Form 990-PF
Department of the Treasury
Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www irs.gov/Form990PF for instructions and the latest information.

2949114604315

For	caler	ndar year 2017 or tax year beginning		, and ending		
		foundation			A Employer identification	number
		ERNATIONAL INSTITUTE OF	SOUL MIND			
_]	3OD	Y MEDICINE FOUNDATION			20- <u>4</u> 729155	
		and street (or P O box number if mail is not delivered to street		Room/suite	<b>B</b> Telephone number	
		S GREEN VALLEY PKWY ST			702-832-48	33
	-	own, state or province, country, and ZIP or foreign p DERSON,NV 89012	ostal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		2 Foreign organizations me check here and attach co	mputation the 85% test,
H_	Check	type of organization: X Section 501(c)(3) ex	kempt private foundation	$_{\text{atom}}$ $_{0}$	E If private foundation sta	tus was terminated
<u>L</u>			Other taxable private founda	ation U	under section 507(b)(1)	(A), check here
		arket value of all assets at end of year   J Accounti	*	Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1)	(B), check here
	<u>►\$</u> art l	1,008,209. (Part I, colur	_			(d) 5-1
	arti	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
)/2	1	Contributions, gifts, grants, etc., received	854,759.			
) () a. ()	2	Check I if the foundation is not required to attach Sch. B				<u> </u>
)4	3	Interest on savings and temporary cash investments				
•	4	Dividends and interest from securities			1	
		Gross rents			N CONTRACTOR OF THE PARTY OF TH	retion in a gran
	62	Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10			!	,1 -,
Revenue	h	Gross sales price for all assets on line to assets on line to			WAY O	2018
Š	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gain			CONT	1 1 1 1 1 1
	9	Income modifications			(	- Jornamann
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				<u> </u>
<b>,</b>	1	Gross profit or (loss)				
i	11	Other income	054.750			<del></del>
) <u>—</u>	12	Total Add lines 1 through 11	854,759. 0.	0.	0.	0.
=	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages		<u></u>		<u></u>
_	15	Pension plans, employee benefits				
≓ v	1	Legal fees STMT 1	4,223.	0.	0.	0.
ညာ လို သည်	b	Accounting fees STMT 2	1,250.	0.	0.	0.
8)UC © Fxnense	C	Other professional fees			<u>-</u>	
		Interest				
S and Administrative	18_	Taxes				
nis.	19	Depreciation and depletion				
<u> </u>	20	Occupancy			<del></del>	
Ą	21	Travel, conferences, and meetings	46,340.	0.	0.	0.
		Printing and publications	F F00	<u> </u>	<del> </del>	
Operating	23	Other expenses STMT 3  Total operating and administrative	5,588.	0.	0.	0.
era	24	expenses Add lines 13 through 23	57,401.	0.	0.	0.
Ö	25	Contributions, gifts, grants paid	120,000.		<del>-</del>	120,000.
	1	Total expenses and disbursements.				
_	L	Add lines 24 and 25	177,401.	0.	0.	120,000.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	677,358.			
		Net investment income (if negative, enter -0-)		0.		
	C	Adjusted net income (If negative, enter -0-)			0.	

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

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

and complete lines 27 through 31

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/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	368,655.
2	Enter amount from Part I, line 27a	2	677,358.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,046,013.
5	Decreases not included in line 2 (itemize) ► PRIOR YEAR ADJUSTMENT	5	58,047.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	987,966.

0

368,655.

368,655.

368,655.

 $\triangleright x$ 

0

0.

987,966.

987,966.

1,008,209

INTERNATIONAL INSTITUTE OF SOUL MIND

20-4729155 Form 990-PF (2017) FOUNDATION BODY MEDICINE Page 3 **Capital Gains and Losses for Tax on Investment Income** Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (mo., day, yr.) (a) List and describe the kind(s) of property sold (for example, real estate, (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 1a b NONE C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) а d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any þ If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 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). If (loss), enter -0- in Part I, line 8 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. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (a) Base period years (d) Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col. (b) divided by col. (c)) 20,009 .000000 2016 2015 2014 2013 2012 2 Total of line 1, column (d) . 0 **0** 0 0 0 0 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 50, or by the number of years the foundation has been in existence if less than 5 years .000000 285,233. Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 Multiply line 4 by line 3 5

120,000.

