

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

Department of the Treasury Internal Revenue Service

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Ā	For the	2017 calendar year, or tax year beginning , 2017, and	d ending			, 20		
_			dending		D Employe			
В	Check if a				D Employer identification number			
\exists	Address o					27-1523964		
	Name cha	, ,	Room/suite		E Telephor			
\Box	Initial retu					2066608450		
	Final return	/terminated City or town, state or province, country, and ZIP or foreign postal code						
	Amended	return Bellevue, WA 98009			G Gross re	ceipts \$ 1,723,373		
	Applicatio	n pending F Name and address of principal officer Aparna Hegde, CEO Armman U	SA	H(a) is this a gr	oup return for s	subordinates? 🗌 Yes 📝 No		
		Mumbai, India				sincluded? Yes No		
ī	Tax-exem	pt status	527)	If "No	o," attach a	list. (see instructions)		
J	Website:			H(c) Group	exemption	number ▶		
ĸ			of formation	2009		of legal domicile: CA		
P	art I	Summary						
		Bnefly describe the organization's mission or most significant activities:	ARMMAN	USA aim	s to supp	ort ARMMAN India		
ø	1	directed towards reducing maternal, child, and neonatal mortality in India by						
Activities & Governance	-	internships for professionals in India, forming volunteer groups, and also rais						
Ĕ	1 -	Check this box ▶☐ if the organization discontinued its operations or disp						
OVe	1	· · · · · · · · · · · · · · · · · · ·			1 - 1			
Ğ	1				3	12		
φ,	1	Number of independent voting members of the governing body (Part VI, li	•		4	12		
ŧ	1	Total number of individuals employed in calendar year 2017 (Part V, line 2	2a)		5	0		
훘	1	Total number of volunteers (estimate if necessary)			6	18_		
ď	7a -	Fotal unrelated business revenue from Part VIII, column (C), line 12			7a			
	b I	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	· · ·	7b	0		
				Prior Ye	ar	Current Year		
•	8 (Contributions and grants (Part VIII, line 1h)		1	,695,655	1,723,373		
Ĕ	9	Program service revenue (Part VIII, line 2g)						
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	[
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .						
	1	Fotal revenue-add lines 8 through 11 (must equal Part VIII, column (A), line		1	695,655	1,723,373		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			,698,047	1,722,734		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		, ,				
(A	4	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-	-10)					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	`" ├─					
듗	le control	- · · · · · · · · · · · · · · · · · · ·	`					
X	47 /	Fotal fundraising expenses (Part IX, column (D), line 25) ►						
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 111-24A) CEIVEL) · H		500.047	4 700 704		
		Total expenses. Add lines 13–17 (must equal Part IX, column (4), tihe 25)	— <u></u>	<u> </u>	,698,047	1,722,734		
		Revenue less expenses. Subtract line 18 from line 12			-2,392	639		
200		Fotal assets (Part X, line 16)		nning of Cu		End of Year		
Sea	20		SE		2,765	3,404		
¥₽	20 21 22	Total liabilities (Part X, line 26)						
22	22	Net assets or fund balances. Subtract line 21 from line 40GDEN, U	11.		2,765	3,404		
P	art II	Signature Block						
		ies of perjury, I declare that I have examined this return, including accompanying schedules a				ny knowledge and belief, it is		
tru	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer na	s any knowi	eage.			
	ŀ					···		
Sig		Signature of officer H. Sand		Dat	le 11/13	72018		
He	re	HARESH SANGANI CFO 2066	,	·				
		Type or print name and title						
Pa	id	Print/Type preparer's name Preparer's signature	Date		Check	PTIN		
_	eparer	.]			self-emp			
				Firm	's EIN ▶			
US	e Only	Firm's address ▶			ne no			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)				· · Yes No		
	. Dan		044	400014		50 990 (2017)		

