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

Department of the Treasury

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

		Venue Service P Co to WWW.II3.gov/i Ci.		ons and the	latest iiiic	illiation.	Open to Public hispection
		dar year 2017 or tax year beginning ,	and ending				
		AROSA INTERNATIONAL HEALTH			A Empl	oyer identification number	
		DATION			50	-2198167	
		d street (or P O box number if mail is not delivered to street address)	I B	loom/suite		hone number (see instructions	
		MUSKET LANE	`			0-689-6282	•
		n, state or province, country, and ZIP or foreign postal code			C # 01/0	mation confication is needing	oback have
_ <u>S</u>	TON	E MOUNTAIN GA 30087	·		C If exe	mption application is pending,	check nere
γ G (Check	all that apply Initial return Initial retu	irn of a former public o	charity	D 1 Fc	reign organizations, check he	re 🕨
2		Final return Amended	l return		2 Fc	oreign organizations meeting the	he
16		Address change Name ch	ange	•	85	% test, check here and attach	computation
H (Check	type of organization X Section 501(c)(3) exempt privat	e foundation	ah	E If priya	ate foundation status was term	ninated under
			le private foundation	$\bigcup_{i \in \mathcal{I}} \mathcal{I}_i$	sectio	n 507(b)(1)(A), check here	>
I F	air mai	rket value of all assets at J Accounting method	X Cash Ac	crual	F If the	foundation is in a 60-month tei	rmination
e	nd of y	rear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check hi	ere 🕨 📘
lir	ne 16)		be on cash basis)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) h) + i		(a) Advisate di sat	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net into		(c) Adjusted net income	for charitable purposes
	1.			 			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)			<u>.</u>		
	2	Check X if the foundation is not required to attach Sch B		+			
	3	Interest on savings and temporary cash investments Dividends and interest from securities	37,709	 	37,709	37,709	
	4	-	37,703	' 	31,109	31,109	,
	5a	Gross rents Net rental income or (loss)		 			
ne ne	b 6a	Net gain or (loss) from sale of assets not on line 10	1,254	 			
Revenue	b	Gross sales price for all assets on line 6a 10,527		<u> </u>	 -		
ě	7	Capital gain net income (from Part IV, line 2)		 	1,254		
14.	8	Net short-term capital gain			1,234	59	
	9	Income modifications		 			
	10a	Gross sales less returns and allowances		 			
	b	Less Cost of goods sold		 			
	c	Cross profit or (loss) (attach ashedula)	1				
	111	Other income (attach schedule RECSTIME)	1,919		1,771	1,919	
	12	Total. Add lines 1 through 1	8 40,882		40,734	39,687	-
	13	Compensation of officers west of Etpus Bes. 2618	6				
enses	14	Other employee salaries and wages	<u>F</u>				
Ë	15	Pension plans, employee benefits					
χ̈́	16a	Pension plans, employee benefits OGDEN, UT Legal fees (attach schedule)					
Ш	ь	Accounting fees (attach schedule) Stmt 2	950			950	
.≚	c	Other professional fees (attach schedule) Stmt 3	2,400				2,400
م رض	17	Interest					
Sign	18	Taxes (attach schedule) (see instructions)					
250	19	Depreciation (attach schedule) and depletion					
5	20	Occupancy	3,307	<u>'</u>		3,307	
٥ô	21	Travel, conferences, and meetings					
ق ک	22	Printing and publications		ļ			
Operating and Administrative Exp	23	Other expenses (att sch) Stmt 4	9,266	<u> </u>	1,659	2,525	5,082
	24	Total operating and administrative expenses.					
0		Add lines 13 through 23	15,923		1,659	6,782	7,482
O S	25	Contributions, grifts, grants paid	2,834				2,834
<u> </u>])26	Total expenses and disbursements. Add lines 24 and 25	18,757		1,659	6,782	10,316
<i>Q</i>	27	Subtract line 26 from line 12		.]			
	а	Excess of revenue over expenses and disbursements	22,125	+	00.0==		+
	b	Net investment income (if negative, enter -0-)		 	39,075		
	C	Adjusted net income (if negative, enter -0-)	L	1		32,905	

