60	Accounts payable and accrued expenses	15,687	13,060
61	Grants payable		61
62	Deferred revenue	249,387	124,747
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	0
	a Tax-exempt bond liabilities (attach schedule)	0	0
	b Mortgages and other notes payable (attach schedule)	0	0
64 b		0	0
65	Other liabilities (describe) ▶	0	0
66	Total liabilities. Add lines 60 through 65	265,074	137,807
67	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
67	Unrestricted	300,043	328,087
68	Temporarily restricted	88,641	89,173
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 and column (B) must equal line 21)	388,684	417,260
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	653,758	555,067

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

a	Total revenue, gains, and other support per audited financial statements		a	3,347,220
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	74,007	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4			b 74,007
c	Subtract line b from line a			c 3,273,213
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total revenue (Part I, line 12), Add lines c and d			e 3,273,213

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

a	Total expenses and losses per audited financial statements		a	3,318,644
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	74,007	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4	0	
	Add lines b1 through b4			b 74,007
c	Subtract line b from line a			c 3,244,637
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total expenses (Part I, line 17), Add lines c and d			e 3,244,637

Part VA Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
Name Gunjan Sinha City San Francisco str 995 Market Street ST CA ZIP 94103	Title Board Chair	0	0	0
Name Joshua Pickus City San Francisco str 995 Market Street ST CA ZIP 94103	Title Board Vice Chair	0	0	0
Name Laurie Price City San Francisco str 995 Market Street ST CA ZIP 94103	Title Secretary	0	0	0
Name Alan Biller City San Francisco str 995 Market Street ST CA ZIP 94103	Title Treasurer	0	0	0
Name Ajoy Mallik City San Francisco str 995 Market Street ST CA ZIP 94103	Title Director	0	0	0
Name Evaldeen Jones City San Francisco str 995 Market Street ST CA ZIP 94103	Title Pres/Medical Dir	51,409	0	0
Name Ellen Levy City San Francisco str 995 Market Street ST CA ZIP 94103	Title Director	0	0	0
Name S. Schmidbauer City San Francisco str 995 Market Street ST CA ZIP 94103	Title Executive Dir	87,343	8,248	0
Name N/A City N/A	Title			
Name N/A City N/A	Title			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

				Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	7			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X		
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X	
d	If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy?	75d	X		

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address		(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name NONE	Str	0	0	0	0
City	ST				
Name	Str				
City	ST				
Name	Str				
City	ST				
Name	Str				
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City	ST				
Name	Str				
City	ST				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
78 a	If "Yes," attach a conformed copy of the changes. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	0
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b	X
b	Did the organization file Form 1120-POL for this year?		

Part VII Other Information (Continued)

82 a 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?
b 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.

82b 74,007

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

85 501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?

b 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.

c Dues, assessments, and similar amounts from members

d Section 162(e) lobbying and political expenditures

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

h 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?

86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.

b Gross receipts, included on line 12, for public use of club facilities

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

88 a 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

b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:

section 4911 0; section 4912 0; section 4955 0

b 501(c)(3) and 501(c)(4) orgs. 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

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter: Amount of tax on line 89c, above, reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?

g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90 a List the states with which a copy of this return is filed CA

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)

91 a The books are in care of Name Steve Schmidbauer Telephone no. 415/957-9000

Located at 995 Market Street, Suite 1104 City San Francisco ST CA ZIP + 4 94103

b 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)?

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Table with columns for line numbers (82a-89g, 91b) and Yes/No checkboxes. Includes a small table at the bottom right with 'Yes' and 'No' columns.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country: India
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. **92** N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **92** N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income			(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	
93 Program service revenue:				
a Student Fees				1,555,033
b				
c				
d				
e				
f Medicare/Medicaid payments				
g Fees and contracts from government agencies				
94 Membership dues and assessments				
95 Interest on savings and temporary cash investments			14	18,461
96 Dividends and 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 personal property				
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 Other revenue				3,437
b				0
c				0
d				0
e				0
104 Subtotal (add columns (B), (D), and (E))				18,461
105 Total (add line 104, columns (B), (D), and (E))				1,576,931

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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 are collected from U. S. medical students wishing to participate in programs to provide medical services abroad.
 103 Other revenue was received in the course of performing exempt functions.

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

(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
N/A	%		0	0
	%		0	0
	%		0	0

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

Part III Statements About Activities (See page 2 of the instructions.)

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.)

