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EXTENDED TO NOVEMBER 15, 2016

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable

C Name of organization

ADVOCATES FOR WORLD HEALTH, INC.

D Employer identification number

26-4695101

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

5601 AIRPORT BLVD.

Room/suite

E Telephone number

813-889-0290

City or town, state or province, country, and ZIP or foreign postal code

TAMPA, FL 33634

G Gross receipts \$

331,799.

F Name and address of principal officer

SAME AS C ABOVE

H(a) Is this a group return

for subordinates? -- Yes ☒ No

H(b) Are all subordinates included?

Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)(1) ☐ 501(c)(2) ☐ 501(c)(29) ☐ 501(c)(30) ☐ 501(c)(31) ☐ 501(c)(32) ☐ 501(c)(33) ☐ 501(c)(34) ☐ 501(c)(35) ☐ 501(c)(36) ☐ 501(c)(37) ☐ 501(c)(38) ☐ 501(c)(39) ☐ 501(c)(40) ☐ 501(c)(41) ☐ 501(c)(42) ☐ 501(c)(43) ☐ 501(c)(44) ☐ 501(c)(45) ☐ 501(c)(46) ☐ 501(c)(47) ☐ 501(c)(48) ☐ 501(c)(49) ☐ 501(c)(50) ☐ 501(c)(51) ☐ 501(c)(52) ☐ 501(c)(53) ☐ 501(c)(54) ☐ 501(c)(55) ☐ 501(c)(56) ☐ 501(c)(57) ☐ 501(c)(58) ☐ 501(c)(59) ☐ 501(c)(60) ☐ 501(c)(61) ☐ 501(c)(62) ☐ 501(c)(63) ☐ 501(c)(64) ☐ 501(c)(65) ☐ 501(c)(66) ☐ 501(c)(67) ☐ 501(c)(68) ☐ 501(c)(69) ☐ 501(c)(70) ☐ 501(c)(71) ☐ 501(c)(72) ☐ 501(c)(73) ☐ 501(c)(74) ☐ 501(c)(75) ☐ 501(c)(76) ☐ 501(c)(77) ☐ 501(c)(78) ☐ 501(c)(79) ☐ 501(c)(80) ☐ 501(c)(81) ☐ 501(c)(82) ☐ 501(c)(83) ☐ 501(c)(84) ☐ 501(c)(85) ☐ 501(c)(86) ☐ 501(c)(87) ☐ 501(c)(88) ☐ 501(c)(89) ☐ 501(c)(90) ☐ 501(c)(91) ☐ 501(c)(92) ☐ 501(c)(93) ☐ 501(c)(94) ☐ 501(c)(95) ☐ 501(c)(96) ☐ 501(c)(97) ☐ 501(c)(98) ☐ 501(c)(99) ☐ 501(c)(100)J Website **AWHEALTH.ORG**K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation **2009**M State of legal domicile **FL**

Part I Summary

1	Briefly describe the organization's mission or most significant activities	ADVOCATES FOR WORLD HEALTH IS A NONPROFIT THAT RECOVERS AND REDISTRIBUTES MEDICAL PRODUCT TO REDUCE	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	1900
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,775,586.	24,632.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	185,337.	232,041.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,164.	74,621.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,053,087.	331,294.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,902,000.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	203,683.	157,783.
16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-14e)	159,087.	175,144.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,264,770.	332,927.
19	Revenue less expenses. Subtract line 18 from line 12	2,788,317.	<1,633.>
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	5,402,826.	6,352,210.
22	Net assets or fund balances. Subtract line 21 from line 20	15,380.	<22,375.>
		5,387,446.	6,374,585.

Part II Signature Block

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

Sign Here ☐ Signature of officer
RYAN KANIA, EXECUTIVE DIRECTOR
☐ Type or print name and title

Date

Print/Type preparer's name	KELLIANNE F. BENSON	Date	2016 11 17	Check if self-employed	<input type="checkbox"/>	PTIN	P01345659
Firm's name	CHERRY BEKAERT LLP	Firm's EIN	956-0574444				
Firm's address	1111 METROPOLITAN AVENUE, SUITE 1000	Phone no	704-377-1678				
	CHARLOTTE, NC 28204						

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

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X

1 Briefly describe the organization's mission:

ADVOCATES FOR WORLD HEALTH IS A NONPROFIT THAT RECOVERS AND REDISTRIBUTES MEDICAL PRODUCT TO REDUCE WASTE AND IMPROVE HEALTHCARE IN THE U.S. AND ABROAD.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses \$ 324,655. including grants of \$ _____) (Revenue \$ 306,662.)

