

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



2011

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

		evenue Service Note: The real dation in		<u> </u>	0.7	//01,2011,	and and	ina	<u> </u>	06/30, 2012
F		lendar year 2011 or tax year beginning				701, 2011,	, and end	iiig	A F1	
		of foundation							A Employer identification 13-165961	
_		HINA MEDICAL BOARD, INC. Imber and street (or P O box number if mail is not delivered to street address) Room/suite								
	Numb	per and street (or P O box number if mail is not d	iite	B Telephone number (61	7) 979-8000					
TWO ARROW STREET City or town state and ZIR code										
: -	City c	r town, state, and ZIP code	•							
ı	-		C If exemption applica pending, check here	tion is						
CAMBRIDGE, MA 02138										_
, G	Che	· · · · · · · · · · · · · · · · · · ·	\vdash		•	oublic cha	rity	D 1. Foreign organizat		
ļ		Final return		<u> </u>	Amended re				 Foreign organization 85% test, check h 	
_		Address change		_لــ	Name chang				computation .	
H	$\overline{}$	ck type of organization X Section 5					_		E if private foundation	status was terminated
		ection 4947(a)(1) nonexempt charitable trus			her taxable pr				under section 507(b)(1)(A), check here
ı			1	_	nethod X C	ash Acc	crual			in a 60-month termination
	•	ear (from Part II, col (c), line	Other						under section 507(b)	(1)(B), check here
_				umn	(d) must be or	casn basis)				(d) Diahimani
L	art l	Analysis of Revenue and Expenses (total of amounts in columns (b), (c), and (d)	he		evenue and enses per	(b) Net inve		(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in column (a) (see instructions))		CAL	books	incom	ie		income	purposes (cash basis only)
-	4				578,062.					(odon buola offity)
	1 2	Contributions, gifts, grants, etc., received (attach schedule) If the foundation is not required to attach Sch. R			-,					
	2	attach out b			3,789.		3,789.			ATCH 1
	3	Interest on savings and temporary cash investment			4,641		4,658.			ATCH 2
	4	Dividends and interest from securities	[_, _,		• • • • •			
	1	Gross rents			-					
_	١ ـ	Net rental income or (loss)	$\neg\vdash$		164,097					
Jue	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 18, 983, 95								
Revenue	_	assets on line 6a	$- \vdash -$			4.00	4,633.			
Re		Capital gain net income (from Part IV, line 2)						F	ECEIVED	
	8	Net short-term capital gain					ol			100
	9 10 a	Gross sales less returns	·				Š	חי	0 4 0 00:	(S)
		and allowances · · · ·	+				 	DE	· · · · · · · · · · · · · · · · · · · 	S
		Cross profit or (loss) (attach schedule)	-		<u>.</u>					<u> 1≅ </u>
		Gross profit or (loss) (attach schedule)		8	,163,620.	1,92	1,867.	Θ	JULN, UT	ATCH 3
	11	Other income (attach schedule)			,914,209.		4,947.			
-	12	Total. Add lines 1 through 11			560,241.		3,531.	_		546,710
	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	-		368,553.		7,000.			351,553
Se	14		.		160,146.		5,911.			154,235
Administrative Expenses	15	Pension plans, employee benefits Legal fees (attach schedule) ATCH 4	.		46,016.			<u> </u>		46,016
XDE	16a	Accounting fees (attach schedule) ATCH 5	-		35,164.	1	1,136.	 		24,028
i)	0	Other professional fees (attach schedule)	•		91,141.		833.			90,308
Ě	C	Interest ATTACHMENT 7	.		,	66	9,665.	\vdash		
itra	17		**		423,930.		2,467.			
j.	18	Taxes (attach schedule) (see instructions)	1		,					
噐	19 20	Occupancy			243,516.		3,239.			240,277
		Travel, conferences, and meetings			282,410.		<u> </u>		·	282,410
"	21 22 23 24 25 26 27	Printing and publications			3,641.					3,641.
֓֝֟֓֞֝֓֟֓֟֝ ֚	22	Other expenses (attach schedule) ATCH	, 		,851,631.	2,89	9,881.	 		1,253,344.
뱵	24	Total operating and administrative expens								· · · · · · · · · · · · · · · · · · ·
Ť	24		1	5	,066,389.	3,70	3,663.			2,992,522.
යු	2.5	Add lines 13 through 23			,302,376.				 -	8,302,376.
끶	26	Contributions, gifts, grants paid			,368,765.	3,70	3,663.		(11,294,898
Z	20	Total expenses and disbursements, Add lines 24 and	43		, , , , , , , , , , , , , , , , , , , ,		-,			==,===,===
4	27	Subtract line 26 from line 12		_/	,454,556.	1].
7	a .	Excess of revenue over expenses and disbursements			, 333, 330.	6 52	21,284.	\vdash	 	\\
3	"	Net investment income (if negative, enter -0				- 0,32	,	\vdash	<u> </u>	
_		Adjusted net income (If negative, enter -0-) perwork Reduction Act Notice, see instruction				<u>+ ⊅</u> n	CH 6	S4 7	** ATCH 8	Form 990-PF (20 N)

Iρ	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End o	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	_1	Cash - non-interest-bearing	466,511.	1,518,199.	
	2	Savings and temporary cash investments	7,946,486.	2,274,645.	
	3	Accounts receivable ► 80,242.	,		, , , , ,
		Less allowance for doubtful accounts ▶	39,929.	80,242.	80,242.
	4	Pledges receivable	* * .	` ,	<i>y</i> • •
		Less allowance for doubtful accounts ▶	,		* -
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	
	′		, , ,	, , , , ,	· 'n '
		Less allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges			
A		Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	11 C	Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis	×	**	
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans	213,261,620.	206,724,627.	206,724,627.
	13 14	Land buildings and	213,201,020.	200,724,027.	200,724,027.
	•	less accumulated depreciation b	^	"	`^ ***
		(attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	221 714 546	010 507 710	010 507 710
_		instructions Also, see page 1, item I)	221,714,546.	210,597,713.	210,597,713.
	17	Accounts payable and accrued expenses	F 107 000	F 060 667	,
	18	Grants payable	5,197,200.	5,969,667.	
es	19	Deferred revenue			
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
jab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe	126,970.		
_	23	Total liabilities (add lines 17 through 22)	5,324,170.	5,969,667.	\$ X
		Foundations that follow SFAS 117, check here $ X $, , , , , , , , , , , , , , , , , , , ,
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	214,930,758.	204,531,124.	
a	25	Temporarily restricted	1,459,618.	96,922.	
Bal	26	Permanently restricted			
ᅙ	24 25 26	Foundations that do not follow SFAS 117,			
큔		check here and complete lines 27 through 31. ▶	_		
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			, , , , , , , , , , , , , , , , , , , ,
Se	29	Retained earnings, accumulated income, endowment, or other funds			, ,
Net Assets	30	Total net assets or fund balances (see instructions)	216,390,376.	204,628,046.	* **
Š	31	Total liabilities and net assets/fund balances (see			
_		instructions)	221,714,546.	210,597,713.	
E	art I	Analysis of Changes in Net Assets or Fund			
_		I net assets or fund balances at beginning of year - Part		must agree with	<u> </u>
•		of-year figure reported on prior year's return)			216,390,376.
2					-4,454,556.
		er increases not included in line 2 (itemize) ATTACH	 МЕМТ 11	· · · · · · · · 	126,970.
				3	212,062,790.
4	Mua	lines 1, 2, and 3 reases not included in line 2 (itemize) ▶ATTACH	 мгмт 12	4	7,434,744.
					204,628,046.
<u>6</u>	rota	I net assets or fund balances at end of year (line 4 minus	iiile 5) - Part II, column (b)	, line 30 6	50m 990-PF (2011)

