Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0017 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

x year beginning OCT 1, 2015 and ending SEP 30, 2016

W. LOLII	e zoro calendar year, or tax year degiriring 901 1, 2010 and	renama 2	LI 00, 201	0			
B Check If	C Name of organization		D Employer iden	ntification number			
X Addr							
Nam	Dolno business as		62-	- 1868670			
Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/sulte	E Telephone number 919-682-7788				
Final return termi aled	City or town, state or province, country, and ZIP or foreign postal code	2, 232, 809.					
Amer	Ided CHADEL HILL NC 27514		G Gross receipts \$ H(a) Is this a group				
Appl		COURSE PART MONORCHMAN	for subordina				
pend	SAME AS C ABOVE.			es Included? Yes No			
1 Tay.ev	empt status: X 501(c)(3) 501(c) ( ) 5 (Insert.no.) 4947(a)(1)	oi 527		h a list, (see instructions)			
1 Webs	HALING FULL OF C	Manager Manager	H(c) Group exemp				
	forganization X Corporation Trust Association Other I	L Year i		M State of legal domicile TN			
Part I	Summary			**************************************			
1	Briefly describe the organization's mission or most significant activities: TO I	NSPI RE	EDUCATE,	AND EMPOWER			
Activities & Governance 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	THE BIOMEDICAL COMMUNITY TO IMPROVE HEALT	TH CARE	DELI VERY	IN THE			
E 2	Check this box   if the organization discontinued its operations or dispo	sed of more	than 25% of its nel	assets.			
3 S	Number of voting members of the governing body (Part VI, line 1a)			3 11			
<u>ق</u> 4	Number of Independent voting members of the governing body (Part VI, line 1b)			4 11			
S 5	Total number of individuals employed in calendar year 2015 (Part V, Ilne 2a)	No. 444 May 400 'mg mg	and the date and has the the fire	5 6			
善 6	Total number of volunteers (estimate if necessary)			6 16			
₹ 7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a O.			
b	Net unrelated business taxable income from Form 990-T, line 34			7b. O.			
•			Prior Year	Current Year			
(I) B	Contributions and grants (Part VIII, line 1h)		1, 395, 632				
Revenue 6	Program service revenue (Part VIII, line 2g)		543, 660				
<b>a</b> 10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	~ ~ ~	2, 733				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	~ ~ ~	34, 850				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1, 976, 875				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		94, 250	Contract of the Contract of th			
14	Benefits paid to or for members (Part IX, column (A), line 4)		C				
န္မာ 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		409, 714				
	Professional fundraising fees (Part IX, column (A), line 11e)		O	0.			
ğ b	Total fundralsing expenses (Part IX, column (D), line 25) 114, 3	62.					
<sup>11</sup> 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	w 41.74	1, 293, 238				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~~~~		1, 797, 202				
	Revenue less expenses. Subtract line 18 from line 12	,,,,,,,,,	179, 673	3. 249, 772.			
10.2			juning of Current Yea				
Assets or Salances	Total assets (Part X, line 16)		1, 858, 809				
54	Total liabilities (Part X, line 26)	1	139, 662				
学計 22	Net assets or fund balances. Subtract line 21 from line 20.	********	1, 719, 147	1, 999, 185.			
Part II	Signature Block						
	illies of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is			
rue, corre	t, and complete. Declaration of prepared (other than officer) is based on all information of wi	hich preparer i	nas any knowledge.	13'-1			
	= Signature of officer		Date /31_	11/			
Sign	GALL MARCUS, DI RECTOR		Date /				
Here	Type or print name and title						
	The state of the s	l n	late / Check	DTIM			
Sald	Print/Type preparer's name BARBARA J. ROMAN  Preparer's signature	_	1/2///7	PTIN PO0972808			
Paid	DARDARA J. KOWAN		1 439.810	EO 4070704			
reparer Jse Only	Firm's address F 201 THOMAS JOHNSON DRIVE	1 1. M.	Elrm's EIN \$	. 32-12/3/34			
nae Omy	FREDERICK, MD 21702		Phone no. (	(301) 662-9200			
dovi the H	25 discuss the return will the preparer shown about 2 feed instructions		L Phone no. V				

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		X
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
а	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X $\sim \sim \sim$ Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\sim \sim $	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Χ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		Х

	· · · · · · · · · · · · · · · · · · ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		<u> </u>
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~~	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I $\sim \sim $	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\sim \sim $	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI $\sim \sim \sim$	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~~~ 1b O			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~~ 2a 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~~~ 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ \tag{10b}			
11	Section 501(c)(12) organizations. Enter:			
а	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.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			V
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	00-	
		Form	990	(2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent  $\sim \sim \sim \sim \sim$ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  $\sim \sim \sim \sim \sim$ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10h Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  $\sim$   $\sim$ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Χ Did the organization have a written whistleblower policy? 13 13 Χ Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ The organization's CEO, Executive Director, or top management official 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\ J \ \underline{DC}, \ TN$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: PALMA FOURATT - (919) 682-7788 151 ROSEMARY ST, STE 201, CHAPEL HI LL NC 27514 Ε