6

7

8

0.

0.

Add lines 5 and 6

See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

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.

Enter qualifying distributions from Part XII, line 4

90-PF (2017) BODY MEDICINE FOUNDATION			20-4	72915	5	Page 4
VI Excise Tax Based on Investment Income (Section	4940(a), 4940(b)	), 4940(e), or 4	948 - \$	see instr	uctio	ns)
xempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line	1.				
ate of ruling or determination letter: (attach copy of letter	r if necessary-see instr	uctions)				
omestic foundations that meet the section 4940(e) requirements in Part V, check he	ere 🕨 🔲 and enter	- 1%	1			0.
f Part I, line 27b		1	1			
ll other domestic foundations enter 2% of line 27b. Exempt foreign organizations, er	nter 4% of Part I, line 12	2, col. (b).				
ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations o	only; others, enter -0-)		2			0.
dd lines 1 and 2			3			0.
ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -0-)	<u> </u>	4			0.
ax based on investment income Subtract line 4 from line 3. If zero or less, enter -0	)-	[	5			0.
redits/Payments:						
017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.				
xempt foreign organizations - tax withheld at source	6b	0.	1			
ax paid with application for extension of time to file (Form 8868)	6c	0.				
ackup withholding erroneously withheld	6d	0.				
otal credits and payments. Add lines 6a through 6d			7			0.
nter any <b>penalty f</b> or underpayment of estimated tax. Check here if Form 2220	is attached		8			0.
ax due If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>&gt;</b> [	9			0.
verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp	aid	. ▶	10			
nter the amount of line 10 to be: Credited to 2018 estimated tax		Refunded ►	_11			
VII-A Statements Regarding Activities						
uring the tax year, did the foundation attempt to influence any national, state, or loca	al legislation or did it pa	rticipate or intervene i	ın		Yes	No
ny political campaign?				1a_		X
id it spend more than \$100 during the year (either directly or indirectly) for political	purposes? See the insti	ructions for the defini	tion	1b		X
the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any materials p	ublished or				
stributed by the foundation in connection with the activities.						
id the foundation file Form 1120-POL for this year?				1c	<u> </u>	X
nter the amount (if any) of tax on political expenditures (section 4955) imposed duri	ing the year:			ľ		
) On the foundation. > \$ 0. (2) On foundation mar	nagers. 🕨 💲	0.				
nter the reimbursement (if any) paid by the foundation during the year for political ex	xpenditure tax imposed	on foundation			Ì	}
anagers. ► \$0 .				1		İ
as the foundation engaged in any activities that have not previously been reported to	o the IRS?			2	ļ	X
"Yes," attach a detailed description of the activities.						
as the foundation made any changes, not previously reported to the IRS, in its gover		es of incorporation, or	r			
laws, or other similar instruments? If "Yes," attach a conformed copy of the change				3_	↓	X
id the foundation have unrelated business gross income of \$1,000 or more during t	he year?			_4a_		X
"Yes," has it filed a tax return on <b>Form 990-T</b> for this year?			N/.	A <u>4b</u>		<u> </u>
as there a liquidation, termination, dissolution, or substantial contraction during the	year?			5	ļ	X
"Yes," attach the statement required by General Instruction T						
	steed outhor					
re the requirements of section 508(e) (relating to sections 4941 through 4945) satis	sileu eitilei			1	1	1
By language in the governing instrument, or				ł		1
		conflict with the state	law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no marmain in the governing instrument?	ndatory directions that o		law	6	х	
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar	ndatory directions that o		law	6	X	
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no marmain in the governing instrument?	ndatory directions that o		law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? Id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," inter the states to which the foundation reports or with which it is registered. See inst	ndatory directions that o		law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? Id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," that the states to which the foundation reports or with which it is registered. See instance.  NV	ndatory directions that of the control of the contr	c), and Part XV	law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? Id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," inter the states to which the foundation reports or with which it is registered. See inst	ndatory directions that of the control of the contr	c), and Part XV	law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? Id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," that the states to which the foundation reports or with which it is registered. See instance.  NV	ndatory directions that of the control of the contr	c), and Part XV	law			
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? Indicate foundation have at least \$5,000 in assets at any time during the year? If "Yes," therefoundation the foundation reports or with which it is registered. See instance  NV  The answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	ndatory directions that of tructions.	c), and Part XV  or designate)		7	Х	
By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mar main in the governing instrument? id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," inter the states to which the foundation reports or with which it is registered. See inst  NV the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to feach state as required by General Instruction G? If "No," attach explanation	ndatory directions that of tructions.  tructions.  the Attorney General (of g of section 4942(j)(3) of the Attorney General (of the Attorney Gener	c), and Part XV  or designate)		7	Х	x

