

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 08/01, 2014, and ending 07/31, 2015

B Check if applicable:

<input checked="" type="checkbox"/>	Address change	C Name of organization NYAYA HEALTH, A NONPROFIT CORPORATION	D Employer identification number 20-3055055
<input type="checkbox"/>	Name change	Doing business as POSSIBLE	E Telephone number (617) 539-6203
<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 BROAD STREET, FLOOR 9	G Gross receipts \$ 2,849,355.
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Amended return	F Name and address of principal officer: MARK ARNOLDY 30 BROAD STREET, FLOOR 9 NEW YORK, NY 10004	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. (see instructions)
J Website: ▶ WWW.POSSIBLEHEALTH.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2005	M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVE IT'S POSSIBLE TO DELIVER HIGH-QUALITY, LOW-COST HEALTHCARE TO THE WORLD'S POOR.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5.	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	16.	
	6 Total number of volunteers (estimate if necessary)	6	5.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,583,658.	2,846,496.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	2,859.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,583,658.	2,849,355.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	977,453.	1,510,633.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	351,535.	531,141.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 145,962.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		265,094.	599,701.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,594,082.	2,641,475.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,424.	207,880.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	844,457.	1,317,633.	
	22 Net assets or fund balances. Subtract line 21 from line 20	104,974.	370,270.	
		739,483.	947,363.	

Part II Signature Block

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

Sign Here	Signature of officer 	Date 6/15/16			
	Type or print name and title Mark Arnoldy, CEO				
Paid Preparer Use Only	Print/Type preparer's name ANTHONY J PANICO	Preparer's signature 	Date 6/15/16	Check <input type="checkbox"/> if self-employed	PTIN P00365556
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497	Phone no. 973-898-9494			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,328,064. including grants of \$ 1,510,633.) (Revenue \$ 2,859.)

EXPENSES INCURRED IN DELIVERING HIGH-QUALITY, LOW-COST HEALTHCARE TO THE WORLD'S POOR. THIS YEAR, WE BROKE GROUND TO TURN OUR HOSPITAL HUB INTO THE LEADING RURAL TEACHING HOSPITAL IN NEPAL. WE TREATED 69,505 PATIENTS, ADDED 39 PEOPLE TO OUR TEAM, AND OVERALL FUNDING GREW OVER 150%, WITH A 7-FOLD INCREASE IN GOVERNMENT SUPPORT. WE ALSO EXPANDED OUR HEALTHCARE MODEL TO ANOTHER DISTRICT AFTER THE EARTHQUAKES STRUCK. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,328,064.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>		X
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? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
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? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
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? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members/stockholders, governance decisions, meeting documentation, and officer reachability.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies/procedures, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, investment in taxable entities, and joint venture arrangements.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, DC, IL, MA, MI, NM, NY, VA, WA,
18 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANDRO LAZZARINI CHAIRMAN - DIRECTOR	2.00 0	X		X				0	0	0
(2) MUNA BHANJI DIRECTOR	2.00 0	X						0	0	0
(3) ROBERT CHANG DIRECTOR	2.00 0	X						0	0	0
(4) GABRIELLE HADDAD DIRECTOR	2.00 0	X						0	0	0
(5) JEFF KAPLAN DIRECTOR	2.00 0	X						0	0	0
(6) BETH KITZINGER DIRECTOR	2.00 0	X						0	0	0
(7) ESWAR PRIYADARSHAN DIRECTOR	2.00 0	X						0	0	0
(8) MARK N. ARNOLDY CHIEF EXECUTIVE OFFICER	40.00 0			X				70,987.	0	5,367.
(9) RYAN SCHWARZ, M.D., MBA COO (EFFECTIVE 07/20/2015)	40.00 0			X				0	0	0
(10) DUNCAN MARU, M.D., PH.D. CHIEF STRATEGY OFFICER	40.00 0			X				0	0	0
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes sub-totals for 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 2'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 2