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		WURLD	HLALIII

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Form 990 (	(2015) ENGINEERING WORLD HEALTH	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated
	Employees, and Independent Contractors	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - ¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- ¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ¥ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- ¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)	B) (C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	an	compensation	compensation	amount of
	week		Jer an	u a ui	recto	i/trust	ee)	from	from related	other
	(list any	lirecto				_		the	organizations	compensation
	hours for related	e or c	stee			satec		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	al trus		yee	mper		(88-2/1099-181130)		organization and related
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			01 ga. 112 a 110 110
(1) MICHAEL TRACEY	5. 00									
PRESIDENT		Χ		Χ				О.	Ο.	О.
(2) NICOLE LEMEROND	5. 00									
TREASURER		Х		Χ				0.	0.	О.
(3) MHOIRE MURPHY	5. 00									
SECRETARY		Х		Χ				0.	0.	О.
(4) SREERAM DHURJATY	5. 00									
DIRECTOR		Х						0.	0.	О.
(5) WILLIAM GANNON	5. 00									
DIRECTOR		Х						0.	0.	0.
(6) MOHAMMAD KIANI	5. 00									
DIRECTOR		Х						0.	0.	0.
(7) CORINNA LATHAN	5. 00									
DIRECTOR		Х						0.	0.	О.
(8) CATHY PECK	5. 00									
DIRECTOR		Х						0.	0.	O
(9) JUSTIN COOPER	5. 00							_	_	_
DIRECTOR		Х						0.	0.	O
(10) LYNN TOBY FISHER	5. 00	.,								
DIRECTOR		Χ						0.	0.	О.
(11) GAIL MARCUS	5. 00									0
DI RECTOR	10.00	Х						0.	0.	0.
(12) LESLIE CALMAN	40. 00							150 000		10 100
CEO (13) PALMA FOURATT	25 00			Χ				152, 900.	0.	12, 183.
	25. 00			$\mathbf{v}$				F2 740		0
FIN. DIRECTOR				Χ				53, 760.	0.	<u>O.</u>

Form 990 (2015) 532007 12-16-15

ENGINEERING WORLD HEALTH

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	عوملد	ees.	and	LHiç	ghes	st C	compensated Employee	es (continued)				
(A) Name and title	(B) Average hours per week	(do box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	on	an	(F) stimate nount c	
	(list any hours for related organizations below	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	ns	com fr org and	other pensate om the anization relate anization anization anization of the	e on ed
	line)	pul	lns	Off	Key	Hig	For						
		-											
		-											
		-											
1b Sub-total ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								206, 660. 0.		0. 0.		2, 18	0.
d Total (add lines 1b and 1c)							o re	206, 660. eceived more than \$100	,000 of reportabl	O le	1.	2, 18	
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				-		-		=		~ ~	3		Χ
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual $\sim$ $\sim$	~~~~~~	~ ~	4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor					_		elate	ed organization or indivi	dual for services		5		Χ
Section B. Independent Contractors													
1 Complete this table for your five highest countries the organization. Report compensation for	•	-								pensa	tion fro	m	
(A) Name and business	-			9				(B) Description of s		С	(C Comper	C) nsatior	1
HUTTON TECHNOLOGY, LLC 30079 BRI TT, CHAPEL HILL,	NC 275	<u>17</u>						BMET CONTRAC	TOR		150	0, 00	)0.
2 Total number of independent contractors (	ncludina but p	—— ot lin	niter	l to t	hos	e lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organ	_				1		.04		J. J. G.,G.,				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) (C) Total revenue Related or Unrelated from tax under exempt function business sections revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns ~~~~~ b Membership dues ~~~~~~ l 1b c Fundraising events ~~~~~~~ 1c Gifts, d Related organizations ~~~~~~ 1d Contributions, and Other Sim e Government grants (contributions) f All other contributions, gifts, grants, and |<sub>1f</sub> |1, 436, 652 similar amounts not included above ~~ g Noncash contributions included in lines 1a-1f: \$ 436, 652. Total Add lines 1a-1f Business Code 670, 92<del>5</del> SUMMER INSTITUTE 900099 670, 925. Program Service Revenue AFFILIATE FEES 900099 15, 195. 15, 195. С d f All other program service revenue ~~~~~ 686, 120. Total Add lines 2a-2f. Investment income (including dividends, interest, and 12, 607. 12, 607. 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents ~~~~~ b Less: rental expenses ~ ~ ~ c Rental income or (loss) ~~ d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 58, 736. assets other than inventory b Less: cost or other basis <u>66,</u> 326. and sales expenses ~~~~ - 7, 590. c Gain or (loss) ~~~~~~ - 7, 590. - 7, 590. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ \_ contributions reported on line 1c). See c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ~~~~~~~~~~~ b Less: direct expenses ~~~~~~~~ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ~~~~~~~~~~~~ b Less: cost of goods sold ~~~~~~~ Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code <sub>11 a</sub> MERCHANDI SE SALES 900099 31, 784. 31, 784. b OTHER INCOME 6, 910 6, 910. 900099 d All other revenue ~~~~~~~ 38, 694. 166, 483 38, 694. 0. 691, 137 Total revenue See instructions

Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21 ~										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22 ~~~~~~	139, 500.	139, 500.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16 ~~~	61, 000.	61, 000.								
4	Benefits paid to or for members ~~~~~~										
5	Compensation of current officers, directors,										
	trustees, and key employees ~~~~~~	219, 843.	146, 399.	31, 007.	42, 437.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B) ~~~~										
7	Other salaries and wages ~~~~~~~	159, 526.	124, 376.	170.	34, 980.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits ~~~~~~~	11, 098.	6, 415.	35.	4, 648.						
10	Payroll taxes ~~~~~~~~~~	25, 880.	18, 867.	1, 885.	5, 128.						
11	Fees for services (non-employees):										
	Management ~~~~~~~~~~~~~~										
b	Legal ~~~~~~~~~~~										
	Accounting ~~~~~~~~~~~~	18, 430.	430.	18, 000.							
d	Lobbying ~~~~~~~~~~~										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees ~~~~~~										
q q	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion ~~~~~~	9, 205.	5, 081.	201.	3, 923.						
13	Office expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	40, 077.	30, 258.	4, 699.	5, 120.						
14	Information technology ~~~~~~~~~										
15	Royalties ~~~~~~~~~~~										
16	Occupancy ~~~~~~~~~~~	47, 595.	37, 160.	2, 380.	8, 055.						
17	Travel ~~~~~~~~~~	204, 505.	198, 938.	3, 897.	1, 670.						
18	Payments of travel or entertainment expenses										
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings ~~										
20	Interest ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
21	Payments to affiliates ~~~~~~~~~										
22	Depreciation, depletion, and amortization ~~	359.	359.								
23	Insurance ~~~~~~~~~~~	3, 463.	2, 734.	134.	595.						
24	Other expenses. Itemize expenses not covered										
•	above. (List miscellaneous expenses in line 24e. If line										
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ~~										
а	CONTRACTED SERVICES	758, 415.	752, 830.	138.	5, 447.						
b	PROGRAM EXPENSES	181, 992.	181, 992.								
C	BANK & CC FEES	25, 703.	15, 577.	9, 761.	365.						
d	LICENSES & PUBLICATIONS	6, 354.	4, 076.	1, 285.	993.						
	All other expenses	3, 766.	2, 765.		1, 001.						
25	Total functional expenses. Add lines 1 through 24e	1, 916, 711.	1, 728, 757.	73, 592.	114, 362.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here   if following SOP 98-2 (ASC 958-720)										
	•										

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 75, 747. 37, 242. Cash - non-interest-bearing 1 350, 801. 1, 610, 139. 2 Pledges and grants receivable, net 3 14, 464. 18, 707. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ~~ 6 7 Notes and loans receivable, net Q 3, 500. 6, 462. 9 Prepaid expenses and deferred charges ~~~~~ 10a Land, buildings, and equipment: cost or other 1.795. 10a basis. Complete Part VI of Schedule D ~~~ 446. 87 b Less: accumulated depreciation ~~~~ 10b 10c 411, 627. 437, 676. 11 11 12 12 13 13 14 14 2, 224. 1, 124. 15 15 2, 111, 437 1, 858, 809. 16 Total assets. Add lines 1 through 15 (must equal line 34) 81, 215. 96, 252 17 17 18 58, 447. 16, 000. Deferred revenue 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~ 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 23 23 Secured mortgages and notes payable to unrelated third parties ~~~~~~ 24 24 Unsecured notes and loans payable to unrelated third parties ~~~~~~~~~ 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 139, 662 112, 252. 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 553, 172. 668, 005 27 27 1, 165, 975. 1, 331, 180. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here | L and complete lines 30 through 34. 30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~~~~ 31 31 32 Retained earnings, endowment, accumulated income, or other funds ~~~~ 1, 999, 185. 1, 719, 147. 33 858. 809. 2, 111, 437. Total liabilities and net assets/fund balances