OSS

Form 990	0 (2017) Page 2
Pårt I	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
1	ARMMAN USA aims to support the activities of ARMMAN India directed towards reducing maternal, neonatal, and child mortality in
	India.
	more.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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 \$ 1,722,734 including grants of \$ 1,722,734) (Revenue \$) MAMA India - mMitra Urban India Poor Program
	mMitra provides healthcare to poor expecting mothers in rural and urban India and to their young children
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,722,734

Form 990 (2017)

ABPO

 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Pes," complete Schedule C, Part I . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III . 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 . 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 I 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 I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization report an amount in Part X, ine 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 I Did the organization is not sixt of part X, ine related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part X V, II, III, X, or X as applicable. Did the organization's answer to any of the following questions is "Yes," complete Schedule	1.	-	
 complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 II. Section 501(c)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), 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. Did the organization maintain any donor advised funds or any similar funds or accounts? If ves," complete Schedule D, Part III. 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 III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. Did the organization, directly or through a related organization via debt management, credit repair, or debt negotiation's anyer to any of the following questions is "Yes," then complete Schedule D, Part VI. If the organization's anyer to any of the following questions is "Yes," complete Schedule D, Part VI. 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 Par		Yes	No
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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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 a Did the organization maintain an office, employees, or agents outside of the United States? 15 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. 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. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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.	11f		1
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 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 16 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 17 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 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 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 19 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 19 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	12a		1
 14 a Did the organization maintain an office, employees, or agents outside of the United States? 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. 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. 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. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 	12b		1
 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	13		1
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	14a		1
 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	14b		1
 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. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 		√	Ť
 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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 	16	<u></u>	1
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	17		1
	18		1
	19		1

Part l	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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	21		✓
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			
		22		✓
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	23		1
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	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		▼
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
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	25a		√
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	25b		1
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			1
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	26		•
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			Hay in
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		✓
С	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	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		√
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	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	35b		1
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	36		1
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	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	/	

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	٠.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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		
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, secunties account, or other financial			
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> </u>
	qifts were not tax deductible?	6ь		i
-	Organizations that may receive deductible contributions under section 170(c).	OD		-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7-		
_		7a 7b		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
		7c		<u> </u>
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			ŀ
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			ļ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			Ì
	the organization is licensed to issue qualified health plans 13b			•
C	Enter the amount of reserves on hand			l
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yos " has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schedule O	14h		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			∪15.
Secti	on 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 12			
	If there are material differences in voting rights among members of the governing body, or		. 1	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . [1b] 12 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		\
6	Did the organization have members or stockholders?	6		1
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7.		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<u> </u>
•	the year by the following:			
а	The governing body?	8a		1
Ь	Each committee with authority to act on behalf of the governing body?	8b		1
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	إحبيا	✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the annuitation have level chandens bronches as offlicted?	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		*
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ъ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	1
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	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ا ۔ ا		
	describe in Schedule O how this was done	12c		ļ.,_
13	Did the organization have a written whistleblower policy?	13		✓
14 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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	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?	16a		1
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
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 int	erest	policy	, and
20	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 re Haresh Sangani, 14008 SE 47th Street, Bellevue, WA 98006 (206)660-8450	coras		
	marcon dangam, 17000 de 71m duces, benevae, 177 duces (200)000-0700			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Aparna G. Hegde CEO		1		√				0	0	0
(2) Haresh Sangani CFO				1				0	0	0
(3)	†			Ť					<u> </u>	
(4)										
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(12)	1									
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continu	ued)	
	(A) Name and title	(B) Average hours per week (list any	box, office	intes ranc	Pos eck s pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	n from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	compens from ti organiza and rela organiza	ation he ation ated
(15)													
(16)													
(17)													
(18)												· · · · · · · · · · · · · · · · · · ·	
(19)										<u>.</u>			_
(20)													
(21)								-					
(22)													
(24)								-					· · ·
(25)													
1b c d	Sub-total		n A				•	► ► ►					
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	no received m	ore than \$1	00,000) of	,
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc										-	es No
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividua 		1
	on B. Independent Contractors												
1	Complete this table for your five highest of compensation from the organization. Repyear.											ganization'	s tax
	(A) Name and business address								(B) Description of s	ervices		(C) Compensation	on
								-					·
					_							-	
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who			

