Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Dep	artment of the	he Treasury		s.gov/Form990 for instruc		=	•		Inspection
A			ndar year, or tax year beginn			nd ending		-	, 20
<u></u>	Check if a		C Name of organization					Employe	er identification number
Ŭ.	Address c		Doing business as	JEHRI TOUNDALIO	14 m	F4-7/10	270		0944511
H	Name cha	· ·	Number and street (or P O box	f mail is not delivered to street	address)	Room/suite	, E		ne number
H	Initial retu	Ť	25 COLBY ST.	`	,				-279-3158
Ħ		/terminated	City or town, state or province, of	country, and ZIP or foreign post	al code	L			
Ħ	Amended	j.		641-2705			l a	Gross re	ceints \$
$\overline{\Box}$			F Name and address of principal o		<u> </u>				subordinates? Yes No
_		,	56 ROCKYIEWST. AP	C2. TAMAICA PLA	IN'MA	2130			s included? Yes No
ī	Tax-exem		501(c)(3) 501	, i		☐ 527 V			list (see instructions)
J	Website:	- N/A			ß		H(c) Group e	xemption	number ►
ĸ	Form of or	ganization	Corporation Trust Ass	ociation ☐ Other ►	L Yea	ar of formation	n 2005	M State	of legal domicile
Р	art l	Summ							
	1 1	Briefly de	scribe the organization's m	ission or most significan	t activities:	Tos	SPART	MID	NERY
õ	9	CUN	ICS IN UNDERS	ERVED AREA	S	1	1		
nau	.			<i>,</i> , , , , , , , , , , , , , , , , , ,					
Governance	1		is box ▶□ if the organization			sposed of	more than 2	25% of	its net assets.
ဗ္ဗ	1		of voting members of the go		•			3	5
త			of independent voting mem					4	5
ij	L		nber of individuals employe	-	(Part V, line	2a) .		5	0
Activities &	6	Total nun	nber of volunteers (estimate	e if necessary)				6	٥
ĕ	7a 1	Total unre	elated business revenue fro	om Part VIII, column (C), i	ine 12 .			7a	D .
	b	Net unrel	ated business taxable inco	me from Form 990-T, line	e 34		<u> </u>	7b	<u> </u>
		Prior							Current Year
ē			tions and grants (Part VIII, II	l		a · ·	<u> 253,23</u>	8.	254,255·
Revenue		Program service revenue (Part VIII, line 2g) RECEIVED						<u>o</u> .	<u> </u>
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9						8.	1,185.
_			renue (Part VIII, column (A),			· · _		٥.	<u>, O.</u>
			enue—add lines 8 through 1				254,17		255,440.
			nd similar amounts paid (Pa			· ·	316,20	_	217,293.
			paid to or for members (Par			l· -	<u> </u>		0.
es	15 3		other compensation, employ	•	nr(A);"lines"	5–10)	6,000.		6,000.
ē	16a		onal fundraising fees (Part I)	• • • •			O		<u></u>
Expenses	b		draising expenses (Part IX,				· / 63		12.60
	17 '		penses (Part IX, column (A),	-		<u> </u>	16,683	•	(3,906.
	1		enses. Add lines 13–17 (mi		i (A), iine 25	" · ⊢	338,88	7	43+177.
		nevenue	less expenses. Subtract lin	le to iront line tz		· ·	eginning of Curr	rent Year	End of Year
tso	20	Total acc	ets (Part X, line 16)			<u> </u>	OFF 1	2	273.9 ₀ 3.
Asse	21		ilities (Part X, line 26)			· · · -	200,6E	26.	<u> </u>
Net Assets or	22		ts or fund balances. Subtra	ct line 21 from line 20		· · -	255 1.1-	3.	272903
	art II		ture Block	Ct line 21 nom line 20			235,00	٠	243, 103.
_			ry, I declare that I have examined t	his return, including accompan	vina schedules	s and statem	ents and to the	hest of n	ny knowledge, and belief, it is
			ete Declaration of preparer (other						my knowledge and belief, it is
						13	191	2018	
Sign Here		8ign:	ature of officer		 · · ·		Date		
			Gang 1, 26	For Par	sider	. ♪			
		Type	or print name and title	, , Ca, , , v c			·- ··· · · · · · · · · · · · · · · · ·		
_	l	Print/Ty	pe preparer's name	Preparer's signature		Dat	e	Ch-si-	PTIN
	aid	.						Check L	
	eparer		ame 🕨				Firm's	s EIN ▶	
US	se Only	/	ddress ►				Phon		
Ma	y the IR		s this return with the prepar	er shown above? (see in	structions)				. Yes No
_			ction Act Notice, see the sep			Cat No	11282Y		Form 990 (2017)

