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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation****2012**

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

**For calendar year 2012, or tax year beginning****, 2012, and ending**

Name of foundation <b>GANGAROSA INTERNATIONAL HEALTH FOUNDATION</b>		<b>A</b> Employer identification number <b>58-2198167</b>						
Number and street (or P O box number if mail is not delivered to street address) <b>5305 GREENCASTLE WAY</b>	Room/suite	<b>B</b> Telephone number (see the instructions) <b>(770) 491-0688</b>						
City or town <b>STONE MOUNTAIN</b>	State ZIP code <b>GA 30087</b>	<b>C</b> If exemption application is pending, check here <input type="checkbox"/>						
<b>G</b> Check all that that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial Return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial Return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>D</b> 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial Return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>						
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) <b>\$ 817,162.</b>	<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>						

**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>REVENUE</b>				
1 Contributions, gifts, grants, etc. received (att sch)	476,397.			
2 <input type="checkbox"/> If the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	16,177.	16,177.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		65,412.		
8 Net short-term capital gain			693.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit (loss) (att sch)				
11 Other income (attach schedule See line 11 Stmt)	45,274.	1,465.	43,809.	
12 Total. Add lines 1 through 11	537,848.	83,054.	44,502.	
<b>ADMINISTRATIVE EXPENSES</b>				
13 Compensation of officers, directors, trustees, etc	6,669.		6,669.	
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch) I-16b Stmt	900.		900.	
c Other prof fees (attach sch) I-16c Stmt	28,199.		28,199.	
17 Interest				
18 Taxes (attach schedule) (see instrs)				
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) See line 23 Stmt	2,891.		2,891.	
24 Total operating and administrative expenses. Add lines 13 through 23	38,659.		38,659.	
25 Contributions, gifts, grants paid	11,147.			11,147.
26 Total expenses and disbursements. Add lines 24 and 25	49,806.		38,659.	11,147.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	488,042.			
b Net investment income (if negative, enter -0-)		83,054.		
c Adjusted net income (if negative, enter -0-)			5,843.	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
ASSETS	1	Cash — non-interest-bearing		1,589.	1,241.	1,241.
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments — U S and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule) L-10b Stmt	309,413.	766,754.	766,754.	
	c	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
	Less: accumulated depreciation (attach schedule)					
12	Investments — mortgage loans	0.	49,167.	49,167.		
13	Investments — other (attach schedule)					
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation (attach schedule)					
15	Other assets (describe )					
16	<b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I)	311,002.	817,162.	817,162.		
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )				
	23	<b>Total liabilities</b> (add lines 17 through 22)				
NET FUND ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		<input checked="" type="checkbox"/>			
	24	Unrestricted		311,002.	817,162.	
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		<input type="checkbox"/>			
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	<b>Total net assets or fund balances</b> (see instructions)		311,002.	817,162.	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)		311,002.	817,162.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	311,002.
2	Enter amount from Part I, line 27a	2	488,042.
3	Other increases not included in line 2 (itemize) <b>NET CHANGE IN MARKET VALUE</b>	3	18,118.
4	Add lines 1, 2, and 3	4	817,162.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	817,162.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	2298.774 SHS AMERICAN CENTURY INTL BOND	P	Various	06/11/12
b	318.013 SHS AMERICAN CENTURY INTL BOND	P	Various	06/11/12
c	3678.307 SHS GENON ENERGY INC	P	01/01/02	08/09/12
d	1263.097 SHS GENON ENERGY INC	P	12/26/02	08/09/12
e	See Columns (a) thru (d)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 32,941.		31,099.	1,842.
b 8,919.		28,272.	-19,353.
c 3,063.		2,920.	143.
d 56,993.		1,790.	55,203.
e See Columns (e) thru (h)		10,006.	27,577.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a 0.	0.	0.	1,842.
b			-19,353.
c			143.
d			55,203.
e See Columns (i) thru (l)			27,577.

2 Capital gain net income or (net capital loss)	— [ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]	2	65,412.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	— [ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 ]	3	693.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	78,337.	352,118.	0.222474
2010	55,160.	295,928.	0.186397
2009	29,008.	216,051.	0.134265
2008	4,050.	263,232.	0.015386
2007	5,115.	319,455.	0.016012

2 Total of line 1, column (d)	2	0.574534
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.114907
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	545,737.
5 Multiply line 4 by line 3	5	62,709.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	831.
7 Add lines 5 and 6	7	63,540.
8 Enter qualifying distributions from Part XII, line 4	8	11,147.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,661.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	1,661.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	1,661.
6 Credits/Payments:			
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	6a	0.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	800.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	800.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed	9	861.	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.	
11 Enter the amount of line 10 to be <b>Credited to 2013 estimated tax</b> 0. <b>Refunded</b>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XIV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>GA – Georgia</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	X	