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions),	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,846,496.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			2,846,496.			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code					
		900099		2,859.	2,859.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			2,859.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			0			
	4 Income from investment of tax-exempt bond proceeds ▶			0			
	5 Royalties ▶			0			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶				0			
9a Gross income from gaming activities. See Part IV, line 19 a							
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances a							
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total revenue. See instructions ▶			2,849,355.	2,859.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,510,633.	1,510,633.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	76,354.	38,177.	38,177.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	376,164.	214,911.	49,466.	111,787.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	39,835.	22,630.	5,904.	11,301.
10 Payroll taxes	38,788.	21,721.	7,370.	9,697.
11 Fees for services (non-employees):				
a Management	0			
b Legal	3,178.		3,178.	
c Accounting	15,880.		15,880.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	346,465.	344,649.	1,816.	
12 Advertising and promotion	22,531.	12,617.	4,281.	5,633.
13 Office expenses	23,474.	8,051.	15,423.	
14 Information technology	30,958.	23,219.	7,739.	
15 Royalties	0			
16 Occupancy	30,172.	16,896.	5,732.	7,544.
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	87,172.	87,172.		
20 Interest	1,452.		1,452.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	1,433.		1,433.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	10,815.	10,815.		
b FOOD & MEALS	7,859.	7,859.		
c STAFF RECRUITMENT/DEVELOP.	5,191.	5,191.		
d DUES & LICENSES	4,697.	3,523.	1,174.	
e All other expenses	8,424.		8,424.	
25 Total functional expenses. Add lines 1 through 24e	2,641,475.	2,328,064.	167,449.	145,962.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	703,602.	1	1,291,031.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	100,000.	3	11,762.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	40,855.	9	4,840.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	0
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	10,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	844,457.	16	1,317,633.	
Liabilities	17 Accounts payable and accrued expenses	74,781.	17	52,129.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	60,000.
	23 Secured mortgages and notes payable to unrelated third parties ATTCH 4	30,193.	23	128,141.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	130,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	104,974.	26	370,270.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	343,649.	27	947,363.
	28 Temporarily restricted net assets	395,834.	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	739,483.	33	947,363.	
34 Total liabilities and net assets/fund balances	844,457.	34	1,317,633.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,849,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,641,475.
3	Revenue less expenses. Subtract line 2 from line 1	3	207,880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	739,483.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	947,363.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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 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

2014

Open to Public Inspection

Name of the organization NYAYA HEALTH, A NONPROFIT CORPORATION	Employer identification number 20-3055055
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	153,585.	759,083.	1,319,729.	1,583,658.	2,846,496.	6,662,551.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	153,585.	759,083.	1,319,729.	1,583,658.	2,846,496.	6,662,551.
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).						1,425,108.
6 Public support. Subtract line 5 from line 4.						5,237,443.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	153,585.	759,083.	1,319,729.	1,583,658.	2,846,496.	6,662,551.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,497.	825.			2,322.
11 Total support. Add lines 7 through 10						6,664,873.
12 Gross receipts from related activities, etc. (see instructions)					12	2,859.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	78.58 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	69.89 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

NYAYA HEALTH, A NONPROFIT CORPORATION

20-3055055

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures, and questions about revenue and assets for financial gain.

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

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) _____				

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). Total row at the bottom.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,088,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	239,443.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	239,443.
3	Subtract line 2e from line 1		3	2,849,355.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,849,355.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,880,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	239,443.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	239,443.
3	Subtract line 2e from line 1		3	2,641,475.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,641,475.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF NYAYA HEALTH D/B/A POSSIBLE HEALTH FOR THE YEARS ENDED JULY 31, 2015 AND JULY 31, 2014; RESPECTIVELY. THE FIN 48 (ASC 740) FOOTNOTE BELOW IS FROM THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JULY 31, 2015:

"THE ORGANIZATION CURRENTLY EVALUTATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY THE ORGANIZATION ARE THE EXISTENCE OF UNRELATED BUSINESS INCOME AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. FOR THE YEARS PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION."

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

NYAYA HEALTH, A NONPROFIT CORPORATION

Employer identification number

20-3055055

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA	1.		GRANTMAKING		1,335,550.
(2) SOUTH ASIA	1.		PROGRAM SERVICES	IMPLEMENTATION OF EHR	175,083.
(3) SOUTH ASIA	1.		PROGRAM SERVICES	EMPLOYEE TRAVEL-NEPAL	94,975.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	3.				1,605,608.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3.				1,605,608.

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

Schedule F (Form 990) 2014

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)
(1)			SOUTH ASIA	GRANTS AND A GRANTS	1,335,550.	WIRE TRANS.			FMV
(2)			SOUTH ASIA	EHR IMPLEMEN		WIRE TRANS.	175,083.	EHR IMPLEM.	FMV
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter, 1.