Eorn	990 (2015) ENGI NEERI NG WORLD HEALTH	**-***	* * *	Pac	ne 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		., 16 <i>6</i>		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	<u>, 916</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	249	9, 7	<u> 72.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	<u>, 719</u>		
5	Net unrealized gains (losses) on investments	5	30	$0, 2\epsilon$	<u> 56.</u>
6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6			
7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>O.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	<sub>10</sub> 1	, 999	9, 18	<u> 35.                                    </u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
			$\longrightarrow$	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~	~~~~~	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	~~~~~	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	~~~~~	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	3а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

| Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ENGINEERING WORLD HEALTH

Employer identification number

Par	τl	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	e instructions.						
Γhe c	rgani	zation is not a private found											
1 [		A church, convention of chu		=	_		)(A)(i).						
2		A school described in secti					,,,,,						
3 [		A hospital or a cooperative					i)						
4			-					the hospital's name					
٠, ٠	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
5 [	$\neg$	•	ur the benefit of a col	lege or university owned	or operate	ad by a go	vernmental unit describe	ad in					
) i		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
, [	$\neg$												
- I	=	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
/ [	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
_ [		section 170(b)(1)(A)(vi). (Co	•	1)(1)(1) (2) 1 1 5									
1 8 1	$\overline{}$	A community trust describe		· ·									
9 l	X	An organization that normal	=				· ·	= :					
		activities related to its exem	•	·				=					
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	ifter June 30, 1975.					
ı	_	See section 509(a)(2). (Cor	mplete Part III.)										
10 l	_	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	99(a)(4).						
11 l		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functior	ns of, or to carry out the	purposes of one or					
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3). (	Check the box in					
	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.												
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving					
		the supported organization	n(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting					
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	<i>i</i> ng					
		control or management of	f the supporting orga	inization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution req	uirement and an attentiv	/eness					
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga		•									
		functionally integrated, or					51 51 51						
f	Ente	r the number of supported o					~~~~~~~~						
а		ide the following information		d organization(s).									
	(i)	Name of supported	(ii) EIN		(iv) Is the o	rganization		(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	listed i governing o	document?	support (see	other support (see					
				above (see mandenons))	Yes	No	instructions)	instructions)					
Fotal													

Schedule A (Form 990 or 990-F7) 2015	ENGI NEERI NG	WORLD	HEALTH
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Schedule A (Form 990 or 990 F7) 2015 Part II Support Schedule for (				h)(1)(A)(iv) and	170(h)(1)(A)(vi	Page 2
(Complete only if you checked	•					
fails to qualify under the tests			_	irralled to quality d	inder Part III. II the	organization
Section A. Public Support	iisted below, pied	ise complete r art				
	(-) 2011	(1-) 2012	(-) 2012	(-1) 2014	(-) 2015	(6) T - 1 - 1
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.") ~~						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf ~~~~						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~						
5 The portion of total contributions						
by each person (other than a governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support Subtract line 5 from line 4.						
Section B. Total Support		•	•	•		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 ~~~~~	(1)	(2)	(0) 20.10	(4)	(0, 20.0	<u> </u>
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources ~						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on ~						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.) ~~~~						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instruction	ons) ~~~~~	~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~	12	
13 First five years. If the Form 990 is for	_			-		
organization, check this box and stor						
Section C. Computation of Publi	•				П	
14 Public support percentage for 2015 (I					14	<u>%</u>
15 Public support percentage from 2014						<u>%</u>
16a 33 1/3% support test - 2015. If the c						
stop here. The organization qualifies						
b 33 1/3% support test - 2014. If the c	-					
and stop here. The organization qual						
17a 10% -facts-and-circumstances test	-					
and if the organization meets the "fac			•	•		
meets the "facts-and-circumstances"						
b 10% -facts-and-circumstances test	- ∠UI4. II the org	janization did not i	check a box on line	ะ เง, เดล, เดม, or I	ra, and the 15 IS	1 U 70 UI