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**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within 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 disqualified 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? Website address <u>members.aol.com/ejg1926/main.htm</u>	13	X	
14	The books are in care of <u>EUGENE J. GANGAROSA</u> Telephone no <u>(770) 491-0688</u> Located at <u>5305 GREENCASTLE WAY, STONE MOUNTAIN, GA</u> ZIP + 4 <u>30087</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	Yes	No	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country	16		X

**Part 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
<b>1 a</b> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
<b>1 b</b>		X
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		
<b>1 c</b>		X
<b>2</b> 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))		
<b>a</b> At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)		
<b>2 b</b>		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
<b>3 a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)		
<b>3 b</b>		
<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
<b>4 a</b>		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		
<b>4 b</b>		X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐**5 b****c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**6 b****b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

☐ Yes ☒ No**7 b****7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EUGENE J. GANGAROSA, MD, MS 5305 GREENCASTLE WAY STONE MOUNTAIN, GA 30087	CHAIRMAN AND CEO 24.00	0.	0.	0.
ROSE C. GANGAROSA, BS 5305 GREENCASTLE WAY STONE MOUNTAIN, GA 30087	SECRETARY 4.00	0.	0.	0.
RAYMOND E. GANGAROSA, MD, MSEE, MPH 9433 BEARFOOT TRAIL WEEKI WACHEE FL 34613	ASSOCIATE CHAIRMAN & TR 4.50	6,669.	0.	0.
See Information about Officers, Directors, Trustees, Etc. -----		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- -----				

Total number of other employees paid over \$50,000

▶

None

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

None

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	
a	Average monthly fair market value of securities	1 a 75,264.
b	Average of monthly cash balances	1 b 477,369.
c	Fair market value of all other assets (see instructions)	1 c 1,415.
d	<b>Total</b> (add lines 1a, b, and c)	1 d 554,048.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3 554,048.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 8,311.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5 545,737.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6 27,287.

**Part 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 part.)

1	Minimum investment return from Part X, line 6	1
2a	Tax on investment income for 2012 from Part VI, line 5	2 a
b	Income tax for 2012 (This does not include the tax from Part VI)	2 b
c	Add lines 2a and 2b	2 c
3	Distributable amount before adjustments Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a 11,147.
b	Program-related investments – total from Part IX-B	1 b
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	
a	Suitability test (prior IRS approval required)	3 a
b	Cash distribution test (attach the required schedule)	3 b
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 11,147.
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)	5 0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6 11,147.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2012)

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2012				
a From 2007	5,115.			
b From 2008	4,050.			
c From 2009	29,055.			
d From 2010	55,582.			
e From 2011	78,481.			
f Total of lines 3a through e	172,283.			
4 Qualifying distributions for 2012 from Part XII, line 4 $\$$ 11,147.				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus	11,147.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	183,430.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	5,115.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	178,315.			
10 Analysis of line 9:				
a Excess from 2008	4,050.			
b Excess from 2009	29,055.			
c Excess from 2010	55,582.			
d Excess from 2011	78,481.			
e Excess from 2012	11,147.			

4942(1)(5)

**(4) Gross investment income**

Form **990-PF** (2012)

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
AARP FOUNDATION				15.
ALZHEIMER'S ASSOCIATION				25.
ALZHEIMER'S DISEASE RESEARCH				30.
AMERICAN CANCER SOCIETY				30.
AMERICAN COLLEGE OF PHYSICIANS				45.
AMERICAN DIABETES ASSOCIATION				25.
AMERICAN HEART ASSOCIATION				30.
AMERICAN LUNG ASSOCIATION				60.
AMERICAN PARKINSON DISEASE ASSOCIATION				25.
See Line 3a statement				10,862.
<b>Total</b>			<b>3a</b>	<b>11,147.</b>
<b>b Approved for future payment</b>				
<b>Total</b>			<b>3b</b>	

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a	CONSULTING					43,809.
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	16,177.	
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a	ORDINARY BUSINESS INCOME-PARTNERSHIP ID# 35-2164875	523000	-151.			
b	OTHER NET RENTAL INCOME-LP	531390	4.			
c	NET SECTION 1231 GAIN-LP/LLC	523000	767.			
d	INTEREST & DIVIDEND INCOME-LP/LLC			14	16.	
e	See Other Revenue Stmt				829.	
12	Subtotal Add columns (b), (d), and (e)		620.		17,022.	43,809.
13	Total. Add line 12, columns (b), (d), and (e)				13	61,451.