3 Enter total number of other organizations or entities,

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

NYAYA HEALTH D/B/A POSSIBLE IS AFFILIATED WITH NYAYA HEALTH NEPAL ("NHN"). THE ORGANIZATIONS OPERATE UNDER A MEMORANDUM OF UNDERSTANDING WHEREBY NHN IS THE LOCAL IMPLEMENTING ORGANIZATION OF THEIR JOINT MISSION.

NYAYA HEALTH MAKES FUNDING DECISIONS REGARDING NHN THROUGH AN ANNUAL BUDGETING PROCESS AND BASED UPON FUNDING AVAILABILITY. FUNDS ARE DISTRIBUTED TO NHN ON A QUARTERLY BASIS.

SCHEDULE F, PART I, LINE 3, COLUMN C

SOME OF THE ORGANIZATION'S EMPLOYEES SPEND A PERCENTAGE OF THEIR TIME, RANGING FROM 10%-90%, IN NEPAL TO COMPLETE CERTAIN TASKS IN FURTHERANCE OF THE ORGANIZATION'S MISSION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization
NYAYA HEALTH, A NONPROFIT CORPORATION

Employer identification number
20-3055055

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 60,000.						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
SANDRO LAZZARINI	BOARD DIRECTOR	PROGRAM SUPPORT	X		10,000.	10,000.	X	X			X	
ESWAR PRIYADARSHAN	BOARD DIRECTOR	PROGRAM SUPPORT	X		50,000.	50,000.	X	X			X	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

NYAYA HEALTH, A NONPROFIT CORPORATION

Employer identification number

20-3055055

CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

IN 2006, YALE MEDICAL STUDENT JASON ANDREWS AND HIS NEPALI WIFE ROSHANI ANDREWS TRAVELED TO RURAL NEPAL ON THEIR HONEYMOON TO DOCUMENT THE LIVES BEHIND THE HIV CRISIS THEY HAD BEEN TOLD OF. INSTEAD, THEY FOUND MULTIPLE CRISES IN A REGION WHERE 260,000 PEOPLE LIVED WITHOUT A CLINICIAN AND INFRASTRUCTURE HAD BEEN DESTROYED BY A 10-YEAR CIVIL WAR.

IN MARCH 2006, JASON EMAILED HIS CLOSE FRIENDS AT YALE MEDICAL SCHOOL, DUNCAN MARU AND SANJAY BASU, SAYING HE FELT "WHOLLY COMPELLED BUT COMPLETELY ADRIFT" BY THE DEVASTATION HE HAD SEEN, AND A CONVERSATION ABOUT STARTING THE ORGANIZATION BEGAN.

THE GROUP THEN MET WITH BIBHAV ACHARYA, AN INCOMING MEDICAL STUDENT AT YALE, AND HIS BROTHER BIJAY ACHARYA, A MEDICAL STUDENT IN NEPAL. TOGETHER, THEY CO-FOUNDED NYAYA HEALTH - WHICH IS NOW NAMED POSSIBLE.

IN 2008, OUR CO-FOUNDERS AND A GROWING GLOBAL TEAM OF LEADERS-FROM NEPAL, INDIA, AND THE U.S.-STARTED DELIVERING HEALTHCARE BY TRANSFORMING A GRAIN SHED INTO A CLINIC OPERATED BY NEPALI CLINICIANS WITH SUPPORT FROM THE NEPALI GOVERNMENT AND A SMALL SUM OF FUNDING FROM FRIENDS AND FAMILY.

Name of the organization

NYAYA HEALTH, A NONPROFIT CORPORATION

Employer identification number

20-3055055

AFFILIATIONS

=====

NYAYA HEALTH IS AFFILIATED WITH NYAYA HEALTH NEPAL ("NHN"). THE ORGANIZATIONS OPERATE UNDER A MEMORANDUM OF UNDERSTANDING WHEREBY NHN IS THE LOCAL IMPLEMENTING ORGANIZATION OF THEIR JOINT MISSION. NYAYA HEALTH MAKES FUNDING DECISIONS REGARDING NHN THROUGH AN ANNUAL BUDGETING PROCESS AND BASED UPON FUNDING AVAILABILITY. FUNDS ARE DISTRIBUTED TO NHN ON A QUARTERLY BASIS. NHN AND NYAYA HEALTH ARE CONTROLLED BY SEPARATE BOARDS OF DIRECTORS; HOWEVER, THE ORGANIZATIONS COLLABORATE ON CLINICAL OPERATIONS, MANAGERIAL DETAILS, STAFFING, PROCUREMENT AND ANY OTHER ASSISTANCE.