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-FZ) 2015 ENGI NEERI NG WORLD HEALTH
Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	elow, please comp	lete Part II.)				
	( ) 2211	(1) 0010	( ) 0010	( )) 221.1	( ) 2215	T (0 =
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.") ~ ~	1542194.	2109215.	2241556.	1601332.	1637852.	9132149.
	1342174.	2107210.	2241000.	1001332.	1007002.	7132147.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	243, 350.	258, 577.	412, 948.	372, 810.	523, 614.	1811299.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~	1785544.	2367792.	2654504.	1974142.	2161466.	10943448.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1352187.	1617802.	1326742.	1268194.	710, 064.	6274989.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~~~						O
c Add lines 7a and 7b ~~~~~	1352187.	1617802.	1326742.	1268194.	710, 064.	6274989.
8 Public support (Subtract line 7c from line 6)						4668459.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 ~~~~~~	1785544.	2367792.	2654504.	1974142.	2161466.	10943448.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~	8, 958.	10, 677.	13, 776.	3, 001.	12, 607.	49, 019.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~						
c Add lines 10a and 10b ~ ~ ~ ~ ~	8, 958.	10, 677.	13, 776.	3, 001.	12, 607.	49, 019.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1794502.	2378469.	2668280.	1977143.	•	10992467.
14 First five years. If the Form 990 is for	•			•		ation,
check this box and stop here						
Section C. Computation of Publi					П	42. 47 %
15 Public support percentage for 2015 (I					15	27 17
16 Public support percentage from 2014					16	37.17 %
Section D. Computation of Inves					17	. 45 %
17 Investment income percentage for 20					17	. 45 %
18 Investment income percentage from 19a 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box an b 33 1/3% support tests - 2014. If the	organization did n	ot check the box of organization qual	on line 14, and line ifies as a publicly s	e 15 is more than 3 supported organiza	3 1/3%, and line 1	7 is not
line 18 is not more than 33 1/3%, che	=					
20 Private foundation. If the organization		· -	•		<del>-</del>	¦

\*\*\_ \* \* \* \* \* \*

## Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
_5b		
5c		
6		
7		
8		
Ü		
9a		
_		
9b		
9c		
10a		
10b		

Sche	edule A (Form 990 or 990-F7) 2015 ENGINEERING WORLD HEALTH	~ _ ~ ~ ~ ~ ~ ~ ~	^ Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11-		
la.	below, the governing body of a supported organization?	11a		
c C	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	tion B. Type I Supporting Organizations			
000	tion B. Type reapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
1.	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	215		
2	activities but for the organization's involvement.  Parent of Supported Organizations Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.			
b		Ja		
D	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990.F7) 2015 ENGI NEERI NG WORLD HEALT Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			* - * * * * * * Page 6
	0 0		
Check here if the organization satisfied the Integral Part Test as a qualifying	•		uctions. All
other Type III non-functionally integrated supporting organizations must of Section A - Adjusted Net Income	omplete Sec	tions A through E.  (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(5)2 112 112 11
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
	5		
•	3		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	1 8		(D) Current Veer
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ally-integrated	I Type III supportina oraa	nization (see

Schedule A (Form 990 or 990-EZ) 2015

Sched	lule A (Form 990 or 990-FZ) 2015 ENGI NEERI NG W	ORLD HEALIH	*	* _ * * * * * * Page 7
Part	,		nizations (continued)	<u> </u>
Sectio	on D - Distributions	.,,,	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	· P. · P. · · · · · · · · · · · · · · ·		
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
	Amounts paid to acquire exempt-use assets	11 5		
	Oualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	io organization to respondive		
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	LINO O UNIVARIA MARKA DY LINO / MINOMIN	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sectio	on E - Distribution Allocations (see instructions)	Execess Distributions	Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C. line 6			
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015:			
а	- Access distributions carryover, it arry, to 2013.			
b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
-	Distributions for 2015 from Section D,			
	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributions of prior years  Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
a				
_b_	Fyence from 2012			
	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