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Part	
1	Check if Schedule O contains a response or note to any line in this Part III
٠ -	TO SUPPORT MIDWIFERY CHNICS IN UNDERSERVED AREAS
•	TO SOLLOW THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
-	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$206931 including grants of \$) (Revenue \$)
	OPERATING FUNDS FOR BALL CLINIC. PROVEL FROM US TO INDONES IA AND HOUSING
	WHILE THERE FOR STRATEGIC PLANNING, CAPACITY BUILDING AND PROGRAM IMPLEMENTATION WITH CLINIC AND ADMINIS PRATIVE TEAM AND BUHI SCHATS CAPITAL FUNDING FOR A NEW CLINIC BEING BUILT IN VILLAGE, 257,000
	IMPLEMENTATION WITH CLINIC AND ADMINIS PATTYE TEAM AND BUHI SCHATS
	CAPITAL FUNDING FOR A NEW CLINIC BEING RULT IN VILLAGE, 257,000
	ATTENDED IN 2017 WITH 474 RABIES BORN.
4b ,	(Code:) (Expenses \$ (2,000, including grants of \$ \2,000,) (Revenue \$)
-	TOLLOWING THE DEVASTATION CAUSED BY SUPER TYPHOON HAIYAN IN NOV. 2013,
	BUMI SEHAT FOUNDATION INTERNATIONAL ESTABLISHED A PERMANENT
	CHILDRICH CLINIC IN DUAG, LEYTE ISLAND, AT THE EPICENTER OF THE
	DEVASTATION. OTHER HUMAN SERVICES INCLUDE GENERAL MEDICINE FOR
	THE SICK INTURED AND HOMELESS OUR TEAM HAS DISTRIBUTED DISASTER
	SURVIVAL SUPPLIES TO FAMILIES AND GIVEN THEM 149,000 MEALS.
4c	(Code:) (Expenses \$ 2,204. including grants of \$) (Revenue \$) YOUTH CENTER HOUSING IS AN EXPENSE TO HOUSE INTERNATIONAL VOLUMERS (WHO COME TO SEEVE AT BUMI SEHAT, TO BUILD CAPACITY AND TO TEACH COMPUTER SKILLS AND ENGLISH AS A SECOND LANGUAGE.
	YOUTH CENER HOUSING IS AN EXPENSE TO HOUSE IN ERNATIONAL VOLUNTEERS
	INHO COME TO SEEVE AT BUMI CEHAT, TO BUILD CAPACITY AND TO TEACH
	COMPUERSKIUS AND ENGLISH AS A SECOND LANGUAGE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,150. including grants of \$ 1,150.) (Revenue \$
4e	Total program service expenses ▶ 222,285.



Part I	V Checklist of Required Schedules			_
	504/ VO		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	_	>	
2`	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\wedge	X
. 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	14b	X	
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	15	X	
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.	16		X
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)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
		For	m 990	(2017)

Part	0 (2017) V Checklist of Required Schedules (continued)			Page 4
· ui t	Oneckist of Nequired Senedales (Sentinaes)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	V
	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		X
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		X
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		X
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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		X
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	}	X
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	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		X
32	Part I	31	<u> </u>	X
	complete Schedule N, Part II	32	X	_
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		X
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	X	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		X
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,			

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.

Part	V 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>	
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
1a L	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	V	
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			
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 <i>e-file</i> (see instructions)			2
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAŘ).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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	_		
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	en l		ł
7	gifts were not tax deductible?	6b		200
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		IX
d	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.		ļ .	
a	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 Initiation fees and capital contributions included on Part VIII, line 12		1	
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders		16	
b	Gross income from other sources (Do not net amounts due or paid to other sources			2
_	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		X
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.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		V

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year? .

the organization is licensed to issue qualified health plans . . .