D	

Part IV Capital Gains	Tana Eddood for Tax off hit		_ (b) How_	1 7 5 7	
	d describe the kind(s) of property sold (acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr)
CDD DADE TH CONT	orick warehouse, or common stock, 200	shs MLC Co)	D-Donation	(mo , day, yr)	(mo, day, yr)
<u> </u>	10015				
b					
<u>c</u>			-		
<u>d</u>			 		· · ·
е		T		L.,,	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
а				·	
b					
С			<u> </u>		
d					
е			<u></u> .		
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
a					-
b			· · · · · · · · · · · · · · · · · · ·		
<u>C</u>					
d		 	 		·
	-		 		
е	If	gain, also enter in Part I, line 7		· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or	r (net canital ince)	(loss), enter -0- in Part I, line 7	2	Δ	004,633.
3 Not short torm capital gair	۱۱) n or (loss) as defined in sections 12				004,033.
	rt I, line 8, column (c) (see inst				
					0
Part I, line 8	Under Coeting 4040(-) for D	, , , , , , , , , , , , , , , , , , ,	3		0
	Under Section 4940(e) for Recommendations subject to the				
	the section 4942 tax on the distrib		ase perio	do [Yes X No
		<u></u>	any ontr		
(a)	ount in each column for each year		g any entr	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2010	11,262,012.	209,015,673.		<u></u> .	0.053881
2009	11,116,289.	204,232,839.			0.054429
2008	13,384,344.	188,616,973.			0.070960
2007	9,153,921.	264,242,962.			0.034642
2006	3,803,156.	267,838,903.			0 014100
2 Total of line 1, column (d)					0.014199
)		2		
o monago alombanon rano		the total on line 2 by 5 or by the	2		0.228111
number of years the foun	for the 5-year base period - divide	e the total on line 2 by 5, or by the			0.228111
number of years the foun		e the total on line 2 by 5, or by the	3		
	for the 5-year base period - divide	e the total on line 2 by 5, or by the s than 5 years		209,	0.228111
4 Enter the net value of nor	for the 5-year base period - divided addition has been in existence if less incharitable-use assets for 2011 fro	e the total on line 2 by 5, or by the s than 5 years	3		0.228111
4 Enter the net value of nor 5 Multiply line 4 by line 3	for the 5-year base period - divided addition has been in existence if less incharitable-use assets for 2011 fro	e the total on line 2 by 5, or by the s than 5 years	3 4		0.228111 0.045622 981,466.
Enter the net value of norMultiply line 4 by line 3Enter 1% of net investme	for the 5-year base period - divided dation has been in existence if less incharitable-use assets for 2011 frown that income (1% of Part I, line 27b).	e the total on line 2 by 5, or by the s than 5 years	3 4 5	9,	0.228111 0.045622 981,466. 579,774.
4 Enter the net value of nor 5 Multiply line 4 by line 3 6 Enter 1% of net investme 7 Add lines 5 and 6	for the 5-year base period - divide dation has been in existence if less ncharitable-use assets for 2011 fro	e the total on line 2 by 5, or by the s than 5 years	3 4 5 6 7	9,	0.228111 0.045622 981,466. 579,774. 65,213.

					4	1
	OPO-PF (2011) CHINA MEDICAL BOARD, INC.		3-1659			age 4
Par		340 -	See IIIs	sti uc	iions)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
6	Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			65,2	13.
	here $\blacktriangleright X$ and enter 1% of Part I, line 27b					
_	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			-	, _	
·	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				
	Add lines 1 and 2	3			65,2	13.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			65,2	13.
6	Credits/Payments , ,	, 1		- 💃 🔞	* 3 5 . 3	~ (x &);
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 120,000.	1		<u>ئ</u> .		74 . Š.
b	Exempt foreign organizations - tax withheld at source		` * * -	, -		
С	Tax paid with application for extension of time to file (Form 8868) 6c 6c	, .			V. 3	*,
d	Backup withholding erroneously withheld	· .	** . '	′. ·	, , ,	00
7	Total credits and payments Add lines 6a through 6d	7			20,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			54,7	97
10	Overpayment in the 7 to more than the total of more of anter the annual of the second	10			54,7	
11	Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded	11			34, /	07.
	t VII-A Statements Regarding Activities			1	Vaa	N =
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did			1a	Yes	No X
	or intervene in any political campaign?			1a	1	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see pag		oi the	1ь		х
	Instructions for definition)?		hed or	- 15	***	3.75
	distributed by the foundation in connection with the activities	publisi	100 01	` ; , ′	, Fri	
	Did the foundation file Form 1120-POL for this year?		ŀ	1 c	34 4.0	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ş* ,	٠,	. , ,
ŭ	(1) On the foundation \blacktriangleright \$			`.*.	2 (3)	
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure	tax ım	posed	`. **.	\$ 1. j.	
·	on foundation managers \$		Ì	, <u>\$</u> . \(\)	1	**
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities			3.1	, ^ ``	1577
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument	t, artic	ies of	, . (),	"	30.4
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a_	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4 b_	X	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<u>5</u>		A SANG
	If "Yes," attach the statement required by General Instruction T			1. 1 2.550		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			Ŷ*, `\	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	By language in the governing instrument, or			, ,	, ×	ۯڒؖڂڎؙٵ
	By state legislation that effectively amends the governing instrument so that no mandatory directively amends the governing instrument so that no mandatory directively.			6	X	,,
_	conflict with the state law remain in the governing instrument?			7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c)	, anu F	anav	7 7	-백간-	. : ;
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MA, NY			,	71 72 74 5 47 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
L.	The state of the s		General	7 W	1,1,2	£4.5
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8 b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section			,		ys a .
3	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Y					
	Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					
	and addresses		-	10	X	

				,	
Form	990-PF (2011) CHINA MEDICAL BOARD, INC.	13-1659	619		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity wi	thin the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a dis	squalified			
	person had advisory privileges? If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address WWW.CHINAMEDICALBOARD.ORG				
14	The books are in care of ► SALLY PAQUET Telephone no ►	617-979	-800	0	
	The books are in care of ► SALLY PAQUET Located at ►TWO ARROW STREET, CAMBRIDGE, MA ZIP + 4 ►	02138	. 		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			>	- 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other	authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the				
	the foreign country				
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		^ >	Yes	No
1 a	During the year did the foundation (either directly or indirectly)		•	:	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No		٠	' ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		<i>3</i> 1	4	. ×
	disqualified person? Yes	X No		٠	1,4,5
		X No		•	\ \$,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				13
	the benefit or use of a disqualified person)?Yes	X No	٠.	35	18.7
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ž ,	ļ.,
	foundation agreed to make a grant to or to employ the official for a period after				
		X No	,		
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Reg	ulations	ر _م ، ،		3
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	<u></u>	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act	s, that	. 2.	****	, k.,
	were not corrected before the first day of the tax year beginning in 2011?	<i>.</i>	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a	private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			\ . s	٠,
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and		6	, ,	123
	6e, Part XIII) for tax year(s) beginning before 2011?	X_No	, * .	A. 777	,
	If "Yes," list the years ▶,,				5
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 494	2(a)(2)	•		72,0
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	_		-348
	all years listed, answer "No" and attach statement - see instructions)		2 b		<u> </u>
•	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		, * , , , , , , , , , , , , , , , , , ,	, , , , , , , , , ,	
	>		,	4, 4	, ,,
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				,
	at any time during the year?	X No			
t	olf "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the founda	tion or	^	1.533	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	by the	<i>7</i> .	* * * * *	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the la	apse of	13.	* * *	/ *
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	ıf the	*		
	foundation had excess business holdings in 2011)		3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopar	dize its	٠,	***	`
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in	20117	4 b		X