Form 990-PF (2017)

4

5

6

1,007,750

1,007,750

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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

Form 990-PF (2017)

391

26,069

10,316

6

7

7 Add lines 5 and 6

Part VI instructions

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

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2017) GANGAROSA INTERNATIONAL HEALTH 58-2198167			P	age <u>4</u>
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	-			!
Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐, and enter 1% of Part I, line 27b	1			<u>782</u>
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				1
	Part I, line 12, col (b)				1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0
3	Add lines 1 and 2	3			782
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			782
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,006	ŧ			j
b	Exempt foreign organizations – tax withheld at source 6b				}
С	Tax paid with application for extension of time to file (Form 8868) 6c				1
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7		1,	006
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			224
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 224 Refunded ▶	11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				ļ
	Instructions for the definition		1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			(1
	published or distributed by the foundation in connection with the activities				'
С	Did the foundation file Form 1120-POL for this year?		1c	ļJ	<u> </u>
þ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				i
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		İ		
	on foundation managers > \$				ال
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2_	 	X
_	If "Yes," attach a detailed description of the activities				J
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		-		.
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_	\vdash	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		<u> </u>
b 5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	M/A	4b	┝─┤	x
5	If "Yes," attach the statement required by General Instruction T		-3-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
•	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				i
	conflict with the state law remain in the governing instrument?		6	$\bar{\mathbf{x}}$	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				i
	GA		1		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b_	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		-		ا لـ -
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"				
40	complete Part XIV		9_	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		40		x
	names and addresses		10 Form 99	10-PF	
					(2011)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4a

X

X

Form	1990-PF (2017) GANGAROSA INTERNATIONAL HEALTH		2198167			_ Page 6
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tınued)		
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	[_] ,	Yes 🔀 No	}	
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,		_		- 1
	directly or indirectly, any voter registration drive?			Yes 🛚 X No]	- 1 :
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🛚 🗶 No	İ	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	_			1 1
	section 4945(d)(4)(A)? See instructions			Yes 🛚 X No		1 1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational	_			1
	purposes, or for the prevention of cruelty to children or animals?		Π,	Yes X No		l i
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions d	lescribed in	_		
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance, check h	ere		▶. □		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					- (- (
	because it maintained expenditure responsibility for the grant?		N/A 🗍 '	Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)		• 🗀			
6a		ay premiums			·	1 1
	on a personal benefit contract?	• •	Γ ,	Yes 🗓 No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti			6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	nelter transaction?	Π,	Yes X No		
b	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees, Fo				ees.	
	and Contractors		J., J.,			
1 1	ist all officers, directors, trustees, and foundation managers and their com	pensation. See in:	structions.			
		(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		se account, lowances
_		devoted to position	enter -0-)	compensation	outer a	io ir anoco
_ N/	Ä					
					Ĺ	
_						
					i	
2	Compensation of five highest-paid employees (other than those included of	on line 1 – see ins	tructions). If non	e, enter		
	"NONE."					
	<u> </u>	(b) Title, and average		(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		se account, lowances
		devoted to position		compensation	00.0.0	
NC	NE					
		1		<u> </u>		
						_
					L	
)	1		
		<u> </u>	L	L		
Tota	Loumber of other employees paid over \$50,000			_	.1	Ω

Form 990-PF (2017) GANGAROSA INTERNATIONAL HEALTH Part VIII , Information About Officers, Directors, Trustees, Foundat	58-2198167 ion Managers, Highly Paid E	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See instructi	ons. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE .		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the number of	Expenses
1 See Statement 7		
2 AMERICAN UNIVERSITY OF BEIRUT - SUPPORTING SANITATION AND HYGIENE (SEE ABOVE).	CLEAN WATER,	
3 COLLEGE OF CHARLESTON - SUPPORTING CLEAN WA AND HYGIENE (SEE ABOVE).	ATER, SANITATION	
4		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		

