

Return of Organization Exempt From Income Tax

2005

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

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: Child Family Health International, 995 Market Street, San Francisco, CA 94103

D Employer identification number: 94-3145385, E Telephone number: (415) 957-9000, F Accounting method: 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? No, H(b) If 'Yes,' enter number of affiliates, H(c) Are all affiliates included?, H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.cfhi.org

J Organization type (check only one): 501(c) 3 (insert no.)

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 chooses to file a return, be sure to file a complete return. 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: 2,615,737.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit), Net assets at beginning/end of year.

**Part III 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 \$ 28,962. non-cash \$ 1,190,076.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22 1,219,038.	1,219,038.		
23	Specific assistance to individuals (att sch)	23 8,150.	8,150.		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 124,566.	112,403.	4,055.	8,108.
26	Other salaries and wages	26 188,296.	133,788.	26,583.	27,925.
27	Pension plan contributions	27			
28	Other employee benefits	28 35,353.	27,820.	3,462.	4,071.
29	Payroll taxes	29 22,805.	17,945.	2,233.	2,627.
30	Professional fundraising fees	30			
31	Accounting fees	31 4,000.	0.	4,000.	0.
32	Legal fees	32			
33	Supplies	33 25,147.	824.	24,323.	0.
34	Telephone	34 6,557.	5,160.	642.	755.
35	Postage and shipping	35 10,915.	9,914.	1,001.	0.
36	Occupancy	36 18,629.	14,659.	1,824.	2,146.
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 667.	0.	667.	0.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 3,705.	2,915.	363.	427.
43	Other expenses not covered above (itemize):				
a	Advertising & Promotion	43a 8,968.	0.	0.	8,968.
b	Med Student Exch Costs	43b 669,053.	669,053.	0.	0.
c	Other Expenses	43c 16,789.	6,366.	5,948.	4,475.
d	Other Program Expenses	43d 48,978.	48,978.	0.	0.
e	Professional Fees	43e 1,617.	0.	1,617.	0.
f	Insurance	43f 7,420.	3,495.	3,414.	511.
g	See Other Expenses Stmt	43g 14,320.	13,972.	348.	0.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 2,434,973.	2,294,480.	80,480.	60,013.

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 \$ \_\_\_\_\_

BAA

Part III Statement of Program Service Accomplishments

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?▶ Charitable 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) organizations and 4947(a)(1) trusts; but optional for others.)
a Please see Attachment A ----- ----- ----- (Grants and allocations \$ 1,219,038. ) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/>	2,294,480.
b ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses(should equal line 44, column (B), Program services).....▶	2,294,480.

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**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.....	145.	45	
	46 Savings and temporary cash investments.....	284,300.	46	573,649.
	47a Accounts receivable.....	47a		
	b Less: allowance for doubtful accounts.....	47b		47c
	48a Pledges receivable.....	48a	1,924.	
	b Less: allowance for doubtful accounts.....	48b		48c
	49 Grants receivable.....		1,844.	49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....			50
	51a Other notes & loans receivable (attach sch).....	51a		
	b Less: allowance for doubtful accounts.....	51b		51c
	52 Inventories for sale or use.....		71,545.	52
	53 Prepaid expenses and deferred charges.....		3,598.	53
	54 Investments – securities (attach schedule).....			54
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments – land, buildings, & equipment: basis.....	55a		
	b Less: accumulated depreciation (attach schedule).....	55b		55c
	56 Investments – other (attach schedule).....			56
	57a Land, buildings, and equipment: basis.....	57a	21,648.	
	b Less: accumulated depreciation (attach schedule).....	57b	9,155.	57c
58 Other assets (describe ▶ <u>Deposits</u> ).....		2,543.	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.....		371,547.	59	
60 Accounts payable and accrued expenses.....		23,848.	60	
61 Grants payable.....			61	
62 Deferred revenue.....		139,779.	62	
63 Loans from officers, directors, trustees, and key employees (attach schedule).....			63	
64a Tax-exempt bond liabilities (attach schedule).....			64a	
b Mortgages and other notes payable (attach schedule).....			64b	
65 Other liabilities (describe ▶ ).....			65	
66 <b>Total liabilities.</b> Add lines 60 through 65.....		163,627.	66	
<b>Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67 Unrestricted.....		174,857.	67	300,043.
68 Temporarily restricted.....		33,063.	68	88,641.
69 Permanently restricted.....			69	
<b>Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.</b>				
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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		207,920.	73	388,684.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.....		371,547.	74	653,758.