c Enter the amount of reserves on hand

14a

14b

13b

13c

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	Gee insti	ructio	ons.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	<u>·</u>	
Secu	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		メ
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		爻
6 7a	Did the organization have members or stockholders?	6 7a		X X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	The second		
a	The governing body?	8a	X	
ь 9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b 3	X	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Į	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		ľ	•
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	100 P. Wall
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	$\Rightarrow +$	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	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?			
a b	The organization's CEO, Executive Director, or top management official	15a	$X \mid$	
U	Other officers or key employees of the organization	15b ′		
16a				
	with a taxable entity during the year?	16a		X,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	165		
Secti	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed VERMONT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re		>	
5	BRY WHITED, 56 ROCKVIEWST., APT. 2, TAMAICA PLAIN, MA 02	<u> 5130</u>	000	<u></u>
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

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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 noi	any related	d orga	anız	atıo	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	ınles	s pe	ition more	Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1) GARY WHITED PRESIDENT & TREASURER	3			√				0.	0.	0.
2) TULLE BOND SECRETARY	2			\checkmark				0.	0.	0.
(3) LAUREN GONFREY	1_		V				}	0.	٥.	D .
(4) HENRY CARR	1		V					0.	0.	Ο.
(5) ELEANOR NEWHOFF	1		√					D.	0.	٥.
(6)	ļ									
(7)										
(8)										
(9)										
(10)										
(11)										
(12)		-			_					
(13)	ļ									
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (c	ontinue	d)
						C) ition						
	(A)	(B)			eck	more	than c		(D)	(E)	. 1	(F)
•	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation		Estimated amount of
		week (list any hours for				_			from the	related organization	.	other compensation
		related	divid	stitu	Officer	er er	ghes	Former	organization	(W-2/1099-M		from the
		organizations below dotted	lual t	tions	1	Key employee	ye ç	7	(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	Institutional trustee		ě	mpe	ĺ			i	organizations
			8	stee			Highest compensated employee		ł			
(15)			!			-	ă.					
(16)				_				_			_	
(17)								\vdash				
(18)												
(19)			_			_				<u> </u>		
(20)					ļ 		<u> </u>					
			<u> </u>	_	_							
(21)												
(22)												
(23)												
(24)												<u> </u>
(25)			-					-				
1b	Sub-total			L	<u>. </u>	<u>. </u>		▶	0.	0.		0
C	Total from continuation sheets to Part		n A					•	0.	0.		0.
d	Total (add lines 1b and 1c)							>	0.	0.		0.
2	Total number of individuals (including bu reportable compensation from the organ			1056	e lis	ted	abov	e) w	ho received m	ore than \$1	00,000	of
3	Did the organization list any former of	ficer, direc	ctor, o	or ti	rust	ee,	key (emp	oloyee, or high	nest compe	nsated	Yes No
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	lıvıd	ual					3
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	•				J: 1		.S,	complete Sci	iedule J 10	Sucri	4 X
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue c	ompe	nsa	tion							
Section	on B. Independent Contractors	: 11 163, 0	Jonip	1010		100	uie o		Such person		• •	5
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	conti	ract	ors that receiv	ed more tha	n \$100.	000 of
	compensation from the organization Reyear.											
	(A) Name and business add	iress							(B) Description of s	services	С	(C) ompensation
	N/A											
								\perp				
								╀				
	Total number of independent contractor	ors (include	na hi	ut r	not	limi	ted to	o ti	nose listed ah	ove) who		
_	received more than \$100,000 of compens								notou au			