Pai	t VII-B Statements Regarding Activities fo	r Which Form 4	720 May Be Requ	ired (contir	nued)			
5 а	During the year did the foundation pay or incur any amou	nt to						
-	(1) Carry on propaganda, or otherwise attempt to influen	ice legislation (section	4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public elec-	ction (see section 4	1955), or to carry or	n,		-		
	directly or indirectly, any voter registration drive?			. Yes	X No	1	1	-
	(3) Provide a grant to an individual for travel, study, or oth				X No			ļ
	(4) Provide a grant to an organization other than a	charitable, etc., ord	janization described i	n				1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s			1	XNo			– ",
	(5) Provide for any purpose other than religious, ch					-	£ .	:
	purposes, or for the prevention of cruelty to children o				XNo	, ,		, ',
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				scribed in			,
_	Regulations section 53 4945 or in a current notice regard		•	•		. 5b	1,	''
	Organizations relying on a current notice regarding disast	_			•			,,
c	If the answer is "Yes" to question 5a(4), does the f						1.5	
Ū	because it maintained expenditure responsibility for the gr		-		No			, i
	If "Yes," attach the statement required by Regulations sect						4 3	200
6.2	Did the foundation, during the year, receive any fund	• •	ectly to nay premium	ie.		2,	3.5	x22 ^*(* *
o u	on a personal benefit contract?	•			X No		15	J. 256. J.
ь	Did the foundation, during the year, pay premiums, direct					6b	, .	X
	If "Yes" to 6b, file Form 8870	ity of indirectly, of a	personal benefit contra				1.	
7.2	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes	X No	, ,	1.	
	If "Yes," did the foundation receive any proceeds or have	•	•			7ь	1	1
تحد	t VIII Information About Officers, Directors				d Emplo			
	and Contractors							
1	List all officers, directors, trustees, foundation n	nanagers and thei (b) Title, and average						
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribu employee ben and deferred co	efit plans	(e) Exper	nse acco	
SEI	ATTACHMENT 13A	VARIOUS		and delened co	inpensation			
		7.1.1.000	560,241.	80	,213.			0
		,		1				
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see	instruction	ons). If i	none.	enter
	"NONE."						,	
) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contribu		(e) Expe	nse acco	ount,
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and c	leferred		llowanc	
SEI	E ATTACHMENT 13B			Company	- Laudin			···
			266,238.	5.	4,129.			0
	· · · · · · · · · · · · · · · · · · ·		<u>, </u>				_	
				 	-			
]			
	· · · · · · · · · · · · · · · · · · ·							
	· · · · · · · · · · · · · · · · · · ·			-				
					ļ			
	I number of other employees paid over \$50,000 .	l	L	1			▶ T	_
Tot:								

2		
	· 	
All other program-related investments. See instructions		
3 NONE		
Total. Add lines 1 through 3	<u> ▶ </u>	

Page 8

Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. For see-instructions.) ————————————————————————————————————	eign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	T	
	purposes		
а	Average monthly fair market value of securities	1a	9,573,473.
b	Average of monthly cash balances	1b	1,063,486.
С	Fair market value of all other assets (see instructions)	1c	202,542,194.
d	Total (add lines 1a, b, and c)	1d	213,179,153.
e	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	*	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	213,179,153.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	. 4	3,197,687.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	209,981,466.
6	Minimum investment return. Enter 5% of line 5	. 6	10,499,073.
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this		
1	Minimum investment return from Part X, line 6	. 1	10,499,073.
2 a	Tax on investment income for 2011 from Part VI, line 5 2a 65, 213		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b 104,129	ग ि`` `	
С	Add lines 2a and 2b	2c	169,342.
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	10,329,731.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	1 - 1	10,329,731.
6	Deduction from distributable amount (see instructions)	6	,
7	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		<u> </u>
	line 1	. 7	10,329,731.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	5.57	,
а		. 1a	11,294,898.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	·	
а			
b			
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	11,294,898.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	. _ _	
	Enter 1% of Part I, line 27b (see instructions)		65,213.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,229,685.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating v	vhether the foundation

Form **990-PF** (2011)

Page 9

Pa	Part XIII —Undistributed Income (see instructions)											
		(a)	(b)	(c)	(d)							
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011							
	line 7			-	10,329,731.							
2	Undistributed income, if any, as of the end of 2011		v.,•	, , , , , , , , , , , , , , , , , , ,								
а	Enter amount for 2010 only	··		5,968,101.								
b	Total for pnor years 20_09_,20_08_,20_07_				<u> </u>							
3	Excess distributions carryover, if any, to 2011) 19	•									
a	From 2006			"4. , , , , , , , ; , ; ; ; ; ; ; ; ; ; ;								
b	From 2007	The same of the same										
С	From 2008		* * * *									
d	From 2009	, , , , , , , , , , , , , , , , , , ,	,***	وُ مِنْ اللهِ								
е	From 2010											
f	Total of lines 3a through e			A Kalanta Andrews Carlot Carlot Andrews								
4	Qualifying distributions for 2011 from Part XII,	, A × 63.	ŝ.	20 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
	line 4 ▶ \$ 11,294,898.		., .	(
а	Applied to 2010, but not more than line 2a		* * * * * * * * * * * * * * * * * * *	5,968,101.	18 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Applied to undistributed income of prior years	. 64			, +4 1 AV							
_	(Election required - see instructions)	,		, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
С	Treated as distributions out of corpus (Election		- ×									
	required - see instructions)			, , , , , ,	5,326,797.							
ď	Applied to 2011 distributable amount	*	*	3.4.	·							
е	Remaining amount distributed out of corpus		· · · · · · · · · · · · · · · · · · ·	3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	S. S. SMITTER							
5	Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same	, , , , , , , , , , , , , , , , , , ,	2		7 (2 / 23° C) (3 / 4) (
	amount must be shown in column (a).)											
6	Enter the net total of each column as		Bright Strain									
	indicated below:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1										
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	Ŷ, ¥ -	* * * * * * * * * * * * * * * * * * * *	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
b	Prior years' undistributed income Subtract											
	line 4b from line 2b Enter the amount of prior years' undistributed	/ · · · · · · · · · · · · · · · · · · ·		* 32	1, 1, 2, 1, 2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
٠	income for which a notice of deficiency has been											
	issued, or on which the section 4942(a) tax has											
	been previously assessed			, , , , , , , , , , , , , , , , , , , ,	1 4 20 3 1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
d	Subtract line 6c from line 6b Taxable											
e	amount - see instructions	2.5.5.5.5	1. Cal. 1. Cal. 1.	· · · · · · · · · · · · · · · · · · ·	1 3% 430 \$ Ed							
•	4a from line 2a Taxable amount - see		[1] 2									
>	instructions	7.57			, , , , , , , , , , , , , , , , , , , ,							
f	Undistributed income for 2011 Subtract lines											
	4d and 5 from line 1. This amount must be distributed in 2012	** * 1. K. 1 * 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		· 建铁石 () 计图像 19	5,002,934.							
_	Amounts treated as distributions out of corpus		12. K.	E	5 % · 4 8							
7	to satisfy requirements imposed by section				(13 g							
	170(b)(1)(F) or 4942(g)(3) (see instructions)		1	5 8 6 3								
8	Excess distributions carryover from 2006 not		, , , , , ,	2 / 12 3	3 4 5 8 5 4 5 C							
0	applied on line 5 or line 7 (see instructions)											
9	Excess distributions carryover to 2012.		3 3 - 1 3 6		" " " " " " " " " " " " " " " " " " "							
•	Subtract lines 7 and 8 from line 6a			200	1 24							
10	Analysis of line 9	1000	1		ξ ⁴ . , μ							
a	Excess from 2007	1 1 3 2 Sept 15 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
b	Excess from 2008				4							
c	Excess from 2009	1 .			* \-							
d	Excess from 2010	1										
e	Excess from 2011	1	•									
		• • • • • • • • • • • • • • • • • • • •	·									

Check here $\triangleright X$ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

JSA 1E1490 1 000 Form 990-PF (2011)

25676U M261

Form 990-PF (2011) Page 11 Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year SEE ATTACHMENT 14 8,302,376. 8,302,376. **b** Approved for future payment SEE ATTACHMENT 15 5,969,667.