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

Schedule A (Form 990 or 990 F7) 2015 ENGI NEERI NG WORLD HEALTH

\*\*\_\*\*<u>\*</u> Page 8\_

# SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

| Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

### ENGLNEERING WORLD HEALTH

Employer identification number

organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts  Total number at end of year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Da	ENGINEERING WORLD HEALIH
Total number at and of year   Comparison of the Comparison of th	Pai	<del></del>
Total number at end of year  Aggregate value of contributions to (during year)  Aggregate value of an of year  Aggregate value of an of year  Aggregate value of an of year  Did the organization informal cloners and donor advisors in writing that the assets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control?  Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impromisation protects benefit of the donor or donor advisor, or for any other purpose conferring impromisation protects benefit?  Part III Conservation Easements held by the organization answered "Yes" on Form 990. Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of an other public use (e.g., recreation or education)  Preservation of a conservation easement in the last protection of portion of portion place. The preservation of a certified historic structure in the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year world in the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year of the policy policy in the organization has a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements du		· ·
2 Aggregate value of contributions to (during year)  4 Aggregate value at and of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantess, donors, and donor advisors in writing that the assets held in donor advisor of the property subject to the organization informal grantess, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors or for any other purpose conferring interpretable purposes and not for the benefit of the donor of donor advisors or for any other purpose conferring interpretable purposes and not for the benefit of the donor of donor advisors or for any other purpose conferring interpretable purposes and habitate preservation of land for public use (e.g., recreation or education) preservation of a bisforcally important land area preservation of open space  2 Complete lines 2 at through 2 diff the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  4 Total number of conservation easements and actified historic structure included in (a)  5 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  4 Number of states where property subject to conservation easement is located.  5 Number of states where property subject to conservation easement is located.  6 Notice or conservation easements mentioned in the properties of the conservation easements in the conservation easements during the year.  5 Notice or conservation easements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(8)(0		
3 Aggregate value of grants from (during year)  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control?  6 Did the organization's property, subject to the organization's exclusive legal control?  7 On Did the organization's property, subject to the organization's exclusive legal control?  8 No  8 Did the organization's property, subject to the organization answered "Ves" on Form 990, Part IV, line 7.  1 Perpose(s) of conservation easements held by the organization (check all that lapply).  9 Preservation of land for public use (e.g., recreation or education)  9 Preservation of an organization answered "Ves" on Form 990, Part IV, line 7.  1 Prepose(s) of conservation easements held by the organization check all that lapply).  1 Preservation of part or public use (e.g., recreation or education)  1 Preservation of a certified historic structure  1 Protection of natural habitat  1 Protection of natural habitat  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the halional Register  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  1 Number of states where property subject to conservation easement is located  2 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure  1 In the register of the footnote of the conservation easements in thoday:  1 Number of states where property subject to conservation easement is located  2 Number	1	
A grogate value at end of year	2	Aggregate value of contributions to (during year) ~~~~
5 bill the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	3	Aggregate value of grants from (during year) ~~~~~
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year ~~~~~~~~
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring incremisshic provate hencit?  Part II Conservation Easements led by the organization answered "Nes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of passes as a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total number of conservation easements in cutded in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  Number of states where property subject to conservation easement is located    Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements of section 170(p)(4)(8)(9)(0)?  Amount of expenses incurred in monitoring, inspecting, ha	5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring incremisshic provate hencit?  Part II Conservation Easements led by the organization answered "Nes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat  Preservation of passes as a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total number of conservation easements in cutded in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure included in (a) Vumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  Number of states where property subject to conservation easement is located    Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements of section 170(p)(4)(8)(9)(0)?  Amount of expenses incurred in monitoring, inspecting, ha		are the organization's property, subject to the organization's exclusive legal control?
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Protection of natural habitat   Preservation of open space   Preservation of open space   Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year,   Held at the End of the Tax Year   A Total number of conservation easements   2a	6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only
Part I/I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of a protection of natural habitat   Preservation of a certified historic structure   Preservation of open space   Preservation of a conservation easements   Preservation of a conservation easement   Preservation of a conservation easement   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation   Pres		for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements and iffed historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    S		impermissible private benefit?
Preservation of and for public use (e.g., recreation or education)  Preservation of a historically important land area Preservation of open space  Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Isted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements in security in the conservation easements of the conservation easements in the conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of	Pai	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
Preservation of and for public use (e.g., recreation or education)  Preservation of a historically important land area Preservation of open space  Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Isted in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements in security in the conservation easements of the conservation easements in the conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Amount of	1	Purpose(s) of conservation easements held by the organization (check all that apply).
Protection of natural habitat		
Preservation of open space  Complete lines 2 through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Complete lines of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of states where property subject to conservation easement is located    Number of conservation easement of the conservation easement it libroids?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    No  No  In Part XIII, describe ho		
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  Iteld at the Ind of the Tax Year.  Total number of conservation easements		
day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)	2	
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   Shows a conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l)(l) Yes   No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other simil	_	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easement is located    Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    \$  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  Part III. Organization was the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other sim	а	
c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		
listed in the National Register		
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	u	
year	2	
Number of states where property subject to conservation easement is located    Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	J	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i))  and section 170(h)(4)(B)(ii)?  Pert III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  In the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  In the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  In the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	1	
violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?		
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Subject of the conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?   No  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	5	
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)?	6	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	U	I
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring inspecting handling of violations, and enforcing conservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	,	
and section 170(h)(4)(B)(ii)?	8	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	U	
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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<ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ol> <li>Revenue included on Form 990, Part VIII, line 1</li> <li>Assets included in Form 990, Part X</li> <li>Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ol> </li> </ul>		
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	b	
relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ی	
(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~   \$		
(ii) Assets included in Form 990, Part X ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u>u</u>
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		
	2	
the renowing amounts required to be reported under 51 AD 110 (ADO 700) relating to the 55 (tells.	_	
a Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	а	
·		Assets included in Form 990. Part X
1 A 1 1 1 1 1 E 000 B 1 V	h	Assets included in Form 990. Part X