Expenses, contributions, gifts, etc – total from Part I, column (d), line 26

b Program-related investments – total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Enter 1% of Part I, line 27b See instructions

5 0

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation

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

Form 990-PF (2017)

_	990-PF (2017) GANGAROSA INTERNATIONA		50-21961	6/	
<u> </u>	art XIII Undistributed Income (see instructions				
	Distributable assessed CONTY Distributable	(a)	(b)	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
•	line 7				//
2	Undistributed income, if any, as of the end of 2017			- - f	İ
	Enter amount for 2016 only	 	 		
	Total for prior years 20, 20, 20				 ,
3	Excess distributions carryover, if any, to 2017			/	j
_	From 2012	,		1	
b					,
C				· *	ļ
	From 2015		,		!
	From 2016		j'		
	Total of lines 3a through e	} -			
4	Qualifying distributions for 2017 from Part XII,		, '	ſ	
_	line 4 ▶ \$ 10,316				
	Applied to 2016, but not more than line 2a				
D	Applied to undistributed income of prior years				
_	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election	/			1
	required – see instructions)	 			
	Applied to 2017 distributable amount	,10,316			
	Remaining amount distributed out of corpus	1 10,316			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same				
	amount must be shown in column (a))	/			1
6	Enter the net total of each column as	<i>y</i> **			i
•	indicated below:	/			I
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,316		•	
	Prior years' undistributed income Subtract				
-	line 4b from line 2b			ļ	
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				'
	tax has been previously assessed				
đ	Subtract line 6c from line 6b Taxable				
	amount – see instructions				I ·
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount – see		İ	ļ	1
	instructions				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be			}	
	distributed in 2018				· · · · · · · · · · · · · · · · · · ·
7	Amounts treated as distributions out of corpus	1			
	to satisfy requirements imposed by section			ĺ	
	170(b)(1)(F) or 4942(g)(3) (Election may be		Ì		
	required—see instructions)				
8	Excess distributions carryover from 2012 not		Ì		
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	!			
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			į	
a	Excess from 2013	 			
b	Excess from 2014				
C	Excess from 2015				
d	Excess from 2016	ļ			
_ <u>e</u> _	Excess from 2017				Form 990-PF (2017)
					- com 234-11 (2017)

DAA

factors

See Statement 9

▶ 3b

Total

Part XVI-A	, Analysis of Income-Producing Acti	ivities				
Enter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	
•	,	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue					(See instructions)
a						
c						
d						
e			<u> </u>	<u> </u>		
f						
-	nd contracts from government agencies					
· · · · · · · · · · · · · · · · · · ·	dues and assessments					
	savings and temporary cash investments		<u> </u>	1 4	27.700	
	nd interest from securities	ļ	<u> </u>	14	37,709	
	ncome or (loss) from real estate			+		
	anced property			+		
	nt-financed property ncome or (loss) from personal property			+	- 	
7 Other invest				14	1,771	
	s) from sales of assets other than inventory			18	1,254	
	or (loss) from special events			+		
	or (loss) from sales of inventory			- -		· · · · · · · · · · · · · · · · · · ·
11 Other reven	-					
b PART	NERSHIP ID#73-1493906			16	1	
	NERSHIP ID#73-1493906			14	147	
d						
е						
12 Subtotal Ad	dd columns (b), (d), and (e)			0	40,882	0
13 Total. Add I	ine 12, columns (b), (d), and (e)				13	40,882
	in line 13 instructions to verify calculations)					
Part XVI-B						
Line No.	Explain below how each activity for which income i					
 N/A	accomplishment of the foundation's exempt purpor	ses (other than	by providing funds f	or such pu	urposes) (See instruction	ons)
N/A						
						<u> </u>
		·				
						