Part	VIII	Statement of Reve				Dod VIII		_
		Check if Schedule O	contains a res	ponse or note to	any line in this			· · · · · L
•					Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Grants	b	Membership dues .	1b					
ts, (Am	С	Fundraising events $\ .$						
Gif	d	Related organizations						
ns, Sim	e	Government grants (con						
utio	f	All other contributions, gi and similar amounts not inc		SELACE				
of the				<u> 1257, 255.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Noncash contributions includ Total. Add lines 1a-1			254,255.			
	'' -	Total. Add lilles 1a-1	<u> </u>	Business Code	25 (,25).			
Program Service Revenue	2a				: -	·		· · · · · · · · · · · · · · · · · · ·
Re	ь							
je	C							
Sen	d							
Ë	e							
ogra	f	All other program ser						,
	g	Total. Add lines 2a-2	<u>f</u>	<u> </u>	0.			
	3	Investment income			1	. 10-		
		and other similar amo	•		1,185.	1,185.		
	4	Income from investmen			, <u>o</u>		<u> </u>	
	5	Royalties	(i) Real	(ii) Personal	0.			
	6a	Gross rents	, , , , , , , , , , , , , , , , , , , 	(,,, : 0,02.1.1				
	Ь	Less: rental expenses		 				
	c	Rental income or (loss)						
	d	Net rental income or	(loss)	▶	٥.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				**		
	ŀ	and sales expenses .		ļ				
	C	Gain or (loss)	<u> </u>	<u> </u>				
	d	Net gain or (loss) .		<u> </u>	0.			
evenue	8a	Gross income from fuevents (not including \$						
Other Reve		of contributions reported See Part IV, line 18 .	ed on line 1c).]				
E e	_	· ·						
Ò		Less: direct expenses Net income or (loss) f			Ö			
		Gross income from ga		CVCIRG . P				
		=	· · · · a					
	b	Less: direct expenses	s t					
	c			tivities >	0.			
	10a	Gross sales of in returns and allowance						
	Ь	Less: cost of goods s	sold t			2 2.1 1.2		
	С				Ο,			
	L	Miscellaneous F	Revenue	Business Code		1 2 1 1 4 <u>1</u> 2		
	11a							
	b		·····					
	C	All other revenue .		ļ	 		 	
	de	Total. Add lines 11a-			<u> </u>			
	12	Total revenue. See in			255.440.	1,185.	٥.	٥.
								Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. /	All other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any li			🗆
	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	٥.	0.		
· 2	Grants and other assistance to domestic individuals. See Part IV, line 22	Ο.	0.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	217,293.	217,293.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	6,000.	0.	6,000.	0.
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		<u> </u>		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	1,590.	0.	1,590.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				 _
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		-		
13	Office expenses	4,473	0.	4.473.	0.
14	Information technology	2,851.	0.	2.851.	δ.
15	Royalties				
16	Occupancy	L	<u></u>		
17	Travel	1.718.	1,718.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		ļ . 		i
19	Conferences, conventions, and meetings .		<u></u>		
20	Interest		ļ		
21	Payments to affiliates		ļ. .	-	
22	Depreciation, depletion, and amortization .		<u></u>		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	The state of the s		S	
	(A) amount, list line 24e expenses on Schedule O.)		li di		
а	BANK PAYPAL FEES	30コ4	3274.	0.	O.
b	DANKINITALIEES	3,27-1.	2213.	 	<u> </u>
C		<u> </u>	-		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	237 199	222,285.	14914.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			1,411	
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)]	

Pa	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	255,662.	1	273903.
	2	Savings and temporary cash investments		2	<u> </u>
i	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	
1	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		200	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			Part Fagrages
Assets	_			6	
SS	7	Notes and loans receivable, net		7	
1	8 9	Inventories for sale or use		8	
	10a	Prepaid expenses and deferred charges		9	
	100	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	#34,575,800.2000	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)	255,662.	16	273.903.
	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	
es	22	Loans and other payables to current and former officers, directors,			
Ë		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	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		Ì	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		ا م	
	26	Total liabilities. Add lines 17 through 25		25 26	٥.
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	0,	20	
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3a	28	Temporarily restricted net assets		28	
ō	29	Permanently restricted net assets	<u>"</u>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	255,662.	32	273,903.
Vet	33	Total net assets or fund balances	255,662.	33	273.903.
_	34	Total liabilities and net assets/fund balances	255,662.	34	273,903.
					Form 990 (2017)

Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	255	440	
2	Total expenses (must equal Part IX, column (A), line 25)	2	237	.199	<u>. </u>
3	Revenue less expenses. Subtract line 2 from line 1	3	18:	241	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	255	662	<u>.</u>
5	Net unrealized gains (losses) on investments	5		0	
6	Donated services and use of facilities	6		<u>C</u>	
7	Investment expenses	7			<u>) . </u>
8	Prior period adjustments	8		<u></u>	<u>) . </u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		O	<u>, </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		277	ans	>
	33, column (B))	10	273	1-10:	<u> 2.</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	Yes	No.
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın	ın		
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 compreviewed on a separate basis, consolidated basis, or both:			X	
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on	. 2b		X
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account of the second of the seco	ıntant	? 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
За	the Single Audit Act and OMB Circular A-133?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
			For	m 990	(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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization toundation INTERNATIONAL -094451 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). X 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: An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization isted 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							
	. (Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0040	1 61 551			1	
	ndar 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	ĺ					
	include any "unusual grants.")	201. 720	210113	721 992	753730	25-1256	1,160,70b.
2	Tax revenues levied for the	عره معن	210,113.	256,000.	250,00	-5 (,-6	1,100,706.
_	organization's benefit and either paid						
	to or expended on its behalf	Í					0.
3	The value of services or facilities						
	furnished by a governmental unit to the	ļ			ļ		_
	organization without charge						<u> </u>
4	Total. Add lines 1 through 3	206,220.	210,113.	236,880.	<u>253,238.</u>	254,255.	1,160,706.
5	The portion of total contributions by				,	Ü	,
	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)						0.
6	Public support. Subtract line 5 from line 4						1.160.70b
	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	206,220.	210,113.	236,880	253,238	254,255	1,160,706
8	Gross income from interest, dividends,		•		,		, ,
	payments received on securities loans, rents, royalties, and income from						
	similar sources	388.	570.	930.	938.	1,185.	4.011.
9	Net income from unrelated business			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11.05.	11-11.
	activities, whether or not the business					\ <u>.</u>	
	is regularly carried on	٥.	0.	0.	0.	٥.	0.
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	٥.	0.	ρ.	٥.	٥.	_
11	Total support. Add lines 7 through 10					<u> </u>	1111717
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	11101,117
13	First five years. If the Form 990 is for the		-				on 501(c)(3)
	organization, check this box and stop he	re					▶ _□
Secti	on C. Computation of Public Support						
14	Public support percentage for 2017 (line					14 99	7 %
15	Public support percentage from 2016 Sci					15 99	7 %
16a	331/3% support test—2017. If the organ box and stop here. The organization qua						
ь	331/3% support test—2016. If the organi			_			
_	this box and stop here . The organization						
17a	10%-facts-and-circumstances test—2	•		•			
	10% or more, and if the organization me						
	Part VI how the organization meets the '			_	•	• •	• •
	organization						_
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r supported organization				_	•	·
18	Private foundation. If the organization di						
.0	instructions						

Schedu	ile A (Form 990 or 990-EZ) 2017						Page 3
Part							
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify u	nder Part /ll.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.) _	
	on A. Public Support		,	,			
	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.")						1
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					<i>*</i>	
	unrelated trade or business under section 513		ļ	ļ			ļ
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				<i>r</i>		
	furnished by a governmental unit to the		!				1
•	organization without charge						ļ
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			/			
10	received from disqualified persons .		/				
b	Amounts included on lines 2 and 3				-		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
				the same of the same of	السماية وكالمناة	التحسييا	<u> </u>
Secti							
	on B. Total Support	√(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not include in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen 9 10a b	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not include in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	(á) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calend 9 10a b c 11	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Calen 9 10a b c 11	on B. Total Support dar year (or fiscal year beginning in) ▶ Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not include in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	ne organization	a's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
Calen 9 10a b c 11 12 13 14	dar year (or fiscal year beginning in) Amounts from line 6	ne organization	n's first, secon		, or fifth tax ye	ear as a sectio	on 501(c)(3)
Calen 9 10a b c 11 12 13 14	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 6	ne organization re t Percentag	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	on 501(c)(3)
Calen 9 10a b c 11 12 13 14 Secti	dar year (or fiscal year beginning in) Amounts from line 6	ne organization re t Percentag 3, column (f) di	's first, secon	d, third, fourth	, or fifth tax yo	ear as a section	on 501(c)(3)
Calend 9 10a b c 11 12 13 14 Section 15 16 Section 15 Section 15 16 Section 15	dar year (or fiscal year beginning in) ► Amounts from line 6	ne organization re t Percentag 3, column (f) di nedule A, Part come Perce	l's first, secon e vided by line 1 III, line 15	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3) ▶ □ %
Calend 9 10a b c 11 12 13 14 Section 15 16 Section 717	dar year (or fiscal year beginning in) ► Amounts from line 6	ne organization re rt Percentag 3, column (f) di nedule A, Part come Perce line 10c, colum	a's first, secon e e ivided by line 1 III, line 15 ntage nn (f) divided b	d, third, fourth	, or fifth tax yo	ear as a section	on 501(c)(3) ▶ □ % %
Calen 9 10a b c 11 12 13 14 Secti 15 16 Secti 717 18	dar year (or fiscal year beginning in) ► Amounts from line 6	ne organization re t Percentag 3, column (f) di nedule A, Part come Perce line 10c, colum 6 Schedule A, I	l's first, secon e lvided by line 1 III, line 15 ntage nn (f) divided b Part III, line 17	d, third, fourth 3, column (f)) y line 13, colur	, or fifth tax yo	15 16 17 18	on 501(c)(3) ▶ □ % % %
Calend 9 10a b c 11 12 13 14 Section 15 16 Section 717	dar year (or fiscal year beginning in) ► Amounts from line 6	ne organization re t Percentag 3, column (f) di nedule A, Part come Perce line 10c, colum 6 Schedule A, I ization did not	l's first, secon e lill, line 15 ntage nn (f) divided b Part III, line 17 check the box	d, third, fourth 3, column (f)) y line 13, colum	nn (f))	15 16 17 18 nore than 331/3	on 501(c)(3) ▶ □ % % % % % %, and line
Calen 9 10a b c 11 12 13 14 Secti 717 18 19a	dar year (or fiscal year beginning in) ► Amounts from line 6	ne organization re t Percentag 3, column (f) di nedule A, Part come Perce line 10c, colum 5 Schedule A, I ization did not and stop here.	vided by line 1 Ill, line 15 ntage nn (f) divided b Part III, line 17 check the box	d, third, fourth 3, column (f)) y line 13, colur c on line 14, ar on qualifies as a	, or fifth tax ye	ear as a section	on 501(c)(3) ▶ □ % % % % % %, and line tion . ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 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.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)	
	•	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
∙a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above? 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.	11b
	on B. Type I Supporting Organizations	1161
Occu	on b. Type roupporting organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ. <u> </u>
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	<u> </u>
	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.	
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	
Socti	on C. Type II Supporting Organizations	2
Secu	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	Tes No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	<u></u>
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	
•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	يس مورق
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
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	instructions).
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 instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
_	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru izat	st on Nov. 20, 1970 (explai ions must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
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	ly in	tegrated Type III supporting	g organization (see