Sche	dule D (Form 990) 2015 ENGI NEER	ING WORLD	HEAL	_TH				**-**	****	Pac	ae 2
Par	t III Organizations Maintaining Col	llections of Ar	t, Histo	orical Tre	asures, oi	r Other :	Simila	r Assets	S (continu	ed)	
3	Using the organization's acquisition, accession	, and other records	s, check	any of the f	ollowing that	are a sign	nificant u	ise of its c	collection it	ems	
	(check all that apply):			-	, ,	ū					
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	n how th	ey further th	e organizatio	n's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit or r	•		-	_						
	to be sold to raise funds rather than to be main								Yes		No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Part 3		ete if the	organizatio	n answered '	'Yes" on F	orm 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodian		iary for c	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X? ~~~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~	~~~~~	- ~ ~ ~ ~	. ~ ~ [	] <sub>Yes</sub>		No
b	If "Yes," explain the arrangement in Part XIII an										
~	res, explain the analygement in rail are thin an	a complete alle le.	.omig a	a.o					Amount		_
C	Beginning balance ~~~~~~~~~~~~~	~~~~~~~	~ ~ ~ ~ .	~~~~~	~~~~~	~~~~	1c				
d	Additions during the year ~~~~~~~~~						1d				
e	Distributions during the year ~~~~~~						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form						/? ~~	~ ~ ~ [	Yes		No
	If "Yes " explain the arrangement in Part XIII C					_					
Par							).				
		(a) Current year		rior vear	(c) Two year			vears back	(e) Four v	ears b	ack
1a	Beginning of year balance ~~~~~	, ,			, ,						
b	Contributions ~~~~~~~~										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships ~~~~~~										
е	Other expenditures for facilities										
	and programs ~~~~~~~										
f	Administrative expenses ~~~~~~										
g	End of year balance ~~~~~~										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1o	ı, column (a)	) held as:						
а	Board designated or quasi-endowment	-	_%	, ,	,						
b	Permanent endowment										
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c should										
3а	Are there endowment funds not in the possess		tion that	t are held ar	nd administer	ed for the	organiza	ation	_		
	by:	· ·					Ü			'es	No_
	(i) unrelated organizations ~~~~~~~~	~~~~~~	~ ~ ~ ~ .	~~~~~	~~~~~	- ~ ~ ~ ~ ~	- ~ ~ ~	- ~ ~ ~	3a(i)		
	(ii) related organizations ~~~~~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ ~ ~ ~ .	~~~~	~ ~ ~ ~ ~ ~ ~	- ~ ~ ~ ~ ~	- ~ ~ ~ ~	- ~ ~ ~	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							~ ~ ~ ~ ~	3b		
4	Describe in Part XIII the intended uses of the or	rganization's endo	wment fi	unds							
Par	t VI Land, Buildings, and Equipme	nt.									
	Complete if the organization answered '	'Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book	value	
		basis (investn	nent)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
С	Leasehold improvements ~~~~~~~										
d	Equipment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1, 795.		1, 70	08.		8	<u>7.</u>
е	Other										
Total	Add lines 1a through 1e (Column (d) must equ	ial Form 990 Part	X. colum	n (B), line 10	Oc.)			1 I		8	7.

Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES,

FOR THE RECOGNITION REQUIREMENTS OF UNCERTAIN INCOME TAX PROVISIONS AS

REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE

EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization

Employer identification number

ENGINEERING WORL	LD HEALTH	1			**_****	*
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	lete if the organ	ization answered "Y	es" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance? ~~ X	Yes No
_	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance outsi	de the
United States.	fallandar Dant	I lla a O talala a	on to a decorpt and a few delications of a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a second a second and a second and a second and a sec	1 \		
	Ŭ		n be duplicated if additional space is r		. dk . 11 - k - of the / of	(6) T-+-1
(a) Region	(b) Number of offices	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and	services, investments, grants to		e specific type	for and
	in the region	contractors	recipients located in the region)		ce(s) in region	investments in region
		in region			., .	irregion
			BIOMEDICAL ENGINEERING			
SUB-SAHARAN AFRICA	0	7	SERVICES	BLOMEDICAL	ENGINEERING	669, 915.
300 3/11/11/11/11/11/11/11/11		,	DERVICES	DIOMEDIONE	LINGTINELIKTING	007, 713.
EAST ASIA AND			BIOMEDICAL ENGINEERING			
PACIFIC	0	2	SERVICES	BLOMEDICAL	ENGINEERING	166, 459.
				7.027.07.2		1007 1071
		0				024 274
3 a Sub-total ~~~~~	0	9				836, 374.
b Total from continuation		0				_
sheets to Part I ~~~	0	0				0.
c Totals (add lines 3a	0	9				836, 374.
300 KN	. 0	,				