BAA

Form 990 (2005)

**Part IVA Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements.....	<b>a</b>	2,679,860.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	<b>b1</b>	
	2 Donated services and use of facilities.....	<b>b2</b>	64,123.
	3 Recoveries of prior year grants.....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	64,123.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	2,615,737.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b.....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	2,615,737.

**Part IVB Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements.....	<b>a</b>	2,499,096.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities.....	<b>b1</b>	64,123.
	2 Prior year adjustments reported on Part I, line 20.....	<b>b2</b>	
	3 Losses reported on Part I, line 20.....	<b>b3</b>	
	4 Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	64,123.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	2,434,973.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b.....	<b>d1</b>	
	2 Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	2,434,973.

**Part IVA 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 and deferred compensation plans	(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	43,482.	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				



Part VII Other Information (continued)		Yes	No
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? .....		X
	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. (See instructions in Part III.)..... <b>82b</b>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
	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? .....	n/a	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	n/a	
	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. .... <b>85c</b> n/a		
	d Section 162(e) lobbying and political expenditures. .... <b>85d</b> n/a		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. .... <b>85e</b> n/a		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e). .... <b>85f</b> n/a		
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	n/a	
	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? .....	n/a	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....	n/a	
	b Gross receipts, included on line 12, for public use of club facilities. .... <b>86b</b> n/a		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders. .... <b>87a</b> n/a		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>87b</b> 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
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) 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
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
90 a	List the states with which a copy of this return is filed▶ <u>California</u>		
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .....	90b	5
91 a	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>		
	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)? .....	91b	X
	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 Statements		
	c At any time during the calendar year, did the organization maintain an office outside of the United States? .....	91c	X
	If 'Yes,' enter the name of the foreign country▶ <u>India</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. .... ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the 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	
<b>93</b> Program service revenue:					
<b>a</b> Student Fees					1,104,309.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	10,194.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	112,950.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b> Misc			01	2,893.	
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				126,037.	1,104,309.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,230,346.

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 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 paid by students to participate in medical program - supervised medical services to persons abroad. Exempt purpose is to encourage and facilitate U.S. medical students' work abroad.

**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
	%			
	%			
	%			
	%			

**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).

**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. Other than officer is based on all information of which preparer has any knowledge.

Signature of officer: [Redacted] Date: 6/29/07

Type or print name and title: ALAN D. BILLER, TREASURER

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**Paid Preparer's Use Only**

Preparer's signature: [Redacted] 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 Phone no.: (415) 927-9475

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

**2005**

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 Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>R Tamayo Jacome/Amazing Andes SS, Quito, Ecuador</u>	<u>Local coord, homestays</u>	<u>85,549.</u>
<u>S. Alvear, MD Quito, Ecuador</u>	<u>Coord rotations, med dir</u>	<u>63,830.</u>
<u>NatureQuest India Mumbai, India</u>	<u>Local coord, clinic op</u>	<u>98,616.</u>
<u>Clive Newman Conferences Cape Town, South Africa</u>	<u>Local coord, homestays</u>	<u>83,765.</u>

Total number of other contractors receiving over \$50,000 for other services: None

**Part III** Statements About Activities (See instructions.)

Yes No

<p><b>1</b> 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.)</p>	<p><b>1</b></p>		<p>X</p>
<p>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.</p>			
<p><b>2</b> 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.)</p>			
<p><b>a</b> Sale, exchange, or leasing of property?</p>	<p><b>2a</b></p>		<p>X</p>
<p><b>b</b> Lending of money or other extension of credit?</p>	<p><b>2b</b></p>		<p>X</p>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<p><b>2c</b></p>		<p>X</p>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p><b>2d</b></p>	<p>X</p>	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<p><b>2e</b></p>		<p>X</p>
<p><b>3a</b> 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.)</p>	<p><b>3a</b></p>		<p>X</p>
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	<p><b>3b</b></p>		<p>X</p>
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	<p><b>3c</b></p>		<p>X</p>
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	<p><b>4a</b></p>		<p>X</p>
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p><b>4b</b></p>		<p>X</p>

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

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 ▶ \_\_\_\_\_
- 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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 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.)