Part	VIII	Statement of Revenue		anu lina in Ahia	Dord VIII		
		Check if Schedule O contains a response	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के क	1a	Federated campaigns 1a					
E 2	ь	Membership dues 1b		1			
مَ قَ	c	Fundraising events 1c					
if s	d	Related organizations 1d					
o ≅	e	Government grants (contributions) 1e		İ		1	
동등	f	All other contributions, gifts, grants,		1			
	1	and similar amounts not included above	1,723,373	İ			
를	_	Noncash contributions included in lines 1a-1f: \$	1,723,373]			
Contributions, Gifts, Grants and Other Similar Amounts	9			1 700 070			
	h	Total. Add lines 1a-If	Business Code	1,723,373			
, E		-	Business Code				
ewe.	2a						
E	Ь						<u> </u>
ξ	С					ļ	
ያ	d					ļ	
Ę	е						
Program Service Revenue	f	All other program service revenue .				<u> </u>	L
	9	Total. Add lines 2a–2f				,	
	3	Investment income (including divider		.			
	_	and other similar amounts)			 	ļ. <u></u>	
	4	Income from investment of tax-exempt bon					
	5	Royalties					
		(i) Real	(ii) Personal		•	ļ	
	6a	Gross rents .		ĺ			
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	·				
	Ь	Less: cost or other basis		}			
		and sales expenses .				}	
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
•							
evenue	8a	Gross income from fundraising					
Ş		events (not including \$		1			
æ		of contributions reported on line 1c).		1			
ē		See Part IV, line 18 a					
Other	b	Less: direct expenses b					
•	C	Net income or (loss) from fundraising ev	vents . ▶				
		Gross income from gaming activities.					
		See Part IV, line 19 a		1			
	ь	Less: direct expenses b		1			
		Net income or (loss) from gaming activi	ties ▶		· 		
		Gross sales of inventory, less	*****			······	
		returns and allowances a					
,	ь	Less: cost of goods sold b				Ì	
		Net income or (loss) from sales of inven	itory ▶		· ··· i		
			Business Code				
	11a	· ·			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	ь				·		
,	c						
	ď	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue See instructions		1 723 373		 	

	ray
Part IX Statement of Functional Expenses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
<u> </u>	Check if Schedule O contains a respon	se or note to any lin	ie in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,722,734	1,722,734		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes		1	<u> </u>	
11	Fees for services (non-employees):	ĺ			
а	Management				
b	Legal				
C	Accounting				ļ
d	Lobbying			 	
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		······	- "	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization .				
23	Insurance				ļ
24	Other expenses. Itemize expenses not covered		Ì		
	above (List miscellaneous expenses in line 24e. If	į			İ
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		į		
_		· · · · · · · · · · · · · · · · · · ·			<u> </u>
a b					
C					
d					
e	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24e	1,722,734	1,722,734	 	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		· · · · · ·		
	following SOP 98-2 (ASC 958-720)				l

Form **990** (2017)

Fom	n 990 (20	017)			Page 1
Р	art X	Balance Sheet			
	-	Check if Schedule O contains a response or note to any line in this Pa	rt X		[
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,765	1	3,404
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	- 	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	,
	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		•	
2		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	IVa	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	-
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,765	16	1 3,404
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities	-	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	Ĭ
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
98		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	1
ä	28	Temporarily restricted net assets		28	
D E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
Ö	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.	- 	32	
5	33	Total net assets or fund balances	V	33	
Z	-	Total first about of furia buildings			A UNI

Total liabilities and net assets/fund balances .