#### INTERNATIONAL INSTITUTE OF SOUL MIND

Form 990-PF (2017) BODY MEDICINE FOUNDATION
Part VII-A Statements Regarding Activities (continued) 20-4729155

	et vii-A, otatements negaranig Activities Communication					
			Yes	No		
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_	<b></b>	<u>X</u>		
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	- <u></u> -	<u>X</u>		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	_X_			
	Website address ► <u>HTTP://LOVEPEACEHARMONY.ORG</u>	4	0 0 0			
14	The books are in care of ► ALEXANDRE GHEYSEN  Telephone no. ► 702-83					
	Located at ► 170 S GREEN VALLEY PKWY STE 300, HENDERSON, NV ZIP+4 ►89	012				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. , , ▶			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	NI-		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes			
	securities, or other financial account in a foreign country?	16_	l	<u>X</u> _		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	ļ				
Da	foreign country ► Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					
-		Т	V	Na		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	140		
18	During the year, did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		ĺ			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No		1			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	)				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?					
	(4) Fay compensation to, or pay of remindise the expenses of, a disqualified person?  (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)?		ļ	1		
	(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.)					
h	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  N/A	1b				
	Organizations relying on a current notice regarding disaster assistance, check here	"				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected					
•	before the first day of the tax year beginning in 2017?	1c		Х		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation					
	defined in section 4942(j)(3) or 4942(j)(5)):					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning					
	before 2017?					
	If "Yes," list the years $\blacktriangleright$					
b	Are there any years listed in 2a for which the foundation is not 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.) N/A	2b				
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.					
	· · · · · · · · · · · · · · · · · · ·					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time					
	during the year?					
b	If "Yes," did it have excess business holdings in 2017 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 2017.)  N/A	3b				
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X		
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 2017?	4b		<u>X</u> _		

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5a During the year, did the foundation pay or incur any amount to:		<u> </u>			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	on 4945(e))?	Y	es X No			
(2) Influence the outcome of any specific public election (see section 4955):	· • • • • • • • • • • • • • • • • • • •	ectly,				
any voter registration drive?		Y	es X No			1
(3) Provide a grant to an individual for travel, study, or other similar purpositions	es?	Y	es 🗓 No		]	
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section				l	
4945(d)(4)(A)? See instructions		Y	es X No			1
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or	for				
the prevention of cruelty to children or animals?		Y	es X No		<u>'</u>	l
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	ın Regulations			ĺ	
section 53.4945 or in a current notice regarding disaster assistance? See ins	tructions		N/A	5b		L
Organizations relying on a current notice regarding disaster assistance, check	k here					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	uned			1	ĺ
expenditure responsibility for the grant?	ľ	√I/A 🔲 Y	es 🔲 No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on					
a personal benefit contract?		Y	es X No		<b>'</b>	İ
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b		_X_
If "Yes" to 6b, file Form 8870.					Γ.	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highl	<b>y</b>			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and	<del></del>	1	-			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plan and deferred compensation	s a	(e) Exp	ense other
(a) Name and address	to position	enter -0-)	compensation	"	allowa	nces
ZHI GANG SHA	_FOUNDER/TRUST	EE				
170 S GREEN VALLEY PKWY STE #300						
HENDERSON, NV 89012	1.00	0.	0	•		0.
QIAN XI LUO	TRUSTEE					
170 S GREEN VALLEY PKWY STE #300						
HENDERSON, NV 89012	1.00	0.	0	•		0.
	_					
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(4) 0			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan	_   '	(e) Exp ccount,	ense . other
	devoted to position	(c) compensation	and deferred compensation		allowai	
NONE						
	<u> </u>					
				1		
	_					
				<b>.</b>		
	_	1				
			<u> </u>			
Total number of other employees paid over \$50,000			<u> </u>			0
			For	m <b>99</b> 0	0-PF	(2017)

INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "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  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the oduced, etc.	Expenses
DONATION TO TARAYANA FOUNDATION		
		120,000.
2		
		-
3		
		-
		-
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of N/A	on lines Tanu Z.	Amount
		1
2		
		1
All other program-related investments. See instructions.		
3		4
		1
		_

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0.