> 5,969,667. Form 990-PF (2011)

Total

art XVI-A Analysis of Income-Produ			Trust a sec		(a)
ter gross amounts unless otherwise indicated	(a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	Related or exempt function income
Program service revenue [.]	Business code	Amount	Exclusion code	Amount	(See instructions)
			1		
	·				
	<u> </u>				
Fees and contracts from government agencies					
Nembership dues and assessments				****	
nterest on savings and temporary cash investments			14	3,789.	
Dividends and interest from securities		111,784.	14	4,641.	
let rental income or (loss) from real estate.		, - * · · · .	,^ 1		, , , , ,
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property					
Other investment income					
Sain or (loss) from sales of assets other than inventory		512,109.	18	1,635,030.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory			ļ		
Other revenue a					
OTHER PARTNERSHIP INCOME		-24,888.	ļ <u>.</u> .	6,671,744.	
·			ļ		
<u> </u>					
·			ļ		
Subtotal Add columns (b), (d), and (e)	1 1 1	599,005.	* *	8,315,204.	
e worksheet in line 13 instructions to verify calculated a Relationship of Activities	ulations) to the Ac	complishment of Ex	empt Purp	oses	
e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities ne No. Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
worksheet in line 13 instructions to verify calce rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities e No. Explain below how each activit	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rt XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
ne No. Explain below how each activity	ulations) to the Act ty for whice	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to

Form 990-PF (201	1) CHINA	MEDICAL	BOARD,	INC.		13-1659619	Page 13
Part XVII	Information Regarding	Transfers	To and	Transactions	and Relationships	With Nonchari	table
	Exempt Organizations						
1 Did the o	rganization directly or indirec	tly engage i	n any of t	he following wit	h any other organization	described	Yes No

1 D	d the organization direct	ly or indirectly	y engage in any of the follow	ıng with	any other organ	nization described		Yes	No
	in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political							*	
organizations?							_ '		
	•	na foundation t	to a noncharitable exempt org	anization	of				
		-	-				10/1)		x
						1a(1)		X	
				• • • •			1a(2)	-	
	ther transactions							3	1 23.
(1						1b(1)		X	
(2) Purchases of assets from a noncharitable exempt organization							X		
					1b(3)	<u> </u>	X		
								<u> </u>	X
(5) Loans or loan guarante	es					1b(5)	<u> </u>	X
(6) Performance of service	es or members	ship or fundraising solicitations				1b(6)		X
c SI	haring of facilities equipr	nent, mailing l	lists, other assets, or paid emp	loyees			1c	<u></u>	X
d If	the answer to any of th	ne above is "Y	Yes," complete the following	schedule	Column (b) s	hould always sho	w the	fair m	narket
Va	lue of the goods, other	assets, or ser	rvices given by the reporting	foundatio	on If the found	ation received les	s than	fair m	narket
Va	ilue in any transaction o	r sharing arra	ngement, show in column (d)	the valu	ue of the goods	, other assets, or	service	s rec	eived
(a) Line	no (b) Amount involved	(c) Name of	f noncharitable exempt organization	(d) C	Description of transfe	ers, transactions, and sh	anng am	angeme	nts
	N/A			N/A	A				
					•				
						· · · · · · · · · · · · · · · · · · ·			
		 		_					
					·				
				-			•		
		 							
					·				
				+					
0 - 1-	<u> </u>		- # line and south and a selected to						
			affiliated with, or related to, ((other than section 501(c)(3))					es X	7 N.
	•			or in seci	tion 52//		т	es [_^	- Пио
זו מ	"Yes," complete the folio				1 ,	c) Description of relation			
	(a) Name of organization		(b) Type of organization		 '	c) Description of relation			
			· · · · · · · · · · · · · · · · · · ·		 				
									
				· · · · · ·					
	<u>.</u>								
			<u>- L.,</u>		<u> </u>				
C:			amined this return, including accompanying in taxpayer) is based on all information of whi			o the best of my knowle	dge and	belief, it	is true,
Sign	150	0/	111/-017-12	5.6	and at law	May the	IRS discu:	ss this	return
Here	1 Xhok C	Xhh-	11/2012012	_ VYE	3.0cent /7/1	uter with the	preparer		below
	Signature of officer or trustee		Date	Title		(see instruct	ons)? 🔼	Yes	No
			1 December 1		15		L DOTA		
Paid	Print/Type preparer's	s name W. Gilscn	Preparer's signature	ŕ	Date	Check If	PTIN	ر	A
Prepa	ror		June W. De	<u> </u>	<u>NOV 292</u>	012 self-employed			#PD_
-	Firm's name > Co	ONDON O'ME		LLY L		Firm's EIN ▶ 13-	<u> 36282</u>	255	
Use C									
	NI NI	EW YORK,	NY		10004-1405	Phone no. 212-	661-7	!777	
							Form 99	90-PF	(2011)

Schedule B

Schedule of Contributors

OMB No 1545-0047

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

temal Revenue Service		i
ame of the organization	Employ	er identification numb
CHINA MEDICAL BOARD, INC.		

Name of the organization	TNC	Employer identification number
CHINA MEDICAL BOARD,	inc.	13-1659619
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
•	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(/), instructions. General Rule	(8), or (10) organization can check boxes for both the General Rule and a S	ipecial Rule. See
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or se contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	e year, a contribution of
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charital ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contr not total to more than year for an exclusively	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ibutions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000 If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ration because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the es the General Rule
Caution. An organization that is	not covered by the General Rule and/or the Special Rules does not file So	chedule B (Form 990

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization CHINA MEDICAL BOARD, INC.

Employer identification number 13-1659619

Part I	Contributors (see instructions) Use duplicate copies of	of Part I if additional space is need	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	BILL & MELINDA GATES FDN 1551 EASTLAKE AVE E SEATTLE, WA 98102	\$ <u>449,562</u> .	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ROCKEFELLER FOUNDATION 420 FIFTH AVENUE NEW YORK, NY 10018	\$\$ <u>128,500</u> .	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

-13-1659619-

cash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- · · · · · · · · · · · · · · · · · · ·
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Column

Name of organization CHINA MEDICAL BOARD, INC.

Employer identification number

13-1659619

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	individual contribuear. Complete colur	tions to section 5	01(c)(7), (8), or (10) organizations) and the following line entry.	
	For organizations completing Part III, e contributions of \$1,000 or less for the	year. (Enter this inf	ormation once Se	charitable, etc , ee instructions.) ►\$	
	Use duplicate copies of Part III if addition	onal space is neede	d		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(a) T-one 6			
	Transferrate warms address as	(e) Transf	_		
	Transferee's name, address, ar	1d ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
-	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
				· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
(-\ N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(a) T			
	(e) Transfer of gift				
	Transferee's name, address, ar	na ZIP + 4	Relation	nship of transferor to transferee	
		_	. —		

_	
_	
Z	
-	
ĮI	4
~	
Ξ	1
7)
_	1
A	
E	
È	
_	1
Ø	

	NET INVESTMENT INCOME	3,789.	3,789.
ON TEMPORARY CASH INVESTMENTS	REVENUE AND EXPENSES PER BOOKS	3,789.	3,789.
			TOTAL
FORM 990PF, PART I - INTEREST	DESCRIPTION	INTEREST INCOME	

ATTACHMENT 1 PAGE 22

_	5
_	i
=	7
Σ	4
Τ:	1
2	₹
L	,
Ā	1
-	3
Ļ	1
E-C	4
_	i
ч	4

SECURITIES
FROM
ND INTEREST
AND
DIVIDENDS
ı
PART
990PF,
FORM

NET INVESTMENT INCOME	4,641. 4,401,801. -111,784.	4,294,658.
REVENUE AND EXPENSES PER BOOKS	4,641.	4,641.
DESCRIPTION	DIVIDENDS DIVIDENDS AND INTEREST FROM PARTNERSHIPS LESS: AMOUNT ATTRIBUTABLE TO UBI	TOTAL

ATTACHMENT 2 PAGE 23

- OTHER INCOME PART I FORM 990PE,

DESCRIPTION OTHER INCOME FROM PARTNERSHIPS ADD: AMOUNT ATTRIBUTABLE TO UBI

EXPENSES
PER BOOKS
8,163,620. REVENUE AND

NET

INCOME 1,785,195. 136,672. INVESTMENT

1,921,867.

8,163,620.

ATTACHMENT 3 PAGE 24

INC.	
BOARD,	
MEDICAL	
CHINA	

13-1659619

IENT 4	CHARITABLE PURPOSES	46,016.	46,016.
ATTACHMENT 4	ADJUSTED NET INCOME		
-	NET INVESTMENT INCOME		
	REVENUE AND EXPENSES PER BOOKS	46,016.	46,016.
FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	PATTERSON BELKNAP WEBB & TYLER LLP - LEGAL FEES	TOTALS

INC.
BOARD,
MEDICAL
CHINA

VT 5		CHARITABLE PURPOSES	3,347.	24,028.
ATTACHMENT 5		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME	11,136.	11,136.
		REVENUE AND EXPENSES PER BOOKS	31,817.	35,164.
	FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT SERVICES SHINEWING - BELJING ACCOUNTANT	TOTALS

ATTACHMENT 5 PAGE 26

25676U M261

FEES
PROFESSIONAL
OTHER
PART I
990PF,
FORM

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	-	CHARITABLE
INVESTMENT ADVISORY,	833.	833.		
CONSULTANTS	90,308.			90,308
TOTALS	91,141.	833.		90,308.