PARTNERSHIP WITH NEPALI GOVERNMENT

=====

OUR PARTNERSHIP WITH THE NEPALI GOVERNMENT IS EXPANSIVE, AND IS BASED UPON A CONTRACTUAL AGREEMENT. THE IDEA BEHIND DURABLE HEALTHCARE IS THAT A NONPROFIT HEALTHCARE COMPANY DELIVERS CARE WITHIN THE GOVERNMENT'S INFRASTRUCTURE AND RECEIVES FUNDING FROM THE GOVERNMENT ONLY IF THEY DELIVER RESULTS. THUS, IN OUR PARTNERSHIP, THE NEPALI GOVERNMENT ACTS AS A FUNDER AND REGULATOR, AND WE DELIVER HEALTHCARE WITHIN THEIR INFRASTRUCTURE.

Name of the organization NYAYA HEALTH, A NONPROFIT CORPORATION	Employer identification number 20-3055055
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THE NEPALI GOVERNMENT CURRENTLY PROVIDES LAND, BUILDINGS, TRAININGS, OVER 50% OF OUR PHARMACEUTICALS, AND 90% OF OUR COMMUNITY HEALTH WORKER NETWORK. THIS DRAMATICALLY DECREASES COST AND PROVIDES A PLATFORM FOR REPLICATION VIA GOVERNMENT SYSTEMS THAT ARE SHARED ACROSS THE COUNTRY. ADDITIONALLY, OUR CONTRACT WITH THE GOVERNMENT IS PERFORMANCE-BASED, MEANING THE GOVERNMENT HAS COMMITTED TO INCREASE THEIR INVESTMENT AS WE GROW AND ACHIEVE BETTER HEALTH OUTCOMES.

DURABLE MODEL

=====

OUR DURABLE MODEL MEANS HEALTHCARE DOES NOT END AT THE HOSPITAL. PATIENTS RECEIVE THE CARE THEY NEED CLOSER TO THEIR HOME THROUGH AN INTEGRATED SYSTEM OF HOSPITALS, CLINICS, AND COMMUNITY HEALTH WORKERS.

- A HOSPITAL ACTS AS A CENTER OF EXCELLENCE FOR CLINICAL CARE AND MEDICAL EDUCATION;
- CLINICS ENCIRCLE OF THE HOSPITAL HUB, BRINGING PRIMARY AND FOLLOW-UP CARE CLOSER TO HOME; AND
- COMMUNITY HEALTH WORKERS MOVE BETWEEN HOMES PROVIDING REFERRAL AND FOLLOW-UP SERVICES.

FACILITIES

=====

Name of the organization NYAYA HEALTH, A NONPROFIT CORPORATION	Employer identification number 20-3055055
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BAYALPATA HOSPITAL - BAYALPATA HOSPITAL IS THE HUB OF OUR HEALTHCARE SYSTEM, WHERE WE TREATED OVER 69,000 PATIENTS THIS YEAR. WE OFFER A SET OF ADVANCED SERVICES-FROM SURGERY TO LAB WORK, DIGITAL X-RAYS TO DENTISTRY.

CLINICS - WE WORK TO TRANSFORM PRIMARY CLINICS INTO ACCOUNTABLE, FULLY STAFFED, STOCKED, AND CONNECTED FACILITIES. CURRENTLY, WE OPERATE IN 13 HEALTH CLINICS IN ORDER TO BRING IMMEDIATE AND FOLLOW-UP CARE CLOSER TO THE HOME.

KEY PERFORMANCE INDICATORS

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THE NEPALI GOVERNMENT ONLY PAYS US WHEN WE HIT THESE INDICATED TARGETS, SHOWING WE'RE IMPROVING POPULATION HEALTH OUTCOMES.

SURGERY ACCESS

(TARGET - 95%) & (ACTUAL - 100%)- A FULL SET OF RESOURCES AND PEOPLE TO PERFORM SURGERIES WERE AVAILABLE EVERY DAY.