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	991,975.	1,011,119.	603,364.	460,272.	3,066,730.
<b>16</b> Membership fees received .....					
<b>17</b> 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 .....	865,691.	63,585.	445,264.	234,623.	1,609,163.
<b>18</b> 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 .....	1,648.	1,348.	1,837.	3,380.	8,213.
<b>19</b> Net income from unrelated business activities not included in line 18 .....	0.	0.	0.	1,731.	1,731.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> 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 .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....	2,294.	703.			2,997.
<b>23</b> Total of lines 15 through 22 .....	1,861,608.	1,076,755.	1,050,465.	700,006.	4,688,834.
<b>24</b> Line 23 minus line 17 .....	995,917.	1,013,170.	605,201.	465,383.	3,079,671.
<b>25</b> Enter 1% of line 23 .....	18,616.	10,768.	10,505.	7,000.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24 .....				<b>26a</b> 61,593.
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b> 73,451.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 3,079,671.
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> 8,213.	<b>19</b> 1,731.			
	<b>22</b> 2,997.	<b>26b</b> 73,451.			<b>26d</b> 86,392.
<b>e</b> Public support (line 26c minus line 26d total) .....					<b>26e</b> 2,993,279.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					<b>26f</b> 97.19 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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:	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>b</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:	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____			
	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____		<b>27c</b> _____
<b>d</b> Add: Line 27a total .....	and line 27b total .....				<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) .....					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					<b>27g</b> _____ %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					



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

N/A

Yes No

<b>29</b>	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?.....		
<b>30</b>	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?.....		
<b>31</b>	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.) ----- ----- -----		
<b>32</b>	Does the organization maintain the following:		
<b>32a</b>	a Records indicating the racial composition of the student body, faculty, and administrative staff?.....		
<b>32b</b>	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....		
<b>32c</b>	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....		
<b>32d</b>	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.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>33a</b>	a Students' rights or privileges?.....		
<b>33b</b>	b Admissions policies?.....		
<b>33c</b>	c Employment of faculty or administrative staff?.....		
<b>33d</b>	d Scholarships or other financial assistance?.....		
<b>33e</b>	e Educational policies?.....		
<b>33f</b>	f Use of facilities?.....		
<b>33g</b>	g Athletic programs?.....		
<b>33h</b>	h Other extracurricular activities?.....  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?.....		
<b>34b</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.		
<b>35</b>	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.....		

**Part VII 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-		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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	
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	
<b>Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.</b>			

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 VII 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
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines through h.) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> 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

**2005**

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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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) (2005)

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	[REDACTED]	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	[REDACTED]	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	[REDACTED]	\$ 11,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	[REDACTED]	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	[REDACTED]	\$ 6,000.	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

Employer identification number

Child Family Health International

94-3145385

**Part III** 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
7	Medical equipment and supplies ----- ----- -----	\$ 23,646.	various
8	Medical equipment and supplies ----- ----- -----	\$ 992,048.	various
9	Medical Equipment ----- ----- -----	\$ 35,198.	05/13/05
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Dues and Subscriptions	348.	0.	348.	0.
Partner Exchange Pgm	13,972.	13,972.	0.	0.
<b>Total</b>	<b>14,320.</b>	<b>13,972.</b>	<b>348.</b>	<b>0.</b>

Form 990, Page 5, Part V-A

**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.
Steven Schmidbauer San Francisco, CA	Exec Dir 40	81,084.	5,276.	0.