- INTEREST EXPENSE PART I FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

INVESTMENT INCOME

711,688.

-42,023.

INTEREST EXPENSE -FROM PARTNERSHIPS LESS: AMOUNT ATTRIBUTABLE TO UBI

DESCRIPTION

669,665.

TOTALS

ATTACHMENT 7 PAGE 28

TAXES	
-1	l
H	l
PART	
990PF,	
FORM	

REVENUE	26,951.
AND	393,367.
EXPENSES	3,612.
PER BOOKS	TO
DESCRIPTION	FEDERAL EXCISE TAXES FEDERAL UBI TAXES STATE UBI TAXES LESS: AMOUNT ATTRIBUTABLE UBI FOREIGN TAXES - FROM PARTNERSHIPS TESS: AMOUNT ATTRIBUTABLE TO UBI

3,612.

NET INVESTMENT INCOME

-3,612. 85,479.	-3,012.	82,467.
		423,930.

TOTALS

Q

ATTACHMENT

FORM 990PF, PART I - OTHER EXPENSES

-	-	CHARITABLE	PURPOSES	15, 435.	1,130.	2,656.	91,795.	2,158.	13,08 3.	1,125.	20,837.	3,912.	11,198.	8,767.	1,521.	6,110.	1,073,617.				-				1,253,344.
	NET	INVESTMENT	INCOME					114.												_		2,992,957.		-93,190.	2,899,881.
REVENUE	AND	EXPENSES	PER BOOKS	15,435.	1,130.	2,656.	, 79	2,272.	13,083.	1,125.	20,837.	3,912.	, 19	8,767.	1,521.	6,110.	1,073,617.	1,459,618.	106,977.		31,578.				2,851,631.
			DESCRIPTION	COMPUTER EXPENSE	MEMBERSHIP & DUES	FILING FEES	PAYMENTS TO RETIRED EMPLOYEES	STORAGE	SUPPLIES	WEBSITE	INSURANCE	BOOKS & SUBSCRIPTIONS	OTHER OFFICE EXPENSES	BANK FEES	OFFICE EQUIPMENT EXPENSES	POSTAGE AND SHIPPING	PRESIDENT FUND PROGRAM	TOBACCO CONTROL PROGRAM	EDUCATION FOR GLOBAL HEALTH	DSEKSHIF	HEALTH SPACE ASIA PROGRAM	OTHER DEDUCTIONS -	FROM PARTNERSHIPS	LESS: AMOUNT ATTRIBUTABLE TO UBI	TOTALS

┙
9
2
Σ
5
6
7

ATTACHMENT 10 PAGE 31

FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	ALTERNATIVE FUNDS AND OTHER SEE ATTACHED SCHEDULE

ENDING	BOOK VALUE
	<u>8</u>

ENDING FMV

206,724,627.

206,724,627.

206,724,627.

TOTALS

2567

CHINA MEDICAL BOARD RETURN OF PRIVATE FOUNDATION - FORM 990-PF FOR THE YEAR ENDED JUNE 30, 2012

CHINA MEDICAL BOARD, INC.

13-1659619

0	١
FORM 990PF, PART II -	

ENDING	2,385,909 169,202,928 20,700,848 14,434,942	206,724,627
ENDING BOOK VALUE	2,385,909 169,202,928 20,700,848 14,434,942	206,724,627
DESCRIPTION	ALTERNATIVE FUNDS AND OTHER: LANDMARK PARTNERS MAKENA MAIN FD MAKENA LIQUID ENDOWMENT FD MAKENA PROTECTION PORTFOLIO FD	TOTALS

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

REDUCTION IN RESERVE FOR RETIRED EMPLOYEE'S SPOUSE LIABILITY

126,970.

TOTAL

126,970.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

INCREASE IN UNPAID GRANT LIABILITY UNREALIZED LOSS ON INVESTMENTS

772,467. 6,662,277.

AMOUNT

TOTAL

7,434,744.

CHINA MEDICAL BOARD, INC. STATEMENT ATTACHED TO AND MADE PART OF RETURN OF PRIVATE FOUNDATION - FORM 990 PF FOR THE YEAR ENDED JUNE 30, 2012

990 PF Part VIII-Schedule of Officers, Directors, Trustees, and Their Compensation, If any.

Tax Identification No. 13-1659619

	Schedule of Officers,	Directors, 7	Schedule of Officers, Directors, Trustees, and Their Compensation, If any.	if any.		
Name	Address	Expense Account Allow.	Title	Annual Comp.	Contrib. to Employee Benefit Plan	Average Hours Per Week
Lincoln C Chen	China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	President & Trustee	470,033	62,598	40
Sally Paquet	China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	Assistant Secretary Director of Finance & Operations	90,208	17,615	40
Peter Geithner	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	Assistant Treasurer	None	None	0.5
Laura Butzel	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	Legal Counsel	None	None	0.5
Mary Brown Bullock	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	Trustee	None	None	0.5
Harvey V Fineberg	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	None	Trustee	None	None	0.5

CHINA MEDICAL BOARD,INC. STATEMENT ATTACHED TO AND MADE PART OF RETURN OF PRIVATE FOUNDATION - FORM 990 PF FOR THE YEAR ENDED JUNE 30, 2012

990 PF Part VIII-Schedule of Officers, Directors, Trustees, and Their Compensation, If any.

13-1659619 Tax Identification No.

Schedule of Officers, Directors, Trustees, and Their Compensation, If any.

Average Hours Per Week		0.5	0 2	0.5	0.5	0.5	0.5
Contrib. to Employee Benefit Plan		None	None	None	None	None	None
Annual Comp.	ces.	None	None	None	None	None	None
⊤ Title	na Medical Board for legal servi	Trustee	Trustee	Trustee/Secretary/Treasurer	Trustee	Trustee	Trustee
Expense Account Allow.	ees from Chir	None	None	None	None	None	None
Address	 This Officer is a partner of the legal firm which receives fees from China Medical Board for legal services. 	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138
Name	* This Officer is a p	Frederick Zuliu Hu	Jane Henney	Thomas S. Inui	Tom G. Kessinger	Jeffrey P Koplan	Wendy H O'Neill

CHINA MEDICAL BOARD,INC. STATEMENT ATTACHED TO AND MADE PART OF RETURN OF PRIVATE FOUNDATION - FORM 990 PF FOR THE YEAR ENDED JUNE 30, 2012

990 PF Part VIII-Schedule of Officers, Directors, Trustees, and Their Compensation, If any.

Average Hours Per Week

Contrib. to Employee Benefit Plan

0.5

None

0.5

None

0 5

None

\$80,213

	on, If any.	Annual Comp	None	None	None	\$560,241
	Schedule of Officers, Directors, Trustees, and Their Compensation, If any.	Trtle	Trustee	Trustee	Trustee	
	, Directors, Trustee	Expense Account Allow.	None	None	None	
	Schedule of Officers,	Address	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	C/O China Medical Board, Inc. Two arrow street Cambridge, MA 02138	Total
13-1659619 Tax Identification No		Name	Anthony J. Saich	Jeffrey R Williams	William Yun	

54,129

Total

CHINA MEDICAL BOARD, INC. STATEMENT ATTACHED TO AND MADE PART OF RETURN OF PRIVATE FOUNDATION - FORM 990 PF FOR THE YEAR ENDED JUNE 30, 2012

990 PF Part VIII-Compensation of the Five Highest Paid Employees

	No.
659619	entification
3-165	ax Ide

Name and address	Title and Average Hours Per Week devoted to position	Compensation	Contribution to employee benefit plans and deferred comp.	e
Dong Xu Room 402, Office Tower 2, China Central Place No. 79 Jianguo Rd, Chaoyang, Beijing,10025 China	Director of CMB Beijing Office 40 hrs.	88,275	11,349	49
Cheng Chen China Medical Board, Inc. Two arrow street Cambridge, MA 02138	Accounting Manager 40 hrs	68,000	13,074	47
Sarah Wood China Medical Board, Inc. Two arrow street Cambridge, MA 02138	Exec Assisstant to the President 40 hrs.	57,353	11,995	95
Shenieque Bennett China Medical Board, Inc. Two arrow street Cambridge, MA 02138	Office Manager 40 hrs.	52,609	. 17,711	=