ADVOCATES FOR WORLD HEALTH ("AWH") IS A NONPROFIT ORGANIZATION THAT IS COMMITTED TO IMPROVING THE HEALTHCARE DELIVERY SYSTEM IN THE DEVELOPING WORLD AND PROMOTING ENVIRONMENTAL STEWARDSHIP. AWH ACHIEVES THIS THROUGH BROKERING MEDICAL PRODUCT TO ORGANIZATIONS THAT PROVIDE HEALTHCARE SERVICES TO UNDERSERVED POPULATIONS IN THE DEVELOPING WORLD THROUGH OUR STUDENT-LED INITIATIVE. BY REDIRECTING USABLE MEDICAL SUPPLIES AND EQUIPMENT FROM THE WASTE STREAM TO FOREIGN HEALTH CARE PROVIDERS, AWH IS LOWERING OVERHEAD COST, IMPROVING ACCESS TO HEALTH CARE, STRENGTHENING THE HEALTHCARE DELIVERY SYSTEM, AND ENGAGING IN ECO-FRIENDLY PRACTICES.

AWH'S MISSION AND MAIN WORK IS TO PROVIDE DOCTORS AND NURSES IN

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 324,655.

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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year -----	1a	7	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b	5	
b Enter the number of voting members included in line 1a, above, who are independent -----			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? -----	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? -----	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? -----	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? -----	5		X
6 Did the organization have members or stockholders? -----	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? -----	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? -----	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body? -----	8a		X
b Each committee with authority to act on behalf of the governing body? -----	8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. -----	9		X

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? -----	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? -----	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? -----	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 -----		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 -----	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? -----	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done -----	X	
13	Did the organization have a written whistleblower policy? -----		X
14	Did the organization have a written document retention and destruction policy? -----		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? -----		
a	The organization's CEO, Executive Director, or top management official -----		X
b	Other officers or key employees of the organization -----		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) -----		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? -----		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? -----		

17 List the states with which a copy of this Form 990 is required to be filed J FL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O) ☐

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. | _____

JOSH MILLER - 813-889-0290

5601 AIRPORT BLVD., TAMPA, FL 33634

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

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

~~Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee~~

Form 990 (2015)

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~ ~ ~ ~ ~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ~ ~ ~ ~ ~		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ~ ~ ~ ~ ~		X

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

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

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

Check if Schedule Q contains a response or note to any line in this Part X			(A) Beginning of year	(B) End of year
Assets	1	Cash - non-interest-bearing	10,995.	13,963.
	2	Savings and temporary cash investments		
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use	5,391,831.	6,328,247.
	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		
	b	Less accumulated depreciation		
	11	Investments - publicly traded securities		
	12	Investments - other securities See Part IV, line 11		
	13	Investments - program-related See Part IV, line 11		
	14	Intangible assets		
15	Other assets See Part IV, line 11		10,000.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,402,826.	6,352,210.
Liabilities	17	Accounts payable and accrued expenses	15,380.	<22,375.>
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
	26	Total liabilities. Add lines 17 through 25	15,380.	<22,375.>
	Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34	
28		Unrestricted net assets		
29		Temporarily restricted net assets		
30		Permanently restricted net assets		
31		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34		
32		Capital stock or trust principal, or current funds	0.	0.
33		Paid-in or capital surplus, or land, building, or equipment fund	0.	0.
34		Total net assets or fund balances	5,387,446.	6,374,585.
	35	Total liabilities and net assets/fund balances	5,387,446.	6,374,585.
	36	Total liabilities and net assets/fund balances	5,402,826.	6,352,210.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VII, column (A), line 12)	1	331,294.
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,927.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,633.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,387,446.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	988,772.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,374,585.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis <input type="checkbox"/>		<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") - -		1101814.	1496869.	4775586.	24,632.	7398901.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf - - - -						
3 The value of services or facilities furnished by a governmental unit to the organization without charge -						
4 Total Add lines 1 through 3 - - -		1101814.	1496869.	4775586.	24,632.	7398901.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) - - - - -						7097146.
6 Public support Subtract line 5 from line 4						301,755.

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 ~ ~ ~ ~ ~		1101814.	1496869.	4775586.	24,632.	7398901.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ~ ~ ~ ~			31,311.	3,608.	53,636.	88,555.
11 Total support Add lines 7 through 10						7487456.
12 Gross receipts from related activities, etc (see instructions) ~ ~ ~ ~ ~					12	545,390

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ~ ~ ~ ~ ~	14	4.03	%
15	Public support percentage from 2014 Schedule A, Part II, line 14 ~ ~ ~ ~ ~	15	53.75	%
16a	33 1/3% support test - 2015 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
b	33 1/3% support test - 2014 If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			X
17a	10%-facts-and-circumstances test - 2015 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
b	10%-facts-and-circumstances test - 2014 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~			
18	Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ~ ~ ~			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") - - -						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose - - -						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 - - - - -						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf - - - - -						
5 The value of services or facilities furnished by a governmental unit to the organization without charge - - -						
6 Total. Add lines 1 through 5 - - -						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons - - -						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year - - - - -						
c Add lines 7a and 7b - - - - -						
8 Public support. (Add line 7c from line 6.)						