					-	
						
-						

			<u></u>		·
	Under paralles of perjury, I declare that I have examined the return.			my knowledge a	and belief, it is true,
Sign Here	Eusene Hyungaro	with the	skey the IPS discuss the return with the preparar shown ballow? See instructions. X Yes No		
	ambres of he	Jep14.1	CEO_	and CF	<u> </u>
1	Segrature of officer or trustee	Cate	Title		
	Print/Type preparers name	The second of		7aM	Comp. X
Paid	MARTHA S. SAKBY, CPA	IVI WOLLAR S	· 2000	AH	7/17/18
Prepares	I From A name P MAIRILIA G. SAADI,	CPA	()(PTIN	P00089811
Use Only	Feer's accress ▶ 116 MENDON IONIA ROAD			Ferris EM	
	MENDON, NY 1450	6-9757		Phone no.	585-624-466
					Form 990-PF (201

				,	
	Adjusted Net Income s 1,771 s 147 s 1,919	Charitable Purpose	Charitable Purpose \$ 900 1,500	Charitable Purpose \$ 258 1,251 120 65	1-4
	Net Investment Income \$ 1,771	Accounting Fees Adjusted Net S S S S S S S S S S S S S	Adjusted Net	Expenses Adjusted Net	
Statements	m 990-PF, Part I, Line 11 - Other Income Revenue per Books Net Ir Books \$ 1,771 \$ Ir 771 \$ 1,771 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	990-PF, Part I, Line 16b - Accou	Part I, Line 16c - Other Professional Fees Net Investment 00 \$	990-PF, Part I, Line 23 - Other Expenses Net Net Net Ad Livestment S 1, 659 1, 659 1, 251 1, 251 1, 251 30	
Federal	Statement 1 - Form 990-PF	- Form	Statement 3 - Form 990-PF, Part Total \$ 1,500 \$ 2,400	- Form	
58-2198167	Description INTEREST-MORTGAGE INVESTMENT PARTNERSHIP ID#73-1493906 Total	Description MARTHA S. SAXBY, CPA Total	Description DR. RAYMOND E, GANGAROSA PAUL C. GANGAROSA Total	Expenses COMPUTER EXPENSES FOREIGN TAX PAID OFFICE EXPENSE & POSTAGE PARKING PROFESSIONAL DUES REGISTRATIONS	

58-2198167

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Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Charitable Purpose	1,796	1,418	5,082
O	ᡐ		w.
Adjusted Net	1,795	472	2,525
4	٠		ۍ.
Net Investment			1,659
<u>'i</u>	ഗ	Į	φ.
Total	3,591 144	1,890	9,266
	ς		ςς.
Description	REPAIRS & MAINTENANCE SUBSCRIPTIONS	SUPPLIES VEHICLE EXPENSE	Total

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 14,555	\$ 976,159
Basis of Valuation		
End of Year	14,555 961,604	976,159
	ι _ο ,	φ.
Beginn of Yea	\$ 364	\$ 803
Description	USAA MONEY MARKET FUND BROKERAGE ACCOUNT	Total

Statement 6 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount	
NET CHANGE IN MARKET VALUE	\$ 143,207	7
Total	\$ 143,207	7

Statement 7 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

EMORY UNIVERSITY'S ROLLINS SCHOOL OF PUBLIC HEALTH, CENTER FOR GLOBAL SAFE WATER - THIS ORGANIZATION, ALONG WITH THE AMERICAN UNIVERISTY OF BEIRUT (#2) AND THE COLLEGE OF CHARLESTON (#3), ARE PRIMARY BENEFICIARIES RECEIVING EVER-INCREASING SUPPORT TO HELP DISADVANGED PEOPLE AND REFUGES STUGGLING TO SURVIVE FOLLOWING NATURAL DISASTERS. THE FOUNDATION'S SUPPORT IS IN KEEPING WITH ITS INTENDED THEME: CLEAN WATER, SANITATION AND HYGIENE.