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Bentley University 175 Forest Street Waltham, MA 02452 USA	N/A	501 @3 tax equivalent	Workshop on China Medical History at MIT Endicott House	61,000 00
Bentley University 175 Forest Street Waltham, MA 02452 USA	N/A	501 @3 tax equivalent	Commissioning of academic papers in support of a CMB-funded project on medical history of China in the 20th century.	88,000.00
Central South University 110 XiangYa Road, Changsha, Hunan, 410078 P. R. China	N/A	501 @3 tax equivalent	Establishing a CMB-Collaborating Program in Mental Health Policy.	150,000.00
Central South University 110 XiangYa Road, Changsha, Hunan, 410078 P. R. China	N/A	501 @3 tax equivalent	Training Rural Physicians on Mental Depression	74,421 00
Peking Union Medical College Chinese Academy of Medical Sciences 9 Dong Dan San Tiao, Beijing, 100091 P. R. China	N/A	501 @3 tax equivalent	Workshop on health and medicine in 20th century China	59,887 00
Peking Union Medical College Chinese Academy of Medical Sciences 9 Dong Dan San Tiao, Beijing, 100091 P. R. China	N/A	501 @3 tax equivalent	Planning a Public Health Education Reform Initiative	100,000.00
Chinese Academy of Social Sciences Building 2, No 2 Yuetan Beixiaojie Street Xicheng District Beijing 100836 P. R. China	N/A	501 @3 tax equivalent	Workshops for discussing medicine supply mechanism for public hospitals.	30,000 00
Fudan University 220 Handan Road Shanghai, 200433 P. R. China	N/A	501 @3 tax equivalent	Establishing a CMB-Collaborating Program in Pharmaceutical and Economic Policy.	150,000 00
Fudan University 220 Handan Road Shanghai, 200433 P. R. China	N/A	501 @3 tax equivalent	Studying Health Technology Assessment and Policy Making	75,000.00
Fudan University 220 Handan Road Shanghai, 200433 P. R. China	N/A	501 @3 tax equivalent	Landscaping research awarding in the field of Health Policy and System Sciences in China.	9,800.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Guangxi Medical University 22 Shuangyong Road Nanning, 530021 P. R. China	N/A	501 @3 tax equivalent	Cross-sectional investigation and analysis on the existing health management system to better understand the current healthcare delivery system	102,650.00
Guangzhou Medical University No.195 West Dongfeng Road Yuexiu District, Guangzhou P. R. China	N/A	501 @3 tax equivalent	Developing General Practitioner Training Model	100,000.00
Hanoi School of Public Health 138 Giang vo, Hanoi Vietnam	N/A	501 @3 tax equivalent	Situation Analysis of Vietnam Health Education Programs	200,000.00
Harbin Medical University 157 Baojian Road, Nangang District, Harbin Heilongjian, 150086 P. R. China	N/A	501 @3 tax equivalent	Faculty capacity building	80,000 00
Kunming Medical University 191 Renmin Xi Road Kunming, Yunnan 650031 P R. China	N/A	501 @3 tax equivalent	4th International Conference on Public Health among Schools of Public Health in Countries of the Greater Mekong Sub-Region	109,370.00
Mackey, Thomas A. 5151 Edloe St. Apt #5103 Houston, TX 77005-1183 USA	Yes	Individual (Sub-allocation)	For providing technical support to four Chinese school.s	25,000 00
Magdalene College University of Cambridge Cambridge, CB30AG UK	N/A	501 @3 tax equivalent	Study on the history of Transnational Health in Southeast Asia.	137,500.00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	Workshop in Khon Kaen to share and exchange on national situtation analysis in health professional education reform.	45,000.00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	Thailand national initiative in Health Professional Education and the 2014 Prince Mahidol Award Conference.	250,000.00
Nanjing Medical University 140 Hanzhong Road Nanjing, JiangSu 210029 PR. China	N/A	501 @3 tax equivalent	Hospital-Community Joint Chronic Disease Intervention.	57,000.00
Ningxia Medical University 1160 Shenglijie Yinchuan, Ningxia 750004 P. R. China	N/A	501 @3 tax equivalent	Promote studies of rural health in Western China.	175,000.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Ningxia Medical University 1160 Shenglijie Yinchuan, Nıngxia 750004 P. R. Chına	N/A	501 @3 tax equivalent	Developing Mental Health Intervention in Western rural China	75,724.00
Ningxia Medical University 1160 Shenglijie Yinchuan, Ningxia 750004 P. R. China	N/A	501 @3 tax equivalent	Training of rural nursing managers	100,000.00
Peking University Health Science Center 38 Xue Yuan Road Beijing 100091 P. R. China	N/A	501 @3 tax equivalent	Second Symposium of Health Systems Research	250,000.00
Peking University Health Science Center 38 Xue Yuan Road Beijing 100091 P. R. China	N/A	501 @3 tax equivalent	School-based intervention against Childhood Obesity.	74,930.00
Peking University Health Science Center 38 Xue Yuan Road Beijing 100091 P. R. China	N/A	501 @3 tax equivalent	Studies on medical education, graduates, and financing.	159,750.00
Qinghai University 16 Kunlun Road Xining, 810001 P. R. China	N/A	501 @3 tax equivalent	development of a training model for "doctors on horseback"	130,440.50
Shandong University 27 Shanda Nanlu Ji'nan, Shandong 250100 P. R. China	N/A	501 @3 tax equivalent	Capacity-building in health systems	124,850.00
Shandong University 27 Shanda Nanlu Ji'nan, Shandong 250100 P. R. China	N/A	501 @3 tax equivalent	Improving Rational Use of Antibiotics in Rural China	74,900.00
Shandong University 27 Shanda Nanlu Ji'nan, Shandong 250100 P. R. China	N/A	501 @3 tax equivalent	Training for Increasing Adherance of Hypertension Therapy.	74,920.00
Shanghai Health Development Research Center No.602, Jianguo West Road Xuhui, Shanghai P. R. China	N/A	501 @3 tax equivalent	CMB-Collaborating Program in Evidence- based Health Policy-making.	150,000 00
Shanghai Jiaotong University School of Medicine 227 South Chong Qing Road Shanghai, 20025 P. R. China	N/A	501 @3 tax equivalent	Developing university-CDC joint case-based public health curriculum	75,000 00