Part	on D - Distributions	o supporting Organi	zations (continued)	Current Year
Secil 1	Amounts paid to supported organizations to accomplish	evernat ourposes		Ourrent rear
		·		
-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	occe of supported orga	unizatione	
4	Amounts paid to acquire exempt-use assets	oses of supported orga	inizations	
	Qualified set-aside amounts (prior IRS approval required)			
 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
 /8	Distributions to attentive supported organizations to which	h the ergonization is rec	PODOWA	
0	(provide details in Part VI). See instructions.	in the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Line o amount divided by line 9 amount	Γ	(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017	1.32		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
<u>b</u>	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	<u></u>			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
a				
b				
c	Remainder. Subtract lines 4a and 4b from 4.			
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	3		
	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 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013 .			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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.)
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	<i>ك</i>

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.

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Part	Form 990, Part IV, line		ies Outside 1	tne United States. Comp	lete if the organization ansi	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' elegrants or assistance?	organization gibility for th		sistance, and the selection		
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	oring the use of its grant	s and other
3	Activities per Region. (The fo	llowing Part	I. line 3 table o	can be duplicated if addition	nal space is needed.)	
	(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 listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	INDONESIA	1	60	PROGRAM SERVICES	HEACHCARE SERVICES TO POOR	204,143.
(2)	PHILIPPINES	1	33	PROGRAM SERVICES	HEACTHCARE	12,000.
(3)	NEPAL	1	1	EDUCATION SCHOLARSHIP		1,150.
(4)						
(5)		<u> </u>				
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	3	94			217,293.
	sheets to Part I	2	all			0.

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. Part II

	(if applicable)	gran	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV,
							appraisai, oiriai)
(9)							
(5)		-					
(9)							
(<u>D</u>							
(<u>Q</u>							
(6)							
(00)							
(0.0)							
(21)							
((3))							
(49)							
(0.0)							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign coiby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter $\cdot \cdot \cdot$

Schedule F (Form 990) 2017

3 Enter total number of other organizations or entities . . .

Schedule F (Form 990) 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 can be duplicated if additional space is needed.

(g) Description (h) Method of of noncash assistance (book, FMV, appraisal, other)																		
(e) Manner of (f) Amount of cash clasbursement assistance													-					
(d) Amount of cash grant disb														,				
(b) Region															:			
(a) Type of grant or assistance (b) Region (c) Number of recipients	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

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	⊠ №
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)		Мо
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)		⊠ 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)		MNo

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.
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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

Open to Public

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.

