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FedEx® Tracking

781146846001

Ship date: Thur 8/13/2015	Actual delivery: Fri 8/14/2015 10:21 am
New York, NY US	Ogden, UT US

Delivered
 Signed for by: SNOW

Travel History

Date/Time	Activity	Location
8/14/2015 - Friday		
10:21 am	Delivered	Ogden, UT
8:29 am	On FedEx vehicle for delivery	OGDEN, UT
7:45 am	At local FedEx facility	OGDEN, UT
5:17 am	At destination sort facility	SALT LAKE CITY, UT
3:21 am	Departed FedEx location	MEMPHIS, TN
8/13/2015 - Thursday		
9:53 pm	Departed FedEx location	NEWARK, NJ
8:56 pm	Arrived at FedEx location	NEWARK, NJ
8:25 pm	Left FedEx origin facility	NEW YORK, NY
5:14 pm	Picked up	NEW YORK, NY
10:11 am	Shipment information sent to FedEx	

Shipment Facts

Tracking number	781146846001	Service	FedEx Priority Overnight
Weight	0.5 lbs / 0.23 kgs	Signature services	Adult signature required
Delivered To	Shipping/Receiving	Total pieces	1
Total shipment weight	0.5 lbs / 0.23 kgs	Shipper reference	15042-000002
Packaging	FedEx Envelope	Special handling section	Deliver Weekday, Adult Signature Required



<p>Customer Focus</p> <ul style="list-style-type: none"> New Customer Center Small Business Center Service Guide Customer Support <p>Company Information</p> <ul style="list-style-type: none"> About FedEx Careers Investor Relations 	<p>Featured Services</p> <ul style="list-style-type: none"> FedEx One Rate FedEx SameDay FedEx Home Delivery Healthcare Solutions Online Retail Solutions Packaging Services Ancillary Clearance Services <p>Other Resources</p> <ul style="list-style-type: none"> FedEx Compatible Developer Resource Center FedEx Ship Manager Software FedEx Mobile 	<p>Companies</p> <ul style="list-style-type: none"> FedEx Express FedEx Ground FedEx Office FedEx Freight FedEx Custom Critical FedEx Trade Networks FedEx SupplyChain FedEx TechConnect 	<p>Follow FedEx</p> <p>United States - English</p>
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2014** calendar year, or tax year beginning **1st JANUARY**, 2014, and ending **31st DECEMBER**, 20 **14**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **INDEPTH NETWORK**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
38 & 40 MENSAH WOOD STREET, P.O BOX KD 213, KANDA
 City or town, state or province, country, and ZIP or foreign postal code
EAST LEGON, ACCRA, GHANA

D Employer identification number
98-0401231

E Telephone number
+233283268910

G Gross receipts \$ **9,256,637**

F Name and address of principal officer:
PROF. OSMAN SANKOH, SAME ADDRESS AS ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.indepth-network.org

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2002** **M** State of legal domicile: **GH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To harness the collective potential of the world's community-based longitudinal demographic surveillance initiatives in low and middle income Countries to provide better understanding of health & social issues & to encourage the application understanding to alleviate major health & social problems.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	0
	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	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,747,032	9,198,104
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,102	11,898
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	361,646	46,635
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,130,780	9,256,637
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,397,054	3,993,272
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,472,727	1,460,088
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,985,089	3,604,262
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,854,870	9,057,622
19 Revenue less expenses. Subtract line 18 from line 12	(1,724,090)	199,015	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	10,265,312	7,062,488
	21 Total liabilities (Part X, line 26)	7,878,707	4,476,868
	22 Net assets or fund balances. Subtract line 21 from line 20	2,386,605	2,585,620

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: *Prof. Osman A. Sankoh* Date: **7 AUG 2015**
 Type or print name and title: **PROF OSMAN A SANKOH, EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
To harness the collective potential of the world's community-based longitudinal demographic surveillance initiatives in low and middle income Countries to provide better understanding of health and social issues and to encourage the application of this understanding to alleviate major health and social problems.
- 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 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 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: INESS) (Expenses \$ 5,284,825 including grants of \$ _____) (Revenue \$ _____)
INDEPTH EFFECTIVENESS AND SAFETY STUDIES OF ANTI MALARIALS IN AFRICA
CONDUCTING STUDIES TO ASCERTIAN THE SAFETY AND EFFECTIVENESS OF EXISTING NEW ANTI MALARIAL DRUGS IN AFRICA AFTER POST LECENSE.

4b (Code: IDMP) (Expenses \$ 411,398 including grants of \$ _____) (Revenue \$ _____)
The main aim of this programme is to help Member Centres generate good quality data and share these data with other public health Scientists and Policy Makers. This data is available on the web for public use.

4c (Code: AWI-GEN) (Expenses \$ 165,526 including grants of \$ _____) (Revenue \$ _____)
NIH research Project on genomic and environmental risk factors for cardiometabolic disease in Africa

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 2,362,843 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 8,224,592

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)? If "Yes," complete Schedule A	1	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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? If "Yes," complete Schedule D, Part I	6		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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? If "Yes," complete Schedule D, Part IV	9		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
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? If "Yes," complete Schedule D, Part VI	11a	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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? If "Yes," complete Schedule D, Part VIII	11c		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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)? If "Yes," complete Schedule D, Part X	11f		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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>		✓
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>		✓
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>	✓	
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
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>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
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>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>		✓
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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>		✓
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>		✓
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	✓	