ATTACHMENT 14

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Sun Yat-sen University 74 Zhongshang Road II, Guangzhou, Guangdong 510089 P. R. China	N/A	501 @3 tax equivalent	Institutional Development of the Sun Yat-sen Center of Migrant Health Policy.	148,409.00
Sun Yat-sen University 74 Zhongshang Road II, Guangzhou, Guangdong 510089 P. R. China	N/A	501 @3 tax equivalent	Studying integrated Methadone treatment	75,002.00
Tibet University Medical College No.1 South Luobulinka Road Lhasa, Tibet 850002 P. R. China	N/A	501 @3 tax equivalent	Health survey and research capacity development	212,049 50
Tongji Medical College Huazhong University of Science and Technology 13 Luoyu Road Wuhan, Hubei, 210029 P. R. China	N/A	501 @3 tax equivalent	Studying Integrated Rural Healthcare Services	75,000.00
UN Office at Geneva Avenue de la Paix 8, 1211 Geneva Switzerland	N/A	501 @3 tax equivalent	Sub-allocation of Institutional Development of the Sun Yat-sen Center of Migrant Health Policy.	119,814.00
World Health Organization 20 Avenue Appia CH 1211 Geneva 27 Switzerland	N/A	501 @3 tax equivalent	Sub-allocation of Second Symposium of Health Systems Research	250,000 00
Xı'An Jiaotong University of Health Sciences 205 Zhuque Street Xı'An, Shaanxi, 710061 P. R. China	N/A	501 @3 tax equivalent	Innovating community nursing practice.	375,000.00
Zhang Shufang 32 bis, Route de Chartreuse 38700 La Tronche France	Yes	Individual (Sub-allocation)	Technical support and capacity building work	3,360.00
Zhejiang University School of Medicine 388 Yu-Han-Tang Road Hangzhou, Zhejiang, 310058 P. R. China	N/A	501 @3 tax equivalent	Westlake youth workshop on HPSS	100,000.00
Johns Hopkins University Sponsored Projects Shared Services 1101 E. 33rd Street, Suite B-219 Baltimore, MD21218 USA	N/A	501 @3 tax equivalent	Sub-allocation of Nursing Faculty and Research Development.	91,367.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Peking Union Medical College Chinese Academy of Medical Science 9 Dong Dan San Tiao Beijing, 100730 P R. China	N/A	501 @3 tax equivalent	Nursing Faculty and Research Development	205,269.00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	CMB Myanmar fellowship program to study postgraduate degree	217,280.00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Building Capacity for Doctoral Nursing Education	175,000.00
China Medical University No.92 North Second Road, Shenyang, Liaoning 110001 P.R. China	N/A	501 @3 tax equivalent	Promoting patient-safety practices in China	130,000.00
Xi'An Jiaotong Univ. Health Science Ctr 205 Zhuque Street Xi'An, Shaanxi, 710061 P.R. China	N/A	501 @3 tax equivalent	Appraisal of Human Resources Policies for Rural Health in Western China. Joint Project of 11 Medical Universities	356,148.00
Xi'An Jiaotong Univ. Health Science Ctr 205 Zhuque Street Xi'An, Shaanxi 710061 P.R. China	N/A	501 @3 tax equivalent	Study on the reform of health care payment system in Shaanxi Province	150,000 00
Qinghai University 16 Kunlun Road Xining, 810001 P. R. China	N/A	501 @3 tax equivalent	Integrating Township-Village Rual Health Services in Three Western China Proinces	475,600.00
Guangxi Medical University 22 Shuangyong Road Nanning, 530021 P. R. China	N/A	501 @3 tax equivalent	Three major start-up activities of the CMB- supported Western Rual Health Network	342,550.00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Supporting youth Participants for 2nd Health System Research Symposium and 5-C Network Workshop on Health Professional Education	144,000 00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Development of Peking University China center for health development studies	300,000.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Kunming Medical University 191 Renming Xi Road Kunming, Yunan 650031 P R. China	N/A	501 @3 tax equivalent	Developing an Online Trainning Platform and a System to Assess Capcacity of Rural Doctors	100,000.00
Peking Union Medical College Chinese Academy of Medical Science 9 Dong Dan San Tiao Beijing, 100730 P.R. China	N/A	501 @3 tax equivalent	Two Training Workshops for Strengthening Management Competence of CMB Grantce Universities/Colleges	173,400.00
Fudan University 220 Handan Road Shanghai, 200433 P.R. China	N/A	501 @3 tax equivalent	Westlake Forum IV and CMB President's Council	285,615.00
Fudan University 220 Handan Road Shanghai, 200433 P.R. China	N/A	501 @3 tax equivalent	CMB China Nursing Network	78,000.00
Sichuan University No. 17 Ren Min Nan Lu 3 Duan, Chengdu, Sichuan 610044 P. R. China	N/A	501 @3 tax equivalent	Developing the Center for Evidence-based Medicine	100,000.00
Prince of Songkla University 15, Kanjanavanich Road, Hat Yai Songkhla, 90110 Thailand	N/A	501 @3 tax equivalent	Supporting faculties to pursue PhD studiess in Epidemiology in relation to rural health policy and systems	134,370.00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	Supporting Five-country network on health professional education reforms	115,000.00
Total				8,302,376.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Central South University Xiangya School of Medicine 110 XiangYa Road Changsha, Hunan 410078 P.R. China	N/A	501 @3 tax equivalent	Consortium for Enhancing Community Medicine in Medical Education	138,480.00
China Medical University No.92 North Second Road, Shenyang, Liaoning 110001 P.R. China	N/A	501 @3 tax equivalent	Capacity Building in Medical Education in China	148,947.50
China Medical University No.92 North Second Road, Shenyang, Liaoning 110001 P.R. China	N/A	501 @3 tax equivalent	Promote China's dissemination, review, and adaptation of the global Commission Report	117,500.00
Hue College of Medicine and Pharmacy 06 - Ngo Quyen Hue, Vietnam	N/A	501 @3 tax equivalent	Transforming Professional Health Education Initiative	150,000 00
JiuJiang Medical University 17 LuFeng Road Jiujiang, Jiangxi 332000 P.R. China	N/A	501 @3 tax equivalent	Developing Three-Year Curriculum for Rural Doctors	300,000 00
Kunming Medical University 191 Renming Xi Road Kunming, Yunan 650031 P.R. China	N/A	501 @3 tax equivalent	Comparative Study of Rural Health Human Resources in China's Yunnan Province and Thailand's Songkhla Province	146,975 00
University of Health Sciences Samsenthai Road P.O. Box 7444 Vientiane, Lao PDR	N/A	501 @3 tax equivalent	Capacity building in professional education for primary care in Laos	150,000.00
University of Health Sciences Samsenthai Road P.O. Box 7444 Vientiane, Lao PDR	N/A	501 @3 tax equivalent	Capacity building in professional education for primary care in Laos (supplement funding)	8,450 00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	The China Commission: Health Professional Education for China in the 21st Century	142,500.00
Peking Union Medical College Chinese Academy of Medical Science 9 Dong Dan San Tiao Beijing, 100730 P.R. China	N/A	501 @3 tax equivalent	New Voluntary System of Organ Donations in China	250,000.00
Sun Yat-sen University 74 Zhongshan Road II Guangzhou, Guangdong 510089 P R. China	N/A	501 @3 tax equivalent	Advanced Nursing Education, Research and Networking	150,000.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
University of Community Health P.O. Box 04017 Magway, Myanmar	N/A	501 @3 tax equivalent	Strengthening institutional capacity and HR	50,000.00
Xinjiang Medical University 8 Xinyi Road Urumqi, Xinjiang 830054 P R. China	N/A	501 @3 tax equivalent	A training model for village doctors in Xinjiang's minority areas	120,750.00
Zhejiang University School of Medicine 388 Yuhangtang Road Hangzhou, Zhejiang 310058 P.R. China	N/A	501 @3 tax equivalent	Investigating an Obesity Intervention Program in China	150,000.00
Magdalene College University of Cambridge Cambridge, CB 30 AG UK	N/A	501 @3 tax equivalent	Study on the history of Transnational Health in Southeast Asia.	137,500 00
Central South University 110 Xiang Ya Road Changsha, Hunan 410078 P. R. China	N/A	501 @3 tax equivalent	Establishing a CMB-Collaborating Program in Mental Health Policy.	150,000.00
Peking Union Medical College Chinese Academy of Medical Science 9 Dong Dan San Tiao Beijing, 100730 P R. China	N/A	501 @3 tax equivalent	Establising a CMB-Collaborating program in non-communicable diseases	150,000.00
Fudan University 220 Handan Road, Shanghai, 200433 P. R. China	N/A	501 @3 tax equivalent	Establishing a CMB-Collaborating Program in Pharmaceutical and Economic Policy	150,000.00
Shanghai Health Development Research Ct No.602, Jianguo West Road Xuhui, Shanghai P.R. China	N/A	501 @3 tax equivalent	CMB-Collaborating Program in Evidence- based Health Policy-making	150,000 00
Ningxia Medical University 1160 Shenglijie Yinchuan,Ningxia 750004 P.R.China	N/A	501 @3 tax equivalent	Developing Mental Health Intervention in Western Rural China	75,724.00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Developing School-based Intervention against Childhood Obesity	74,930.00
Sichuan University No 17 Ren Min Nan Lu 3 Duan, Chengdu, Sichuan 610044 P. R. China	N/A	501 @3 tax equivalent	The Study of Intervention Strategy on Maternal Near-miss in China	75,000.00
Zhejiang University School of Medicine 388 Yuhangtang Road Hangzhou, Zhejiang 310058 P.R. China	N/A	501 @3 tax equivalent	Study Insurance for Occupational Disease and Accidents	75,000.00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Fudan University 220 Handan Road Shanghai, 200433 P.R. China	N/A	501 @3 tax equivalent	Studying Health Technology Assessment and Policy Making	75,000.00
Shandong University 27 Shanda Nanlu Ji'nan, Shandong 250100 P R. China	N/A	501 @3 tax equivalent	Improving Rational Use of Antibiotics in Rural China	74,900 00
Tongji School of Medicine Huazhong University of Science and Technology 13 Luoyu Road Wuhan, Hubei 430030 P. R. China	N/A	501 @3 tax equivalent	Studying Integrated Rural Healthcare Services	75,000.00
Central South University 110 Xiang Ya Road Changsha, Hunan 410078 P. R. China	N/A	501 @3 tax equivalent	Training Rural Physicians on Mental Depression	74,421.00
Sichuan University No 17 Ren Min Nan Lu 3 Duan, Chengdu, Sichuan 610044 P. R. China	N/A	501 @3 tax equivalent	Evaluating Rural Medical Insurance System	75,000 00
Peking Union Medical College Chinese Academy of Medical Science 9 Dong Dan San Tiao Beijing, 100730 P.R China	N/A	501 @3 tax equivalent	Training Trainers of General Practitioners for China	175,000 00
Guangzhou Medical University No.195 West Dengfeng Road Yuexiu District, Guangzhou P. R. China	N/A	501 @3 tax equivalent	Developing General Practitioner Training Model	100,000 00
China Medical University No. 92 North Second Road Shenyang, Liaoning 110001 P. R. China	N/A	501 @3 tax equivalent	Developing a Competency-based Residency Training Model	100,000 00
Jiujiang University Medical Center 17 Lufeng Road Jiujiang, Jiangxi 332000 P.R. China	N/A	501 @3 tax equivalent	Joint Curriculum Development for Five-year Rural Oriented Tuition Waived Medical Students Training Program	50,000 00
Ningxia Medical University 1160 Shenglijie Yinchuan,Ningxia 750004 P.R China	N/A	501 @3 tax equivalent	Training of Rural Nursing Managers	100,000.00
Shanghai Jiaotong University 227 South Chong Qing Road Shanghai 200025 P.R. China	N/A	501 @3 tax equivalent	Developing University-CDC Joint Case Based Public Health Curriculum	75,000 00
Sichuan University No 17 Ren Min Nan Lu 3 Duan, Chengdu, Sichuan 610044 P. R. China	N/A	501 @3 tax equivalent	Establishing Allied Health Professions Degree Systems	98,500 00