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Total. Add lines 1 through 3

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F	alt X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations,	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	289,577.
	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	289,577.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	289,577.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 6	4	4,344.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	285,233.
6	Minimum investment return Enter 5% of line 5	6	14,262.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	ıd certain	
_	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	14,262.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,262.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,262.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,262.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	120,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	_3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	_4	120,000.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	120,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	unalifies for	r the contion

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

20-4729155

Page 9

Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d)</b> 2017
1 Distributable amount for 2017 from Part XI,		У С В С С С С С С С С С С С С С С С С С	20.10	
line 7				14,262.
2 Undistributed income, if any, as of the end of 2017			_	
a Enter amount for 2016 only			0.	
b Total for prior years.				
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016 20,009.				
f Total of lines 3a through e	20,009.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: $\triangleright$ \$ 120,000.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount	105 500			14,262.
e Remaining amount distributed out of corpus	105,738.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	125,747.			
<b>b</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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016 Subtract line			+	
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must be-distributed in 2018				•
7 Amounts treated as distributions out of				<u>0.</u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	125,747.			
O Analysis of line 9:	, , , , , , ,			· · · · · · · · · · · · · · · · · · ·
a Excess from 2013		1		
<b>b</b> Excess from 2014				
c Excess from 2015				
d Excess from 2016 20,009.				
e Excess from 2017 105,738.				

INTERNATIONAL INSTITUTE OF SOUL MIND Form 990-PF (2017) BODY MEDICINE FOUNDATION 20-4729155 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling **b** Check box to indicate whether the foundation is a private operating foundation described in section ,4942(j)(5) 4942(j)(3) or Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (b) 2016 (c) 2015 (a) 2017 (d) 2014 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) SEE STATEMENT b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest QIAN XI LUO Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here LXJ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

BODY MEDICINE FOUNDATION

20-4729155 Page 11

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year TARAYANA FOUNDATION NC PO BOX 2003 SUPPORT VILLAGERS' THIMPHU, BHUTAN ACCESS TO EDUCATION. HEALTHCARE, PROPER NUTRITION AND IMPROVED 120,000. ▶ 3a 120,000. b Approved for future payment NONE Total **▶** 3b

723611 01-03-18

## INTERNATIONAL INSTITUTE OF SOUL MIND

Form 990-PF (2017) Part XVI-A

BODY MEDICINE FOUNDATION

**Analysis of Income-Producing Activities** 

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Enter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
b					
C	- }		1		
d	- }				
e	·		-		
f		<del></del>			
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments	<del>                                     </del>		-		
3 Interest on savings and temporary cash					
investments			-		<u> </u>
4 Dividends and interest from securities	<del></del>				<del></del>
5 Net rental income or (loss) from real estate:	<del></del>	· · · · · · · · · · · · · · · · · · ·	╂		
a Debt-financed property	<del>                                     </del>		1		
b Not debt-financed property			+ +	<del></del>	
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income	<u> </u>	·	+		
8 Gain or (loss) from sales of assets other					
than inventory	<del>                                     </del>		+		
9 Net income or (loss) from special events	<del>                                     </del>	<del></del>	11		
Officer of Gloss) from sales of inventory			<del>  </del>		
1 Other revenue:					
a	1 1	<del></del>			
b			1 - 1	· · · · · · · · · · · · · · · · · · ·	
c	l l		+ -		
d	· <del>                                    </del>	<del></del>	+ +	<del></del>	
2 Subtotal. Add columns (b), (d), and (e)	·	0.	+ +	0.	0.
3 Total Add line 12, columns (b), (d), and (e)	LL		1		0.
See worksheet in line 13 instructions to verify calculations.)				18	
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	xempt	t Purposes	
Line No Explain below how each activity for which inco	ome is reported in	column (e) of Part XVI-A	\ contrib	uted importantly to the accor	nplishment of
the foundation's exempt purposes (other than					<u></u>

## INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

20-4729155 Page 13

01111 98			MEDICINE					127133		iye is
Part	XVII			isfers to a	and Transactions	and Relations	ships With None	charitable	)	
		Exempt Organ						<del></del>	<u> </u>	<del></del> -
		ganization directly or indi	·				tion 501(c)		Yes	No
•		n section 501(c)(3) orgai				s?				,
		from the reporting found	ation to a noncharita	ible exempt or	ganization of:			<u> </u>		
•	) Cash							1a(1)		<u> X</u>
(2	) Other	assets						1a(2)	$ldsymbol{\sqcup}$	X
		sactions:								
•	•	of assets to a noncharita						1b(1)	L	X
(2	) Purch	nases of assets from a no	ncharitable exempt	organization				1b(2)		X
•		il of facilities, equipment,						1b(3)		X
(4	) Reim	bursement arrangements						1b(4)		Х
•	•	s or loan guarantees						1b(5)		X
(6)	) Perfo	rmance of services or me	mbership or fundra	ising solicitatio	ons			1b(6)	L	X
	_	f facilities, equipment, ma	•		• •			1c	L	X
		ver to any of the above is							ets,	
		s given by the reporting f				alue in any transactio	n or sharing arrangem	ent, show in		
		I) the value of the goods,								
( <b>a)</b> Line r	10	(b) Amount involved	(c) Name o		e exempt organization	(d) Description	on of transfers, transactions	3, and sharing arr	angeme	nts
				N/A						
	1									
2a Is 1	he four	dation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt orga	inizations described				
		501(c) (other than sectio	•					Yes	X	] No
		mplete the following sch							_	_
		(a) Name of org			(b) Type of organization	n T	(c) Description of rela	tionship		
		N/A					<del></del>			
	-					<del> </del>	<del></del>			
			<del> · · · - · · - · · · · · · · · · · </del>			<b>-</b>				
							<del></del>			
			<del></del>			<u> </u>	<del></del>			
	Under	penalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules a	nd statements, and to th	e best of my knowledge	May the IRS o	1001169	ihis
Sign	and be	lief, it is true, correct, and con	police oclaration of pr	eparer (other tha	n taxpayer) is based on all info	ormation of which prepar	er has any knowledge	return with the shown below?	e prepar	er .
Here		10900				CFO		X Yes		No
	Sign	ature of Officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if P	PTIN		
		DAIN E. EL	LSWORTH.	1	Sou.		self- employed			
Paid		CPA		\$h	Jun	04/17/18	1	P00213	663	
Prepa	arer	Firm's name ► ELL	SWORTH &	STOUT	, CPAS		Firm's EIN ▶ 26			
Use (	Only							- <del>-</del>		
Firm's address ▶ 7881 W. CHARLESTON BLVD, SUITE 155										

LAS VEGAS, NV 89117

Phone no. (702) 871-2727

# INTERNATIONAL INSTITUTE OF SOUL MIND 20-4729155 BODY MEDICINE FOUNDATION Part XV Supplementary Information 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution NAME OF RECIPIENT - TARAYANA FOUNDATION SUPPORT VILLAGERS' ACCESS TO EDUCATION, HEALTHCARE, PROPER NUTRITION AND IMPROVED HOUSING.

723655 04-01-17

## 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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

ame of the organizat	tion					
	INTER	RNATIONAL	INSTITUTE	OF	SOUL	MIND
	BODY	MEDICINE	FOUNDATION	J		

Employer identification number

20-4729155

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation				
	501(c)(3) taxable private foundation					
· -	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Rule See instructions				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contri- one contributor. Complete Parts I and II. See instructions for determinin					
Special Rules						
sections 509(a)(1) a any one contributor	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2 line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" on certify that it doesn't meet th	at isn't covered by the General Rule and/or the Special Rules doesn't file Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	0-EZ or on its Form 990-PF, Part I, line 2, to				

Name of organization
INTERNATIONAL INSTITUTE OF SOUL MIND
BODY MEDICINE FOUNDATION