(See worksheet in line 13 instructions to verify calculations)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
1,4,11	<p>Since our Foundation originated, the income has derived primarily from its founders, Rose C. Salamone and Eugene J. Gangarosa, Sr. with generous support through the years from our children and siblings on both the Salamone and Gangarosa sides of our families. Although occasional contributions have come from private sources, we do not solicit from the public. Other important sources of income have come from Dr. Gangarosa's consulting practice and investment income and capital gains from the Foundation's assets. With these funds, our Foundation has established endowments in other not for profit foundations. Among these have been the Emory University's Center for Global Safe Water in which the Foundation played a major role in endowing two academic chairs for global safe water and sanitation. The Center Director has skillfully won grants and contracts that have multiplied many times. With these funds, the Center has made possible global safe water and sanitation in many developing countries. Thus, we have leveraged our Foundation's giving and in the process many well paying jobs have been created, including many student jobs, internships and practicums which have been funded in this country and abroad. As a result, Center projects have made possible safe water and sanitation for many thousands of the most underserved people in our global village. An endowment the Foundation established with the CDC Foundation provides seed money to start new safe water projects in a number of developing countries. Our Foundation also supports over thirty other not for profit foundations which have similar missions as ours, committed to improve quality of life by disease prevention. Our Foundation has</p>



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

**2012**

Name of the organization

GANGAROSA INTERNATIONAL HEALTH FOUNDATION

Employer identification number

58-2198167

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

☐ 501(c)( \_\_\_\_ ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule 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).

**BAA 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) (2012)

Name of organization

Employer identification number

GANGAROSA INTERNATIONAL HEALTH FOUNDATION

58-2198167

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EUGENE J. & ROSE C. GANGAROSA 5305 GREENCASTLE WAY STONE MOUNTAIN GA 30087	\$ 476,397.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Name of organization

Employer identification number

GANGAROSA INTERNATIONAL HEALTH FOUNDATION

58-2198167

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1357.000 SHS ANADARKO PETROLEUM CORP	\$ 97,188.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	620.000 SHS BOEING CO	\$ 44,187.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	457.000 SHS EXPRESS SCRIPTS HOLDING CO	\$ 28,201.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2000.000 SHS FORD MOTOR CO	\$ 20,300.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	200.000 SHS TERADATA CORP	\$ 15,028.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	307.000 SHS CYTEC INDS	\$ 20,551.	09/11/12

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

GANGAROSA INTERNATIONAL HEALTH FOUNDATION

58-2198167

**Part II** Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	935.000 SHS CARNIVAL CORP		
		\$ 34,492.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	235.000 SHS NESTLE S A SPONSORED		
		\$ 14,763.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	945.000 SHS LOCKHEED MARTIN CORP		
		\$ 87,167.	09/11/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2000.000 SHS HOME DEPOT		
		\$ 114,520.	09/07/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

**Additional Information**

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FORM 990-PF, PART XV, PAGE 11

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ALL ORGANIZATIONS LISTED IN PART XV:

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RELATIONSHIP: NO INDIVIDUAL RECIPIENTS ~ N/A

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STATUS: PUBLIC & PRIVATE OPERATING FOUNDATIONS

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PURPOSE: OPERATING BUDGET-TO HELP IMPROVE QUALITY OF LIFE OF  
UNDERSERVED PEOPLE

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**Additional Information**

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FORM 990-PF, PART XVI-B, PAGE 12

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supported endowments at the University of Rochester and Nazareth College in Rochester, NY for student scholarships and for non-restricted purposes. Starting in 2013, we are recognizing not for profit foundations which achieve sustainability for water and sanitation projects. The first Sustainability Award will be given late in 2013 for a safe water project in rural areas of Haiti empowering homemakers who purify water in their homes using a simple CDC strategy. Through these varied activities, our Foundation participates in efforts to help meet the World Health Organization goals to reduce by half the number of people who still lack safe water and sanitation by 2015. Thus, the income sources reported support activities to improve quality of life with a special focus on water and sanitation and education of women.

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Form 990-PF, Page 1, Part I, Line 11

**Line 11 Stmt**

Other income.	Rev/Exp Book	Net Inv Inc	Adj Net Inc
CONSULTING INCOME	43,809.		43,809.
PARTNERSHIP ID #35-2164875	843.	843.	
PARTNERSHIP ID #23-3087517	-244.	-244.	
PARTNERSHIP ID #65-1177591	182.	182.	
INTEREST INCOME - MORTGAGE INVES	684.	684.	
Total	45,274.	1,465.	43,809.

Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
AUTO EXPENSES	464.		464.	
COMPUTER EXPENSES	1,790.		1,790.	
OFFICE EXPENSE & POSTAGE	112.		112.	
PROFESSIONAL MEMBERSHIPS/DUES	60.		60.	
SUBSCRIPTIONS	465.		465.	
Total	2,891.		2,891.	