Form 9	90 (2017)			Pa	ige 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI	· _ ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	<u></u> :	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	(plain i	n		,
	Schedule O.		ļ		اب.
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 com	piled o	r j		1
	reviewed on a separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis		- <u></u> -		لبِـ
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a		
	separate basis, consolidated basis, or both:		}	-	
	Separate basis Consolidated basis Both consolidated and separate basis	!	.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the committee of th	_			
	•			-	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kpiain i	n		
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth:	<u>,</u>		
3a	the Single Audit Act and OMB Circular A-133?	iorui	- 1		
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	· ·	3a	 	<u> </u>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	Toquilot addit of addito, explain why in ochedule o and describe any steps taken to undergo sound	addiw.		- 000	(2017)
			ron	11 フプリ	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

0MB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

ARMMAN.IISA 27 1523964 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/28% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization 60 FIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	285,790	1,263	501,215	1,695,655	1,723,373	4,207,296
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	285,790	1,263	501,215	1,695,655	1,723,373	4,207,296
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)						
6	Public support. Subtract line 5 from line 4						<u> </u>
	on B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	285,790	1,263	501,215	1,695,655	1,723,373	4,207,296
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.)						
11	Total support. Add lines 7 through 10						4,207,296
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	•			-		
	organization, check this box and stop her			<u> </u>	<u> </u>		· · > 🗆
	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2017 (line 6		-			14	100 %
15	Public support percentage from 2016 Sch 331/s% support test—2017. If the organiz				 d ina 14 ia 22	15	100 %
16a	box and stop here . The organization qual				10 1110 14 15 33	orașa or more,	> 🗸
h	3312% support test—2016. If the organization	-		-		ie 331m% or m	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "I	017. If the orga	inization did nand-circumsta	ot check a box ances" test, ch	k on line 13, 10 leck this box a	6a, or 16b, and and stop here .	d line 14 is Explain in
	organization						▶ 🗆
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the	e "facts-and-o s-and-circums	circumstances" stances" test.	' test, check t The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						▶ 🗀

	18 A (FOITT 930 OF 930-EZ) 2017						Page 3
Part							
	(Complete only if you checked the						ınder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	r					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees]		
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						/
2	sold or services performed, or facilities					,	1
	furnished in any activity that is related to the		1		i		.
_	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
_		ļ		ļ			
4	Tax revenues levied for the				_		1
	organization's benefit and either paid to or expended on its behalf	ŀ				:	}
-	•						
5	The value of services or facilities furnished by a governmental unit to the	1					1
	organization without charge	1					
6	Total. Add lines 1 through 5			/		· · · · · · · · · · · · · · · · · · ·	
	Amounts included on lines 1, 2, and 3		-	/			
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3			1			
	received from other than disqualified]	/	/	1		Ĭ
	persons that exceed the greater of \$5,000	i		1		!	
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 20,13	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.		<u> </u>	<u> </u>	ļ	<u> </u>	
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b/						
11	Net income from unrelated business	,					Ì
	activities not included in line 10b, whether		İ				
	or not the business is regularly carried on		-				
12	Other income. Do not include gain or	,	1		1		
	loss from the sale of capital assets (Explain in Part VI.)				ļ		
13	Total support. (Add lines 9, 10c, 11,		 				
13	and 12.)				ł		ł
14	First five years. If the Form 990 is for the	ne organizatio	n's first secon	l d third fourth	or fifth tax w	ar as a sect	Inn 501(c)(3)
17	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppo						<u> </u>
15	Public support percentage for 2017 (line			3. column (f))		15	%
16	Public support percentage from 2016 Sci					16	/ 6
	on D. Computation of Investment In			<u> </u>	<u> </u>		
17	Investment income percentage for 2017 (y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2010					18	
19a	331/3% support tests - 2017. If the organ						
	17/is not more than 331/8%, check this box						
b	331/3% support tests - 2016. If the organiz						
_	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization d		_	· ·	· · · · · ·	-	=
$\overline{}$							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on 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.	1		
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).	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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	46		
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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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).	6		
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).	8		
9a		9a		
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 .	9b		
С	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.	9c		
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.	10a		
-	Did the examination have any example hydrogen holdings in the tay year? (Lee Schedule C. Form 4720 to	1		1

determine whether the organization had excess business holdings.)