Recipient	If Recipient is an Individual	Foundation Status of Recipient	Purpose of grant or contribution	Amount (\$)
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Studies on medical education, graduates, and financing.	159,750.00
Xi'An Jiaotong Univ. Health Science Ctr 205 Zhuque Street Xi'An, Shaanxi, 710061 P.R. China	N/A	501 @3 tax equivalent	Innovating community nursing practice.	375,000.00
Mackey, Thomas A. 5151 Edloe St. Apt #5103 Houston, TX 77005-1183 USA	Yes	Individual (Sub-allocation)	For providing technical support to four Chinese school.s	25,000.00
Tibet University Medical College No 1 South Luobulinka Road Lhasa, Tibet 850002 P.R. China	N/A	501 @3 tax equivalent	Health survey and research capacity development	212,049.50
zhang, Shufang 32 bis, Route de Chartreuse 38700 La Tronche France	Yes	Individual (Sub-allocation)	Technical support and capacity building work	46,640 00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	Thailand national initiative in Health Professional Education and the 2014 Prince Mahidol Award Conference.	250,000 00
Peking University Health-Science Center 38 Xue Yuan Road Beijing 100191 P.R. China	N/A	501 @3 tax equivalent	Development of Peking University China center for health development studies	300,000 00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	N/A	501 @3 tax equivalent	Supporting Five-country network on health professional education reforms	115,000.00
Prince of Songkla University 15, Kanjanavanich Road, Hat Yai Songkhla, 90110 Thailand	N/A	501 @3 tax equivalent	Supporting faculties to pursue PhD studiess in Epidemiology in relation to rural health policy and systems	134,370.00
Mahidol University 999 Phuttamonthon 4 Road Salaya, Nakhon Pathom 73170 Thailand	- N/A	501 @3 tax equivalent	CMB Myanmar fellowship program to study postgraduate degree	217,280.00
Total		<u> </u>		5,969,667.00

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

<u> </u>	APIIAL GA	INS AND LO	SSES FOR	R TAX ON I	INVEST	VIL	ENT INCOM	<u> </u>
	Property		Descr	iption		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adi basis		Gain or (loss)	
expenses of sale	Silottable	MAKENA CAP	ITAL SPLITT		<u>au</u>	P	3,817,392.	
		MAKENA LIQUI PROPERTY TY		T SPLITTER	X, L.P.	Р	183,103.	
		MAKENA PROTI		FOLIO		Р	-270,610.	
		GUGGENHEIM PROPERTY TY				Р	588,186.	
		LANDMARK EQI PROPERTY TY		RS XIV, LP		P	198,671.	
		LESS: AMOUN' PROPERTY TY		BLE TO UBI		P	-512,109.	
FOTAL GAIN(oss)		•••••	• • • • • • • • • • • • • • • • • • • •			4,004,633.	
				,				

Form 8868

(Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

$\cap M$	RNo	1546	5- 1700

Department of the Treasury Internal Revenue Service

File a separate application for each return.

		_
,	ν.	Г

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part	Automatic 3-Month Extension of Time. Of	ny submit	original (no copies ne	eeaea)				
А согрога	tion required to file Form 990-T and requesting	an automa	atic 6-month extension	- check this box and complete				
	/				▶ 🔲			
All other o	corporations (including 1120-C filers), partnersh	nips, REMIC	Cs, and trusts must use i	Form 7004 to request an extensior	of time			
	ome tax returns.	•		Enter filer's identifying number,				
	Name of exempt organization or other filer, see in	nstructions		Employer identification number				
Type or				, ,	` '			
print	CHINA MEDICAL BOARD, INC.			X 13-1659619				
File by the	Number, street, and room or suite no. If a P.O bo	Number, street, and room or suite no. If a P.O box, see instructions						
due date for filing your	TWO ARROW STREET							
return See	City, town or post office, state, and ZIP code For	r a foreign ad	dress, see instructions.		-			
instructions	CAMBRIDGE, MA 02138							
Enter the	Return code for the return that this application	is for (file a	separate application for	or each return)	. 0 4			
	• •	`		•				
Application	on	Return	Application		Return			
ls For	•	Code	ls For		Code			
Form 990)	01	Form 990-T (corporate	tion)	07			
Form 990	D-BL	02	Form 1041-A		08			
Form 990	H-EZ	01	Form 4720		09			
Form 990	-PF	04	Form 5227		10			
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990)-T (trust other than above)	06	Form 8870		12			
If the oIf this ifor the w	one No ► 617 979-8000 organization does not have an office or place of s for a Group Return, enter the organization's for hole group, check this box	business ir bur digit Gro If it is for pa	oup Exemption Number	ck this box (GEN) If	▶☐ this is			
	the names and EINs of all members the extens quest an automatic 3-month (6 months for a co		auired to file Form 000	O. T. extension of time				
unti				e organization named above The	evtension is			
	the organization's return for	exempt on	gamzadon retam for the	o organization hamou above the	CACHSIONIS			
▶ [calendar year 20 or							
	X tax year beginning 07/0	01 2011	L and ending	06/30 , 20 12				
		,	,9					
2 If the	e tax year entered in line 1 is for less than 12 m	nonths, che	ck reason Initial r	return Final return				
	Change in accounting period	,						
3a If th	nis application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the	tentative tax, less any				
	refundable credits See instructions		•	3a \$	65.520			
	his application is for Form 990-PF, 990-T,	4720, oi	r 6069, enter any re	efundable credits and	,			
	mated tax payments made Include any prior yea			t 3b \$ /	65,520 20,000 -0-			
	ance due. Subtract line 3b from line 3a Include			equired, by using EFTPS	-,			
	(Electronic Federal Tax Payment System). See instructions							

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

payment instructions