ENGI NEERI NG WORLD HEALTH

Page 2

\* \* \* \* \* \* \* \* \* \* \*

Schedule F (Form 990) 2015

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which the IRS, and a finite total number of	Enter total number of recipient organizations listed sthe IRS, or for which the grantee or counsel has pro	s listed above that are re I has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Finter total number of other organizations or entities	oreign country, r	ecognized as tax-exe	mpt by		
	o						Schec	Schedule F (Form 990) 2015

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Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed (a) Type of grant or assistance	ndattional space is needer (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHI PS	SUB-SAHARAN AFRICA	က	14, 650.	14, 650. FEE DISCOUNT	0.		
	EAST ASIA AND PACIFIC	2	4, 000.	FEE DISCOUNT	0.		
	EUROPE	18	14, 600.	FEE DISCOUNT	0.		
SCHOLARSHIPS	NORTH AMERICA	3	10, 000.	10,000. FEE DISCOUNT	0.		
SCHOLARSHI PS	SOUTH AMERICA	1	2, 500.	FEE DISCOUNT	.0		
SCHOLARSHI PS	SOUTH ASIA	33	15, 250.	15, 250. FEE DISCOUNT	0.		
						Schedu	Schedule F (Form 990) 2015

<u>Part</u>	IV   Foreign Forms		
1	Was the arganization of U.S. transferer of property to a foreign corneration during the tay year? If "Vos." the		
I	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	└── Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	L Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	<b>—</b>	X <sub>No</sub>
	(see Instructions for Form 8621)	☐ Yes	L No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No. 1545-0047

2015

Open to Public

2 Employer identification number Inspection (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant (c) IRC section if applicable ENGI NEERI NG WORLD HEALTH General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance?  $\sim$ 1 (a) Name and address of organization or government Name of the organization Part I Part II

Schedule I (Form 990) (2015)

11

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

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

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

Schedule I (Form 990) (2015)

Part III

\*\*\*\*\*\*

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	63	139, 500.	0	FMV	PROGRAM FEE DISCOUNTS BASED ON NEED
Part IV Supplemental Information. Provide the information required in Part I, line 2. Part III. column (b). and any other additional information	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information.	

PART I, LINE 2:

A COMMITTEE THEN SUBMITTED WHICH I DENTIFY FI NANCI AL NEED. REQUESTS ARE

REVIEWS THE SUBMISSIONS TO IDENTIFY THOSE TO BE AWARDED FINANCIAL

ASSI STANCE.

### SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

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

### ENGINEERING WORLD HEALTH

Employer identification number \*\*\_\*\*\*\*

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	10		Х
a	Receive a severance payment or change-of-control payment?    Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4D 4C		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	_4C		
	in test to any or lines 44-6, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III $\sim \sim $	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

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

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

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

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-F7) and its instructions is at \_www.irs.gov/form990.

Open to Public

Name of the organization

ENGINEERING WORLD HEALTH

Employer identification number \*\*\_\*\*\*\*\*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPING WORLD.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
TO IDENTIFY HEALTH CARE CHALLENGES TO THE DEVELOPING WORLD AND WHAT NEW
TECHNOLOGIES MIGHT DELIVER THE MOST POSITIVE IMPACT FOR PATIENTS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE FINANCE COMMITTEE DOES NOT KEEP WRITTEN MINUTES.
FORM 990, PART VI, SECTION B, LINE 11:
LINE 11A EXPLANATION - THE FORM 990 WAS REVIEWED BY THE FINANCE COMMITTEE,
AND APPROVED; THEN SUBMITTED FOR REVIEW AND COMMENT BY THE FULL BOARD
BEFORE SUBMI SSI ON.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY REQUIRES OFFICERS, DIRECTORS, STAFF AND
COMMITTEE MEMBERS TO SIGN A STATEMENT EACH YEAR INDICATING POTENTIAL
CONFLICTS, THEIR UNDERSTANDING OF THE POLICY AND THEIR AGREEANCE TO COMPLY
WITH THE POLICY. IF THERE ARE ANY POTENTIAL CONFLICTS IDENTIFIED
NOTIFICATION MUST BE GIVEN TO EITHER THE BOARD PRESIDENT OR CEO IN WRITING.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION WAS BASED ON PUBLISHED INDUSTRY STANDARDS FOR THE SIZE AND
LOCATION OF THE ORGANIZATION AND ALSO THE RECOMMENDATION OF THE RECRUITING
CONSULTANT WHO HELPED FIND AND SCREEN THE CANDIDATE.

Name of the organization	Employer identification number
ENGI NEERI NG WORLD HEALTH	Employer identification number  **_******
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND FO	RM 990'S ARE
AVAI LBLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
BOARD OF DIRECTORS REVIEW THE FINANCIAL STATEMENTS BEFORE	BEING ISSUED
AND ASSUME RESPONSI BI LI TY.	