EQUITY

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(TARGET - 1.0) & (ACTUAL - 1.6) - MARGINALIZED PATIENTS ACCESSED OUR HEALTHCARE SYSTEM 60% MORE FREQUENTLY THAN NON-MARGINALIZED PATIENTS.

SAFE BIRTH

(TARGET - 95%) & (ACTUAL - 76%) - 76% OF WOMEN GAVE BIRTH IN A HEALTHCARE FACILITY WITH A TRAINED CLINICIAN IN THE PAST YEAR.

FOLLOW - UP

(TARGET - 90%) & (ACTUAL - 50%) - 50% OF OUR TOTAL CHRONIC DISEASE PATIENTS HAD A FOLLOW-UP INTERACTION WITH A PROVIDER.

OUTPATIENT USE

(TARGET - 1.7) & (ACTUAL - 1.3)- ON AVERAGE, EACH PERSON IN OUR CATCHMENT AREA VISITED ONE OF OUR HEALTHCARE FACILITIES NEARLY 2 TIMES.

FAMILY PLANNING

(TARGET - 75%) & (ACTUAL - 34%) - 34% OF REPRODUCTIVE AGED WOMEN WHO

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DELIVERED IN THE PAST 2 YEARS ARE USING CONTRACEPTIVE METHODS.

FY 2015 STATISTICS

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- WE TREATED 69,505 PATIENTS DURING FY 2015 (90% OF WHICH WAS FOR
OUTPATIENT CARE, 7% EMERGENCY CARE AND 3% INPATIENT CARE);

- WE PERFORMED 5,528 SURGICAL PROCEDURES WHICH WAS A 49% INCREASE FROM FY
2014;

- WE HELPED DELIVER 597 BABIES DURING FY 2015. IN OUR HOSPITAL ALONE
THERE WAS A 25% INCREASE IN SAFE DELIVERIES. WE ALSO COMPLETED 1,538
ANTENATAL CARE VISITS FOR EXPECTING MOTHERS, CRITICAL FOR MAPPING
INSTITUTIONAL BIRTH RATE AND EVALUATING NEW AREAS OF INTERVENTION;

- WE TOOK 10,754 DIGITAL X-RAYS DURING FY 2015. THERE WAS A 74% INCREASE
IN DIGITAL X-RAYS THIS YEAR, WHICH HAS SIGNIFICANTLY IMPROVED PATIENT
CARE. HAVING SPECIFIC TECHNOLOGIES ENSURES OPERATIONS FUNCTION PROPERLY
AND WE CAN MEET PATIENT DEMAND;

- 33,000 PATIENTS VISITED OUR OUTPATIENT CLINICS VERSUS TRAVELING FAR
DISTANCES TO OUR HOSPITAL HUB;

- 348 MOTHERS HAD SAFE BIRTHS AT OUR CLINICS EQUIPPED WITH A SKILLED

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BIRTH ATTENDANT;

- WE ENROLLED 599 NEW EXPECTING MOTHERS IN OUR ANTENATAL CARE PROGRAM;

- WE INCREASED OUR COMMUNITY HEALTH WORKER LEADERS TO 20 AND COMMUNITY HEALTH WORKERS TO 164;

- WE VISITED AND TREATED 23,000 PREGNANT AND CHRONIC DISEASE PATIENTS AT THEIR HOMES;

- WE HELD 234 GROUP ANTENATAL CARE SESSIONS FOR PREGNANT MOTHERS; AND

- IN 234 SESSIONS, WE HAD OVER 500 PREGNANT MOTHERS COMPLETE ALL FOUR CLASSES IN THE PROGRAM.

REMARKABLE MOMENTS

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1) DEPLOYED AN ELECTRONIC HEALTH RECORD (EHR)- THIS IS THE FIRST INTEGRATED EHR SYSTEM IN NEPAL, WHERE WE STRIVE TO ENHANCE PATIENT CARE BY UTILIZING DATA.

2) CONDUCTED FIRST DIGITAL HOUSEHOLD CENSUS - USING SMARTPHONES, WE COLLECTED DATA FROM OVER 7,500 HOMES TO MEASURE IMPACT ACROSS THE TIERS OF OUR WORK.