10b

Schedule	A /Eam	000 00	വവ	\Box	2017

Page 5

Part	Supporting Organizations (continued)		T	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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	1	
	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations		150	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	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		1	<u></u>	<u> </u>
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			ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		l	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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?	1	 	_
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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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		ļ	
	supported organizations played in this regard.	3	<u> </u>	
Secti	on 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	instru	ction	s).
а	☐ 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 in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	1		
	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	1		ŀ
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			\vdash
	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	<u></u>	<u> </u>	<u> </u>
_	activities but for the organization's involvement.	2b	ļ	ļ
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		İ	
а	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? <i>Provide details in Part VI</i> .		<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	5		 -
-	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 Org	ani	izations	rage
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov. 20, 1970 (exp	
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	, 0	(A) Prior Year	(B) Current Year (optional)
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-functional instructions).	ly in	tegrated Type III support	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish								
2	Amounts paid to perform activity that directly furthers exe								
	organizations, in excess of income from activity								
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
<u> 4</u>	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)		<u> </u>						
	Other distributions (describe in Part VI). See instructions.								
	Total annual distributions. Add lines 1 through 6.	h tha annualmetica is ass		M T					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive						
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount			·					
	Emo o amount arriada sy into o arroant	m	(ii)	(ili)					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017					
	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017								
	(reasonable cause required—explain in Part VI). See								
	instructions.		-10-11-11-11-11-11-11-11-11-11-11-11-11-						
	Excess distributions carryover, if any, to 2017								
<u>а</u> b	From 2013								
	From 2014								
_ d	From 2015								
е	From 2016								
_ f	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2017 distributable amount								
<u> </u>									
5	Remaining underdistributions for years prior to 2017, if								
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2018. Add lines 3								
•	and 4c.								
8	Breakdown of line 7:								
a	Excess from 2013								
b	Excess from 2014								
С	Excess from 2015								
	Excess from 2016								
_	Evenes from 2017	1		l					

	orm 990 or 990-EZ) 2017 Page 8
Part VI	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 2 and 3; 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name	of the organization					Employer ide	entification number
ARM	MAN-USA						1523964
Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	lete if the organ	ization ansv	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as	sistance, and the selection			□Yes □No
2	For grantmakers. Describe assistance outside the Unite Activities per Region. (The fo	ed States.	_			-	s and other
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity liste a program se describe specifi service(s) in the	ed in (d) is ervice, c type of	(f) Total expenditures for and investments in the region
(1)							
(2)							
(3)							
(4)					-		
(5)							
(6)							
<u>(7)</u>							
(8)							
(9)							
(10)	 						<u> </u>
(11)		,					
(13)							
(14)							
(15)							· · · · · · · · · · · · · · · · · · ·
(16)					-		
(17)			!				
3a	Sub-total						

sheets to Part I c Totals (add lines 3a and 3b)

Page 2

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. Schedule F (Form 990) 2017
Part II Grants al

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2017

Schedule F (Form 890) 2017

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 Grants and Other Assistance to Individuals one is needed

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(6)							
(4)		y 12,120					
(5)							
(9)							
(1)	:						
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(10)							
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(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2017

Schedule F	Form 99	0) 2017

Page 4

Part	V 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; don't 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; don't file with Form 990)	Yes	☑ No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

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. See instructions.
	•

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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AHMMAN-USA	2/ 1523964
Part VI Line 11 - This form is prepared by Haresh Sangani, CFO ARMMAN-USA. It is provided to all me	mbers of the governing body (12),
including Aparna Hegde, CEO of ARMMAN-USA.	
Part VI Line 19 - The financial and tax related documents are available for review on request from www	r.armman.org
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	'

Name of the organization	Employer identification number
ARMMAN-USA	27 1523964
Animairosa	21 1323304