Open to Public Inspection
Employer identification number

-0944511

FORM 990, PARTYL
QBA. BOTH ORGANIZATION AND COMMITTEE MEETINGS ARE DOCUMENTED BY
THE SECRETARY MINUTES FOR EACH MEETING ARE THEN REVIEWED AND
VOTED ON FOR ACCEPTANCE, THEN IN THE OFFICIAL MINUTES - IN COMPLIANCE
WITH BYLAW ARTICLE 7, SECTION 1, MAINTENANCE OF CORPORATE RECORDS.
Q11a. FORM 990 IS PRESENTED TO THE BOARD AT A SPECIAL MEETING TO
REVIEW AND APPROVE PRIOR TO FILING.
Q128. THIS IS A SIMPLE FORM SENT OUT JANUARY 1 EACH YEAR ASKING FOR
DISCLOSURE, THEN SENT TO THE SECRETARY WITH RESULTS REVIEWED AT
THE JANUARY BEARD MEETING
Q15A. TAKES PLACE AT A BOARD MEETING WITH A PRESENTATION BY THE
PRESIDENT EXECUTIVE DRECTOR VOTES OCCUR BY ALL BOARD MEMBERS
PER BYLANS (ARTICLE 3, SECTION 6) WITH QUORUM REQUIRED AND
MAJORITY VOTE OF THE QUORUM.
Q19. DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE PUBLICLY
AVAILABLE THROUGH THE GUIDESTAR WEBSITE: WWW. GUIDESTAR ORG

Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part

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Part II

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

201	Open to Public

OMB, No. 1545-0047

H-914511

(f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (b) Primary activity BUM! SEHAT FOUNDA (10N INERNA 10NA (a)
Name, address, and EIN (if applicable) of disregarded entity (9)

(a) (b) Name, address, and EIN of related organization Primary activity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charry status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
						Yes	2
(1) YAYASAN BULL SEHAT DESA LAKAMAN	HEATH & COUNTY	INDONESIA 87409	87409 Sosim	(7/4		×
(2) ADDRESS: BANJAR NYJH KUNING, MAS, URUS GIANVAR BALL	CARETOR THE POOR	1	Non-PROFIT				
(3) EIN: 02.353.218.719.07-000							
(4)							
(5)							
(9)							
(<u>u</u>)							{
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	o.	Cat. No	Cat, No. 50135Y		Schedule R (Form 990) 2017	(Form 990) 2017

Schedule R (Form 990) 2017

(a) Name, address, and EIN of related organization	3											
	Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		Share of total Share or total share or total ye	(g) nare of end-of year assets	Share of end-of- Disproportionate year assets allocations?	(I) Code V.–UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
								Yes No	0	Yes	£	
										-		
						_						
												i
	2											
line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	d one or more r	elated organiz	ations treated	as a corpo	oration or tr	ust during t	he tax y	ear,			-	
(a) Name, address, and EIN of related organization	anization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		Share of total	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
											Yes	No
			-				· · · · ·					
				<u> </u>				_				
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	,		type (a-s)	
nount involved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction	(a) Name of related organization
thresholds.	ships and transaction	uding covered relation	mplete this line, incl	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1s				Other transfer of cash or property from related organization(s)
X ÷				Other transfer of cash or property to related organization(s)
٦ کا				
ا				Reimbursement paid by related organization(s) for expenses
ا ا				t paid to related organization(s) for expenses
X)			· · · · · · · · · · · · · · · · · · ·	if employees with related organization(s)
Ψ.				lities, equipment, mailing lists, or other assets with related organization(s) d employees with related organization(s)
X				Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
X ¥				Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
				Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
()				ies, equipment, or other assets from related organization(s)
\ \ ب				Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses
₽ X				Purchase of assets from related organization(s)
Х ÷				to related organization(s)
				to related organization(s)
<u>ک</u>				related organization(s)
Y Pt				guarantees by related organization(s)
χ				guarantees to or for related organization(s)
X				Gift, grant, or capital contribution from related organization(s)
				rapital contribution to related organization(s)
<u> </u>				Receipt of (i) interest, (iii) annuities, (iiii) royalties, or (iv) rent from a controlled entity

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) Name, address, and EIN of entity Primary is	activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(I) Code V—UBI	(I) General or	(k) Percentage
		(state or toreign country)	uncome (related, unrelated, excluded from tax under	section (501(c)(3) organizations?	ioral income		allocations	of Schedule K-1 (Form 1065)	partner?	
				Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
(2)										
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(16)										
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art VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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