Section B Total Support

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 - - - - -						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources - - -						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 - - - - -						
c Add lines 10a and 10b - - - - -						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on - - - - -						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) - - - - -						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

check this box and stop here ☐ **check this box and stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) - - - - -	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15 - - - - -	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) - - - - -	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 - - - - -	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization - - - - - ☐b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization - - - - - ☐20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a From 2013			
b From 2014			
c Total of lines 3a through e			
d Applied to underdistributions of prior years			
e Applied to 2015 distributable amount			
f Carryover from 2010 not applied (see instructions)			
g Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information

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

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ADVOCATES FOR WORLD HEALTH, INC.

26-4695101

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTI-GUA & BARBUDA, ARUBA, BAHAMAS			PROGRAM SERVICES	MEDICAL SUPPLY DELIVERY	0
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO			PROGRAM SERVICES	MEDICAL SUPPLY DELIVERY	0
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES			PROGRAM SERVICES	MEDICAL SUPPLY DELIVERY	0
3 a Sub-total -----	0	0			0
b Total from continuation sheets to Part I ----	0	0			0
c Totals (add lines 3a and 3b) 0000000	0	0			0

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

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Part IV Foreign Forms

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

Schedule F (Form 990) 2015

Part V Supplemental Information

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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Department of the Treasury
Internal Revenue Service

J Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

J Attach to Form 990

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

Open To Public
Inspection

Name of the organization

ADVOCATES FOR WORLD HEALTH, INC.

Employer identification number

26-4695101

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art -----				
2 Art - Historical treasures -----				
3 Art - Fractional interests -----				
4 Books and publications -----				
5 Clothing and household goods -----				
6 Cars and other vehicles -----				
7 Boats and planes -----				
8 Intellectual property -----				
9 Securities - Publicly traded -----				
10 Securities - Closely held stock -----				
11 Securities - Partnership, LLC, or trust interests -----				
12 Securities - Miscellaneous -----				
13 Qualified conservation contribution - Historic structures -----				
14 Qualified conservation contribution - Other -----				
15 Real estate - Residential -----				
16 Real estate - Commercial -----				
17 Real estate - Other -----				
18 Collectibles -----				
19 Food inventory -----				
20 Drugs and medical supplies -----	X	3,114	6,075,800.	FAIR MARKET VALUE
21 Taxidermy -----				
22 Historical artifacts -----				
23 Scientific specimens -----				
24 Archeological artifacts -----				
25 Other J (-----)				
26 Other J (-----)				
27 Other J (-----)				
28 Other J (-----)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement -----

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? -----

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? -----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? -----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a	X	
33		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

ADVOCATES FOR WORLD HEALTH HAS A RELATIONSHIP WITH SEVERAL FOR-PROFIT ORGANIZATIONS. THESE ORGANIZATIONS WILL SELL ASSETS AWH IS UNABLE TO USE, FOR CAPITAL RAISING PURPOSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

ADVOCATES FOR WORLD HEALTH, INC.

Employer identification number
26-4695101

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WASTE AND IMPROVE HEALTHCARE IN THE U.S. AND ABROAD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IMPOVERISHED COMMUNITIES WITH THE MEDICAL EQUIPMENT AND SUPPLIES TO
INCREASE THEIR STANDARD OF HEALTHCARE FOR THEIR PEOPLE.

HOSPITALS AND CLINICS IN THE U.S. DONATE MEDICAL EQUIPMENT AND MEDICAL
SUPPLIES TO AWH, WHO AMASSES AND DISTRIBUTES MEDICAL PRODUCT SHIPMENTS
IN TURN. MEDICAL PRODUCT SHIPMENTS GENERALLY CONTAIN TWENTY PERCENT
EQUIPMENT AND EIGHTY PERCENT SUPPLIES. COMMONLY REQUESTED EQUIPMENT
INCLUDE ANESTHESIA MACHINES, X-RAY MACHINES, ULTRASOUND MACHINES, AND
EKG MACHINES.

AWH CARRIED OUT MEDICAL TRIPS WITH PHYSICIANS, STUDENTS, NURSES, AND
OTHER PROFESSIONALS. IN ADDITION, THE ORGANIZATION NOW SHIPS ACCROSS
THE GLOBE, NOT JUST TO CENTRAL AMERICA. AWH ALSO PROVIDES HEALTHCARE
DOMESTICALLY TO FREE CLINICS AND SELLS EXPIRED DONATED MEDICAL SUPPLIES
TO OTHER ORGANIZATIONS AT OR BELOW FAIR MARKET VALUE.

DURING 2015, AWH SAW AN INCREASE IN MEDICAL SUPPLY CONTAINER SHIPMENTS,
MEDICAL SUPPLY DONATIONS, AND VOLUNTEERS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

Name of the organization

ADVOCATES FOR WORLD HEALTH, INC.

Employer identification number

26-4695101

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. IN THE
EVENT OF A POTENTIAL CONFLICT, THAT PERSON WILL RECUSE THEMSELVES FROM ALL
DISCUSSION AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

ALL COMPENSATION IS REVIEWED AND ALIGNED WITH ORGANIZATIONS OF SIMILAR SIZE
AND MISSION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.