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3) FORMALIZED A COMMUNITY ADVISORY BOARD - THE BOARD PROVIDES CRITICAL ADVICE AND FEEDBACK ON THE RELEVANCE AND FEASIBILITY OF OUR COMMUNITY PROGRAMS.

4) SIGNED A GOV'T CONTRACT TO REBUILD POST EARTHQUAKE - THIS ENABLES US TO EXPAND OUR PUBLIC-PRIVATE-PARTNERSHIP AND BEGIN REBUILDING 21 HEALTH CLINICS.

5) BROKE GROUND ON OUR HOSPITAL-HUB EXPANSION - WE BEGAN CONSTRUCTION TO TURN OUR FACILITY INTO THE LEADING RURAL TEACHING HOSPITAL IN NEPAL.

6) FUNNELED \$20MM DOLLARS IN IN-KIND DISASTER RELIEF - WE WORKED WITH PARTNERS AFTER THE EARTHQUAKES TO MOVE \$20MM DOLLARS TO HIGH-IMPACT RELIEF ORGANIZATIONS.

7) HIRED NEPAL'S FIRST FEMALE ORTHOPEDIC SURGEON - DR. AARADHANA'S SPECIALIZATION MEANT WE COULD TAKE CARE OF MAJOR TRAUMA CASES WITHOUT THE NEED TO REFER PATIENTS TO URBAN HOSPITALS.

8) ENROLLED OUR FIRST MD GENERAL PRACTICE RESIDENT - WE FORMALIZED A PARTNERSHIP TO ENROLL MDGP RESIDENTS AT OUR RURAL TEACHING HOSPITAL.

EARTHQUAKE RESPONSE

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ON APRIL 25TH, IN A SINGLE MOMENT OF TECTONIC UNREST, ALL OF OUR LIVES CHANGED.

IN RESPONSE TO THE SERIES OF OVER 400 EARTHQUAKES THAT STRUCK THIS SPRING, WE EXPANDED OUR WORK IN NEPAL AND ARE REBUILDING THE HEALTHCARE SYSTEM IN ONE OF THE WORST-HIT DISTRICTS. WE CHOSE DOLAKHA DISTRICT, WHERE 87% OF ITS HEALTHCARE FACILITIES WERE DAMAGED OR DESTROYED, AND 40% OF PEOPLE NOW LACK ACCESS TO HEALTHCARE.

WE SIGNED A CONTRACT WITH THE GOVERNMENT OF NEPAL AND IMMEDIATELY BEGAN REBUILDING 21 CLINICS, INSTALLING SOLAR ELECTRICITY, AND ENSURING SUPPLIES REACH FACILITIES VIA THE SUPPLY CHAIN.

MORE IMPORTANTLY, WE BEGAN LAYING DOWN THE FOUNDATION FOR A LONG-TERM HEALTHCARE SYSTEM IN DOLAKHA THAT IS RESILIENT IN THE FACE OF FUTURE NATURAL DISASTERS AND CAN TRANSFORM THE LIVES OF HUNDREDS OF THOUSANDS OF PEOPLE.

CORE FORM, PART V; QUESTION 2A AND CORE FORM PART VI; QUESTION 3

THIS ORGANIZATION UTILIZES THE SERVICES OF A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). THE PEO ACTS AS A LEASING COMPANY AND HIRES THIS ORGANIZATION'S EMPLOYEES, AND THUS BECOMES THEIR EMPLOYER OF RECORD FOR TAX AND INSURANCE PURPOSES. ALL FORMS W-2 ARE FILED UNDER THE PEO'S FEDERAL EMPLOYER IDENTIFICATION NUMBER. IN ACCORDANCE WITH INTERNAL

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REVENUE SERVICE FORM 990 INSTRUCTIONS THIS ORGANIZATION TREATS THE LEASED EMPLOYEES OF THE PEO AS THE ORGANIZATION'S OWN EMPLOYEES. ADDITIONALLY, THIS ORGANIZATION PAYS A SERVICE FEE TO THE PEO FOR THE PERFORMANCE OF THE HUMAN RESOURCE AND PAYROLL SERVICE FUNCTION ON BEHALF OF THIS ORGANIZATION.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