Employer identification number

20-4729155

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

	Contributors (see manuallons) and depinded copies on all in additions		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DOROTHY SECREST TRUST U/D/T DATED FEB. 22, 2005	200 000	Person X Payroll
	PO BOX 929  OCCIDENTAL , CA 95465	\$800,000.	(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MDSUN SKIN CARE		Person X
	623 W DUARTE ROAD STE B	\$ 7,799.	Payroll Noncash
	ARCADIA, CA 91007		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrilloution
3	HEART TO HEART REAL ESTATE INC		Person X
	1226 PARK STREET	\$ 6,025.	Payroll Noncash
	PASO ROBLES, CA 93446		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrilbution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

20-4729155

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei∨ed
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei∨ed
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei <b>√</b> ed
		\$	
(a) No. com art I	(b)  Description-of-noncash-property-given	(c) FMV (or estimate) (See instructions.)	(d) ——Date recei√ed
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date recei <b>√</b> ed

Schedule B	' B (Form 990, 990-EZ, or 990-PF) (2017)		Pag
Name of org	anization NATIONAL INSTITUTE OF SO	OUL MIND	Employer identification number
BODY M Part III	the year from any one contributor Complete co completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follov , charitable, etc , contributions of \$1,000 or	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for bwing line entry. For organizations or less for the year (Enter this info once)
(a) No. from Part I	Use duplicate copies of Part III if additional space is needed  (b) Purpose of gift  (c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	ft
_	Transferee's name, address, and	Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	ft
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

	LEGAL FEES		STATEMENT 1	
(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES	
4,223.	0.	0.	0.	
4,223.	0.	0.	0.	
ACCOUNTI	ACCOUNTING FEES		STATEMENT 2	
(A) EXPENSES PER BOOKS	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES	
1,250.	0.	0.	0.	
1,250.	0.	0.	0.	
OTHER E	XPENSES	ST	'ATEMENT 3	
(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES	
30. 3,180. 1,578. 800.	0. 0.	0. 0. 0.	0. 0. 0.	
5,588.	0.	0.	0.	
	ACCOUNTI  (A) EXPENSES PER BOOKS  1,250.  OTHER E  (A) EXPENSES PER BOOKS  1,250.  30. 3,180. 1,578. 800.	EXPENSES NET INVEST- PER BOOKS MENT INCOME  4,223. 0.  4,223. 0.  ACCOUNTING FEES  (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME  1,250. 0.  OTHER EXPENSES  (A) (B) EXPENSES NET INVEST- PER BOOKS NET INVEST- PER BOOKS MENT INCOME  30. 0. 3,180. 0. 1,578. 0. 800. 0.	EXPENSES NET INVEST- PER BOOKS MENT INCOME  4,223. 0. 0.  4,223. 0. 0.  ACCOUNTING FEES  (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME  1,250. 0. 0.  OTHER EXPENSES PER BOOKS NET INVEST- PER BOOKS MENT INCOME  30. 0. 0.  3,180. 0. 0. 3,180. 0. 0. 1,578. 0. 0. 800. 0. 0.	

FOOTNOTES-

PAGE 2, PART III, LINE 5: PRIOR YEAR AJUSTMENT IN THE AMOUNT OF \$58,046.73 IS BEING MADE DUE TO DUPLICATE FUNDS BEING REPORTED IN CHECKING ACCOUNT TOTAL ON THE 2016 TAX RETURN. STATEMENT-

FORM 990-PF LIST OF SUB	STATEMENT		
NAME OF CONTRIBUTOR	ADDRESS		
THE DOROTHY SECREST TRUST U/D/T DATED FEB. 22, 2005	PO BOX 929		
DATED FEB. 22, 2005	OCCIDENTAL , CA 95466		
MDSUN SKIN CARE	623 W DUARTE ROAD, STE B ARCADIA, CA 91007		
HEART TO HEART FOUNDATION	1226 PARK STREET		

PASO ROBLES, CA 93446

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT PART X, LINE 4

ALL CASH HELD BY THE ORGANIZATION IS INTENDED TO BE USED FOR THE ORGANIZATION'S CHARITABLE PURPOSE.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT

7

NAME OF MANAGER

ZHI GANG SHA QIAN XI LUO

GENERAL EXPLANATION

STATEMENT

8

THE FOUNDATION IS IN A 60-MONTH TERMINATION UNDER SECTION 507(B)(1)(B) AND DOES NOT QUALIFY FOR ELECTRONIC FILING.