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (a) thru (d)**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1000.000 SHS HOME DEPOT INC COM	D	06/27/84	09/12/12
2000.000 SHS FORD MOTOR COMPANY	P	04/01/09	09/19/12
200.000 SHS HOME DEPOT INC COM	D	06/27/84	09/24/12

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (e) thru (h)**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
21,172.		5,093.	16,079.
11,854.		358.	11,496.
4,557.		4,555.	2.
Total		10,006.	27,577.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income

**Columns (i) thru (l)**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (column (h) gain minus column (k), but not less than -0-) or losses (from column (h))
			16,079.
			11,496.
			2.
Total			27,577.

Form 990-PF, Page 6, Part VIII, Line 1

**Information about Officers, Directors, Trustees, Etc.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> MARGARET A. GANGAROSA, MD 9433 BEARFOOT TRAIL WEEKI WACHEE FL 34613	MEMBER 0.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> EUGENE J. GANGAROSA, JR., BS, MS 11396 WALDEN LOOP PARRISH FL 34219	MEMBER 0.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> M. LYNN GANGAROSA 11396 WALDEN LOOP PARRISH FL 34219	MEMBER 0.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> PAUL C. GANGAROSA 546 STONECREEK DRIVE CHARLESTON SC 29414	MEMBER 0.00	0.	0.	0.
Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> DR. ANGELA CHI GANGAROSA 546 STONECREEK DRIVE CHARLESTON SC 29414	MEMBER 0.00	0.	0.	0.

Total

0. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

**Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a Paid during the year</b> AMERICARES				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
AMNESTY INTERNATIONAL				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
AMREF				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
ARCHDIOCESE OF ATLANTA				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 300.
ARTHRITIS RESEARCH FOUNDATION				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 55.
ATLANTA MISSION				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
BETTER BUSINESS BUREAU WISE GIVING ALLIA				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
BLACK AND INDIAN MISSION COOPERATIVE				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 10.
CARE				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,200.
CATHOLIC MEDICAL MISSIONS				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 305.
CATHOLIC UNIVERSITY OF AMERICA				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
CDC FOUNDATION				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 5,000.
CHILD HEALTH FOUNDATION				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 35.
CHURCH IN LATIN AMERICA				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 20.
DEFENDERS OF WILDLIFE				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.

Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a</b> <i>Paid during the year</i> <u>DISABLED AMERICAN VETERANS</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 45.
<u>DOCTORS WITHOUT BORDERS</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
<u>EMORY UNIVERSITY</u> <u>ROSE SALAMONE GANGAROSA CHAIR</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
<u>ENVIRONMENTAL DEFENSE FUND</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>FEEDING AMERICA</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
<u>FINCA</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 55.
<u>FOOD FOR THE HUNGRY</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 60.
<u>FREEDOM FROM HUNGER</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>FRIENDS OF UNFPA</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>GEORGIA PUBLIC BROADCASTING</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>GLOBAL HEALTH ACTION</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
<u>GUIDE DOG FOUNDATION FOR THE BLIND</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>GUIDING EYES FOR THE BLIND</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
<u>HABITAT FOR HUMANITY</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 80.
<u>HANDICAP INTERNATIONAL</u> -----	-----	-----	-----	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.



Form 990-PF, Page 11, Part XV, line 3a

Continued

**Line 3a statement**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox  Amount
<b>a</b> <i>Paid during the year</i>				
<u>HELEN KELLER INTERNATIONAL</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>HOLY CROSS CHURCH</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 255.
<u>INTERNATIONAL EYE FOUNDATION</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>LEAGUE OF WOMEN VOTERS</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>MAP INTERNATIONAL</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>MARION MEDICAL MISSION</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 285.
<u>MERCY CORPS</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 35.
<u>MUSTARD SEED COMMUNITIES</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 30.
<u>NATIONAL OSTEOPOROSIS FOUNDATION</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 35.
<u>NATURE CONSERVANCY</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 20.
<u>NAZARETH COLLEGE</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 300.
<u>OPERATION SMILE</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>ORBIS INTERNATIONAL</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 25.
<u>OXFAM AMERICA</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 600.
<u>PROJECT HOPE</u>				Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 250.

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Continued

**Other Revenue Stmt**

Other revenue	Business code	Amount	Exclusion code	Amount	Related/exempt function income
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Totals

829.

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**Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARTHA S. SAXBY, CPA	TAX PREPARATION	900.			

Total

900.

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**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DR. RAYMOND GANGAROSA	CONSULTING SERVICES	28,199.		28,199.	

Total

28,199.28,199.

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**L-10b Stmt**

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
USAA MONEY MARKET FUND	13,101.	13,101.
BROKERAGE ACCOUNT	753,653.	753,653.
Total	<u>766,754.</u>	<u>766,754.</u>