AS DEFINED IN THE ORGANIZATION'S BYLAWS, ITS GOVERNING BODY (THE BOARD OF DIRECTORS) SHALL BE SELF-PERPETUATING. EACH SUCCESSOR TO A DIRECTOR WHOSE TERM HAS EXPIRED OR WILL EXPIRE BEFORE THE NEXT QUARTERLY MEETING OF THE BOARD OF DIRECTORS SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE BOARD OF DIRECTORS WHO ARE THEN SERVING ON THE BOARD.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS FULL GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S PERSONNEL, INCLUDING

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ITS CHIEF EXECUTIVE OFFICER, DEVELOPMENT MANAGER AND OTHER ORGANIZATIONAL PERSONNEL ("INTERNAL WORKING GROUP"), TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR REVIEW. THE ORGANIZATION'S INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING IT TO THE ORGANIZATION'S AUDIT COMMITTEE AND BOARD OF DIRECTORS AND FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

ALTHOUGH THE ORGANIZATION DID NOT HAVE A FORMAL CONFLICT OF INTEREST POLICY AND PROCESS IN PLACE AS OF 7/31/2015, THEY WERE IN THE PROCESS OF IMPLEMENTING A FORMAL POLICY. THIS POLICY WAS EFFECTIVE IN EARLY 2016 AT WHICH TIME ALL OFFICERS AND DIRECTORS WERE PROVIDED WITH THE POLICY AND ASSOCIATED QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES WERE RETURNED TO THE CHIEF EXECUTIVE OFFICER FOR REVIEW. THE CHIEF EXECUTIVE OFFICER DISCUSSED THE COMPLETED FORMS WITH THE CHAIRMAN OF THE BOARD OF DIRECTORS. ANY PERCEIVED CONFLICTS ARE THEREAFTER DISCUSSED WITH THE EXECUTIVE COMMITTEE OF THE BOARD.

CORE FORM, PART VI, SECTION B; QUESTION 15

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THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ("EXECUTIVE COMMITTEE") ANNUALLY REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER ("CEO"). THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE CEO. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

MEMBERS OF THE EXECUTIVE COMMITTEE ARE INDEPENDENT AND FREE FROM ANY CONFLICTS OF INTEREST.

THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S PERFORMANCE AND UTILIZES A NEW YORK CITY NONPROFIT SALARIES AND STAFFING REPORT ON AN ANNUAL BASIS WHEN

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REVIEWING AND APPROVING HIS TOTAL COMPENSATION. THE EXECUTIVE COMMITTEE THEN ADEQUATELY DOCUMENTS THE BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES DURING WHICH THE CEO'S COMPENSATION AND BENEFITS WERE REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE EXECUTIVE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS.

CORE FORM, PART VI, SECTION B; QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE ORGANIZATION MAKES ITS FEDERAL FORMS 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY POSTING THEM ON THE ORGANIZATION'S WEBSITE; WWW.POSSIBLEHEALTH.ORG.

CORE FORM, PART VII

RYAN SCHWARZ, MD, MBA BEGAN HIS ROLE AS THE CHIEF OPERATING OFFICER ON JULY 20, 2015. IN ACCORDANCE WITH FORM 990 RULES, REGULATIONS AND INSTRUCTIONS, THIS FEDERAL FORM 990 IS REPORTING, IN PART VII OF THE CORE FORM, COMPENSATION FOR THE 2014 CALENDAR YEAR. RYAN SCHWARZ HAS NO REPORTABLE COMPENSATION FROM THIS ORGANIZATION FOR HIS ROLE AS THE CHIEF OPERATING OFFICER FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2014.

DUNCAN MARU, MD, MBA IS A CO-FOUNDER OF POSSIBLE AND CURRENTLY SERVES

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FULL TIME AS THE CHIEF STRATEGY OFFICER AND A NON-VOTING DIRECTOR OF THE ORGANIZATION. HE DEVOTES AT LEAST 40 HOURS PER WEEK OF HIS TIME TO THE ORGANIZATION BUT IS COMPENSATED DIRECTLY BY BRIGHAM AND WOMEN'S HOSPITAL VIA PARTNERS HEALTHCARE FOR HIS WORK. ACCORDINGLY, HIS COMPENSATION IS NOT INCLUDED ON THIS FEDERAL FORM 990.