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?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? see 990 Part V
- e Transfer of any part of its income or assets?
- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (if "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)
- b Did the organization have a section 403(b) annuity plan for its employees?
- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement
- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?
- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g
- b Did the organization make any taxable distributions under section 4966?
- c Did the organization make a distribution to a donor, donor advisor, or related person?
- d Enter the total number of donor advised funds owned at the end of the tax year ▶
- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶
- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶
- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3a	X	
3b	X	
3c		X
3d		X
4a		X
4b		
4c		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **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 City: _____ ST: _____ Country: _____
- 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)					
Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IVA 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,385,311	991,975	1,011,119	603,364	3,991,769
16 Membership fees received					0
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	1,104,309	865,691	63,585	445,264	2,478,849
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	123,144	1,648	1,348	1,837	127,977
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,893	2,294	703		5,890
23 Total of lines 15 through 22	2,615,657	1,861,608	1,076,755	1,050,465	6,604,485
24 Line 23 minus line 17	1,511,348	995,917	1,013,170	605,201	4,125,636
25 Enter 1% of line 23	26,157	18,616	10,768	10,505	82,513
26 Organizations described on lines 10 or 11:	Enter 2% of amount in column (e), line 24				
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					23,124
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,125,636
d Add: Amounts from column (e) for lines:	18	127,977	19		156,991
	22	5,890	26b	23,124	3,968,645
e Public support (line 26c minus line 26d total)					96.19%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					

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.

(2005)	(2004)	(2003)	(2002)
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 11b, 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.			
(2005)	(2004)	(2003)	(2002)

c Add: Amounts from column (e) for lines:	15	16	27c
	17	20	21
d Add: Line 27a total			
e Public support (line 27c total minus line 27d total)			
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 2002 through 2005, 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 page 9 of the instructions.)

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

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?		
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?		
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? If "Yes," please describe: if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32a 32b 32c 32d	
33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33a 33b 33c 33d 33e 33f 33g 33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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 page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

(The term "expenditures" means amounts paid or incurred.)

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		(a) Affiliated group totals	(b) To be completed for all electing organizations
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38	Total lobbying expenditures (add lines 36 and 37)	38	0		
39	Other exempt purpose expenditures	39			
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0		
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	41		
	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	0		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0		

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 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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	X		
b	X		
c	X		
d	X		
e	X		
f	X		
g	X		
h	X		
i			0

Schedule of Contributors

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

2006

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

Department of the Treasury
Internal Revenue Service

Name of organization

Child Family Health International

Employer identification number

94-3145385

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ 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 an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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).

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) (2006) (HTA)

Name of organization

Child Family Health International

Employer identification number

94-3145385

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	\$ 40,884	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	\$ 458,240	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	\$ 41,150	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	\$ 812,603	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Foreign State or Province: _____ Foreign Country: _____ Name, address, and ZIP + 4 _____ _____ _____	Aggregate contributions \$ _____	Type of contribution (d) Person <input 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 InternationalEmployer 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	\$ 40,884	various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	medical supplies	\$ 458,240	10/11/2006
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	medical supplies	\$ 41,150	various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	medical supplies	\$ 812,603	various
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

(Rev. December 2006)
Department of the Treasury
Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	Child Family Health International Number, street, and room or suite no. If a P. O. box, see instructions. 995 Market Street, Suite 1104 City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco CA 94103	94-3145385

Check type of return to be filed (file a separate application for each return):

- Form 990 Form 990-T (corporation) Form 4720
- Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227
- Form 990-EZ Form 990-T (trust other than above) Form 6069
- Form 990-PF Form 1041-A Form 8870

- The books are in the care of Steven Schmidbauer

Telephone No. 415/957-9000

FAX No. 415/840-0486

- If the organization does not have an office or place of business in the United States, check this box . If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15/2007 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 2006 or
 - tax year beginning _____, and ending _____.

- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Child Family Health International
Notes to Form 990 and Schedule A
Tax ID #94-3145385
For Year Ended December 31, 2006

Form 990, Part II, Line 22b: Other Grants

Grants in the form of medical equipment and supplies were donated to countries around the world. Three large containers with an overall value of \$1,268,000 were sent to CFHI's partners in Puyo in Ecuador, Accra in Ghana, and Santiago in Chile. Other smaller shipments were sent to Bolivia, Nepal, Azerbaijan, Ecuador and Zimbabwe. Students participating in CFHI's programs also helped transport supplies.

Form 990, Part II, Line 42: Depreciation

Form 990, Part IV, Line 57: Fixed Assets and Accumulated Depreciation

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Office equipment & furniture	\$21,648	\$13,947	\$7,701

Schedule A, Part III, Line 3a: Scholarships and Fellowships

Scholarships are awarded to applicants meeting specific criteria including a completed application, demonstrated financial need, intention to travel within specified dates, be at least 21 years of age. Priority is given to students of ethnicities underrepresented in CFHI's programs, those who have limited opportunities to travel abroad, and those without experience working in international health.

Fellowship applicants must have been enrolled in a CFHI program abroad within the past 3 years and have prior experience in the health field. Other skills are required depending on location of project applied for.