Statement 8 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

WE ACCEPT LETTERS FROM COMMUNITY LEADERS SPECIFYING HOW GRANTS WILL IMPROVE SAFE WATER AND SANITATION IN THEIR COMMUNITIES.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

THERE ARE NO DEADLINES. LETTERS MAY BE SENT AT ANY TIME.

Statement 9 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

GRANTS ARE RESTRICTED TO AREAS THAT CAN DOCUMENT HIGH RATES OF WATER-BORNE DISEASES (DATA FROM WORLD HEALTH ORGANIZATION PREFERRED).

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
	601 E STREET, NW		
MASHINGTON DC 20049 ACLU	125 BROAD STREET	Support of numerous elderly programs	- rV -
NEW YORK NY 10004 ALZHEIMER ASSOCIATION	225 N MICHIGAN AVENUE	Advocacy for the needy	30-
10	88 HAMILTON AVE.	Support research to find cure	-09
STAMFORD CT 06902 AMERICA CARES	P.O. BOX 256	Support refugee work	- N N
CLARKSVILLE AR 72830 AMERICAN CANCER SOCIETY	P.O. BOX 22478	Assist citizens in need	255
	190 N INDEPENDENCE MALL	Support research to treat cancer L W	30
) 1701 N BEAUREGARD STREET	Promote continuing education ET	. 25
ALEXANDRIA VA 22311 AMERICAN RED CROSS	430 17TH STREET NW	Promote research to improve treat	25
WASHINGTON DC 20006 AMERITAS	5900 O STREET	Assist the poorest, homeless & in ne	09
	2401 LAKE PARK DRIVE	Support global WASH activities	35
SMYRNA GA 30080 ARCHDIOCESE	PARK	Relief of the poor	375
	HATHAWAY C	Relief of the poor	സ
ATLANTA GA 30341 BETTER BUSINESS BUREAU	3033 WILSON BLVD #600	Relief of the poor	<u>-</u> 4-
ARLINGTON VA 22201 BLACK AND INDIAN MISSIONS	MN L	Set standards for business decisions	7.25
WASHINGTON DC 20006 CAMPAIGN FOR HUMAN DEVELOPMENT	3175 HATHAWAY COURT	Assist missionary group	W
ATLANTA GA 30341 CARE	151 ELLIS STREET. NE	Assist papal work for the poor	
ATLANTA GA 30303 CATHOLIC MEDICAL MISSION	WALL STREET	Provide support for diverse needs	50
NEW YORK NY 10005 CATHOLIC RELIEF SERVICES	×	Support global refugee relief	295
BALTIMORE MD 21201		Relief of the poor and suffering	15

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address	ess		
Address	Relationship	Status	Purpose	Amount
CATHOLIC UNIVERSITY OF AMERICA WASHINGTON PC 20061	620 MICHIGAN	AVE. NE		
CDC FOUNDATION	600 PEACHTREE	STREET NE	Support great academic institutions	·Ω -
ATLANTA GA 30308 COMMUNICATION CAMPAIGN FOR CHRIST	3175 HATHAWAY	COURT	Support CDC in various missions	2002
ATLANTA GA 30341 DOCTORS WITHOUT BORDERS	40 RECTOR STREET	EET	Support teaching of Christianity	- t∕) ~
NEW YORK NY 10006 EASTER SEALS ANNUAL APPEAL	141 W JACKSON	BLVD	Support activities of this Nobel	o O
	8301 PROFESSIONAL	ONAL PLACE	Support the poor	1.5
LANDOVER MD 20785 GLOBAL HEALTH ACTION	1190 W DRUID	HILLS DR.	Conduct disease research	15
ATLANTA GA 30329 HABITAT FOR HUMANITY		STREE	Support this NGO in agricultual	serv 50
ATLANTA GA 30303 INTERNATIONAL RESCUE COMMITTEE	122 EAST 42ND	STREET	Support construction and ownership	125
	86 XO		Support global refugee relief	145
WASHINGTON DC 20090 MAP INTERNATIONAL	4700 GLYNCO PARKWAY	ARKWAY	Support research to improve treat	25
BRUNSWICK GA 31525 MARCH OF DIMES	1275 MAMARONECK AVENUE	CK AVENUE	Matching – refugee relief	210
WHITE PLAINS NY 10605 MERCY CORP	PO BOX 2669		Help prevent polio and other crippli	li 15
PORTLAND OR 97208 MERCY HOME FOR BOYS AND GIRLS		U BIVD	Assist in delivery of health service	- 09 30
0909	· ×		Support homes for displaced child	15
GARDEN VALLEY TX 75771 MISSION COOPERATIVE PROGRAM FOR HEA	3175 HAT	COURT	Relief of the poor	
ATLANTA GA 30341 NATIONAL OSTEOPOROSIS FUND	251 18TH STREET		Support mission group's medicatio	ĬŊ.
ARLINGTON VA 22202 NATIONAL WILDLIFE FEDERATION	11100 WILDLIF	CENTER	Support prevention of bone injuries	30
RESTON VA 20190			Support wildlife activities	20