CORE FORM, PART X

PLEASE NOTE THAT SUBSEQUENT TO YEAR END, BUT PRIOR TO THE FILING OF THIS FEDERAL FORM 990, THE ORGANIZATION SATISFIED THEIR LOAN OBLIGATIONS AND REPAYED THE FOLLOWING LOANS INCLUDED ON CORE FORM, PART X; LINES 22, 23 & 24:

- SANDRO LAZZARINI IN THE AMOUNT OF \$10,000;
- ESWAR PRIYADARSHAN IN THE AMOUNT OF \$50,000;
- OPEN ROAD ALLIANCE IN THE AMOUNT OF \$100,000; AND
- THE A TO Z FUND IN THE AMOUNT OF \$130,000.

CORE FORM, PART XII; QUESTION 2

AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF NYAYA HEALTH D/B/A POSSIBLE HEALTH FOR THE YEARS ENDED JULY 31, 2015 AND JULY 31, 2014; RESPECTIVELY. AN UNQUALIFIED OPINION WAS ISSUED BY THE INDEPENDENT CPA FIRM EACH YEAR. THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE HAS ASSUMED THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVE IT'S POSSIBLE TO DELIVER HIGH-QUALITY, LOW-COST HEALTHCARE
TO THE WORLD'S POOR.

THE SPECIFIC OBJECTIVES AND PURPOSES OF THIS ORGANIZATION SHALL BE:

- 1) TO ADMINISTER PROGRAMS AND PROJECTS DESIGNED TO IMPROVE HEALTH
OUTCOMES AMONG POOR AND VULNERABLE POPULATIONS IN THE U.S. AND
ABROAD, INCLUDING THE PROVISION OF HEALTH AND SUPPORT SERVICES,
IMPROVEMENT AND ASSISTANCE IN ACCESS TO SOCIAL SERVICES, AND
ADMINISTRATION OF HEALTH EDUCATION AND DISEASE PREVENTION
ACTIVITIES;
- 2) TO ELUCIDATE AND CHARACTERIZE THE SOURCES OF INEQUALITY IN HEALTH
AND ACCESS TO HEALTH SERVICES, AND TO DEVELOP INTERVENTIONS TO
ADDRESS THESE STRUCTURES SUCH AS TO PROMOTE HEALTH IMPROVEMENT AND
EQUITY; AND
- 3) TO PROVIDE TECHNICAL AND FINANCIAL ASSISTANCE TO COMMUNITY BASED
ORGANIZATIONS ENGAGED IN PROMOTING HEALTH AND PROVIDING HEALTH
SERVICES AMONG POOR AND MARGINALIZED COMMUNITIES.

FOR MORE INFORMATION ON THE ORGANIZATIONS MISSION, STRATEGY, GOALS
AND ACHIEVEMENTS PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT

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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

STATEMENT INCLUDED IN SCHEDULE O.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SHARON DAVIS DESIGN 31 PERRY STREET NEW YORK, NY 10014	ARCHITECTURAL DESIGN	343,024.
THOUGHTWORKS 200 E. RANDOLPH STREET CHICAGO, IL 60601	IT	138,522.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING FEES	326,644.	326,644.		
EXPANISION DESIGN FEES	15,801.	15,801.		
OTHER PROFESSIONAL FEES	4,020.	2,204.	1,816.	
TOTALS	<u>346,465.</u>	<u>344,649.</u>	<u>1,816.</u>	

ATTACHMENT 4

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SEED ENERGY, INC. D/B/A SUNFARMER
 ORIGINAL AMOUNT: 30,193.
 INTEREST RATE: 5.000000
 DATE OF NOTE: 05/06/2014
 MATURITY DATE: 06/30/2022
 REPAYMENT TERMS: 32 EQUAL QUARTERLY PAYMENTS COMMENCING 9/30/2014

BEGINNING BALANCE DUE	30,193.
ENDING BALANCE DUE	28,141.

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ATTACHMENT 4 (CONT'D)

LENDER: OPEN ROAD ALLIANCE
ORIGINAL AMOUNT: 100,000.
INTEREST RATE:
DATE OF NOTE: 08/25/2014
MATURITY DATE: 07/31/2016
REPAYMENT TERMS: PAYABLE IN 2 EQUAL INSTALLMENTS 1/31/16 & 7/31/16

BEGINNING BALANCE DUE	
ENDING BALANCE DUE	100,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>30,193.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>128,141.</u>