**December 2005**

Child Family Health International (CFHI) is a global family of committed professionals and students who work at the grassroots level to promote the health of the world community through the following activities:

1. Community Initiatives – healthcare for underserved communities through local medical professionals and clinics,
2. Medical Supply Recovery – collection and distribution of salvaged medical supplies, and
3. Global Service-Learning – medical student programs that focus on cultural competency in the health setting.

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 192 international partners in the medical profession who 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:** Cultural Crossroads in Health, Tropical Medicine
- = **Bolivia:** Pediatric Health in La Paz, Bolivia
- = **Ecuador:** Andean Health Rotation, Reproductive & Women's Health, Community Medicine, Urban / Rural Comparative Medicine

Providing a comprehensive curriculum to over 599 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: 6
- Board members: 9
- Paid partners abroad: 192
- Partner clinics/hospitals: 75
- Student volunteers since 1992: 2,299
- Universities of origin for students: 460
- Program sites supported: 11
- Onsite coordinators at each site: 2-4
- Medical supplies recovered since 1995: \$4.25 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%

**2005 Statistics**

Total Individual Participants: 599

Pre-med	Pre-clinical (MS I-II)	Clinical (MS III-IV)	Nursing	MPH	Residents/Other
220	145	151	16	9	58
37%	24%	25%	3%	1%	10%

### RECOVER

CFHI sponsored the shipment of four large containers of medical supplies and equipment in 2005 with a total value of \$865,422. The first two containers of supplies were sent to our new partners in Chile, FEDES, and contained 5 anesthesia machines, hospital beds, wheelchairs, x-ray boxes, 3 BKG machines as well as 40 pallets of medical supplies which included syringes, gloves, gowns, gauze, etc. The value of these two containers was \$257,191 and \$181,845 respectively. CFHI sent two more containers in December 2005, one to our partners in Chone, Ecuador and the other to our new partners in Guatemala. The container to Chone was full of high quality surgical supplies, EKG machines, hundreds of crutches and walkers, numerous hospital beds, wheelchairs as well as more than a dozen pallets of general supplies. The container to Chone and the container to Guatemala had values of \$243,022 and \$183,364 respectively.

In addition to these containers, CFHI was also successful in sending two smaller shipments of medical supplies and equipment to two of our partners: a shipment of surgical and basic first aid supplies to the Centro de Salud in Puerto Escondido at the Tropical Coast of Mexico, through the help of a Mexican Navy Tall Ship; and a shipment of laparoscopic surgical equipment to Hospital Del Nino in La Paz, Bolivia through the help of the US Air Force. Furthermore, emergency medical relief shipments were sent to Louisiana to support the Hurricane Katrina Relief efforts, and to the Hidaya Foundation, to help victims of the Southeast Asian earthquake. A total of \$132,000 worth of supplies were sent as special shipments.

Program participants also recovered and transported a substantial amount of unused medical supplies during the 2005 program year. The total value of these donations was approximately \$153,000.

### Direct Service Health Projects

During the last four 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.

In 2005 CFHI continued working with small health projects around the world, that we began funding in 2004. These included health promoter training in rural India, diabetes screening in Mexico, and increasing access to healthcare in the Ecuadorian Amazon.

In response to the devastating Asian Tsunami at the end of December 2004, we granted \$2,500 to International Medical Corps (IMC) to purchase Emergency Health Kits which consisted of \$60,000 worth of medical supplies to address the immediate needs of survivors in the Banda Aceh region. This payment was made on December 30, 2004. CFHI also wanted to address the long-term reconstruction efforts in the region. After considerable deliberation and research, CFHI connected with Round Table India, who had been named the organization in charge of managing reconstruction efforts along the coast of southern India. The community of Nagapattinam district in the state of Tamil Nadu expressed a need for their children to return to their regular routine in order to heal from the trauma of the event. Because of Round Table's connections in the community and their proven track record for development efforts in education, CFHI found that they would be the best recipient of a grant of \$25,000 to rebuild 2 schools that were destroyed by the tsunami. CFHI felt that this would be the most beneficial long-term solution to address the psycho-social needs of the children in that community.