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address		
Address	Relationship Status	Purpose	Amount
	4245 EAST AVENUE		
ROCHESTER NY 14618 OXFAM	226 CAHSEWAY STREET	Support alma mater of cofounder	- 20
BOSTON MA 02114 PATHFINDER INTERNATIONAL	[±	Support diverse refugee services	25
WATERTOWN MA 02472 PETER'S PENCE	F⊢	Support freedom of choice mat health	- 52
ATLANTA GA 30341 SALVATION ARMY	3771 CENTRAL AVENUE	Support papal efforts for poor	ഹ
DORAVILLE GA 30340 ST MARTIN DE PORES	3175 HATHAWAY COURT	Support various efforts for poor	
	r_7	Support the poor in need of food	. 85 -
ATLANTA GA 30341 SMILE TRAIN	r-	Support the poor	
NEW YORK NY 10017 FATHER SCOTT DONAHUE'S HOMELESS	TSEW C	Support treatment-children with abno	20
	T STREET NW	Support a home for homeless adole	50
WASHINGTON DC 20006 TRINITY DOME		Support a home ser diseases of adole	, S
WASHINGTON DC 20017 UNFPA	605 THIRD AVENUE	Support relief for the poor	_ rv
NEW YORK NY 10158 UNICEF		Support family relief	
NEW YORK NY 10038 UNITED STATES ARMED FORCES ASSN	8719 COLESVII.I.E ROAD	Support children relief activities	8
LVER SPRING MD 20910 COLLEGE OF ARTS AND	317 LATTIMORE HA	Support armed forces and families	20.
	1775 K ST NW #	Support alma mater undergraduate	50
WASHINGTON DC 20006	TSMARK R	Support in its refugee work	5.5
ATLANTA GA 30324 WATER MISSION INTERNATIONAL	KTNZER STR	Support National Public Radio	20
N. CHARLESTON SC 29405		Help provide water treatment equip	300

					
	,		Amount	2,834	10
ments	XV, Line 3a - Grants and Contributions Paid During the Year (continued)		Purpose	Support this pioneering WASH group	
Federal Statements	Statement 10 - Form 990-PF, Part XV, Line 3a - Gr	Address	Relationship Status	117 WEST 20TH STREET	
58-2198167	Statement 10 -	Name	Address	WATER.ORG KANSAS CITY MO 64108 Total	

58-2198167	Federal Statemer	nts		
<u>Tax</u>	able Dividends from Se	ecurities		
Description	Unr Amount Busine	elated Exclusion		US (\$ or %)
USAA ACCOUNT #RNQ-408592 Total	\$ 37,709 \$ 37,709	14		
	Other Investment Inco	ome		
Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST-MORTGAGE INVESTMENT Total	\$ 1,771 \$ 1,771		14	