Form **990-PF**

EXTENDED TO NOVEMBER 15, 2019
Return of Private Foundation

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

1812

2018

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

For	calendar year 2018 or tax year beginning		, and ending		
	ime of foundation INTERNATIONAL INSTITUTE OF	SOUL MIND		A Employer identificatio	n number
Ī	BODY MEDICINE FOUNDATION			20-4729155	5
	mber and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
	170 S GREEN VALLEY PKWY ST			702-832-48	333
	ty or town, state or province, country, and ZIP or foreign polenated by the state of the state o	ostal code		C If exemption application is p	pending, check here
G	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return	_	2 Foreign organizations m	ooting the 85% test
	Address change	Name change		2. Foreign organizations m check here and attach c	omputation
H (Check type of organization: X Section 501(c)(3) exi		() L	E If private foundation sta	
<u> </u>		Other taxable private founda		under section 507(b)(1)(A), check here
	air market value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a	. (
	from Part II, col. (c), line 16) ▶\$ 1 , 779 , 754 . (Part I, colum	her (specify)	.,	under section 507(b)(1)(B), check here
	art Analysis of Revenue and Expenses			(a) Advicted not	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	265,096.		N/A_	
~	2 Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments	41,036.			CMAMENTA 1
CANCO	1	178.	178.		STATEMENT 2
¥	4 Dividends and interest from securities 5a Gross rents		170.		SIRIEMENI 2
7 #	b Net rental income or (toss)				
3	63 Not your or (1999) from only of greats and on type 10	111,723.			
ָבָּ בַּ	b Gross sales price for all 111,723.				
Revenue	7 Capital gain net income (from Part IV, line 2)		111,723.	·· ··	
	8 Net short-term capital gain		<u></u>		. 1
7	9 Income modifications				
<u> </u>	10a Gross sales less returns and allowances				
É	D Less Cost of goods sold				'
	c Gross profit or (loss)	100 (51	400 554		00100100
	11 Other income	488,654.	488,654.	···-	STATEMENT 3
	12 Total. Add lines 1 through 11	906,687.	600,555.		
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	34,562.	0.		0.
	15 Pension plans, employee benefits	34,302.			
ės					
penses	b Accounting fees STMT 4	1,150.	0.	-	0.
쯦	c Other professional fees				
<u>e</u>	17 Interest				
trati	18 Taxes STMT 5	5,692.	0.		0.
nist.	19 Depreciation and depletion	1,215.	0.		
Operating and Administrative Ex	20 Occupancy	2,901.	0.		1,625.
ΨÞ	21 Travel, conferences, and meetings			<u> </u>	
a	22 Printing and publications	C4 072			F0 200
ting	23 Other expenses STMT 6	64,273.	0.		58,290.
era	24 Total operating and administrative	109,793.	0.		59,915.
Ö	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	10,000.			10,000.
	26 Total expenses and disbursements.	10,000.			10,000
	Add lines 24 and 25	119,793.	0.		69,915.
_	27 Subtract line 26 from line 12:				1
	a Excess of revenue over expenses and disbursements	786,894.			
	b Net Investment income (if negative, enter -0-)		600,555.		
	C Adjusted net income (if negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets Attached schedules and amounts in the description			Beginning of year	End o	End of year			
P	<u>art</u>	Balance Sheets column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
_	1	Cash - non-interest-bearing	994,499.	1,769,427.	1,769,427.			
	l	Savings and temporary cash investments		<u> </u>	<u> </u>			
		Accounts receivable ► 219.			1			
	ľ	Less; allowance for doubtful accounts	5,850.	219.	219.			
	۵ ا	Pledges receivable						
	'	Less: allowance for doubtful accounts			<u> </u>			
	5	Grants receivable		· · · · · · · · · · · · · · · · · · ·				
		Receivables due from officers, directors, trustees, and other						
	ľ	disqualified persons						
	7	Other notes and loans receivable						
	'	Less: allowance for doubtful accounts						
r/s	R	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges	7,860.					
As		Investments - U.S and state government obligations	7,0001	·				
		Investments - corporate stock						
		Investments - corporate bonds						
		Investments - land, buildings, and equipment basis			<u> </u>			
	• •							
	12	Less accumulated depreciation Investments - mortgage loans						
		Investments - other						
		Land, buildings, and equipment: basis 10,936.			· · · · · · · · · · · · · · · · · · ·			
	17	Less accumulated depreciation STMT 7	0.	9,721.	9 721			
	15	Other assets (describe SECURITY DEPOSIT)	0.	387.	9,721.			
		Total assets (to be completed by all filers - see the		307.	307.			
	10		1,008,209.	1,779,754.	1,779,754.			
_	17	Instructions. Also, see page 1, item I)	20,243.	4,893.	1,113,134.			
		Accounts payable and accrued expenses	20,243.	4,000.				
		Grants payable Deferred revenue						
Lrabilities	19							
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			<u>-</u>			
Ľ	21	Mortgages and other notes payable Other liabilities (describe ►)						
	22	Other liabilities (describe						
	22	Total liabilities (add lines 17 through 22)	20,243.	4,893.				
_	23			4,073.				
		, and the second						
S	0.4	and complete lines 24 through 26, and lines 30 and 31.	987,966.	1,774,861.	}			
Net Assets or Fund Balances		Unrestricted	361,300.	1,774,001.	<u></u>			
ala		Temporarily restricted						
B P	26	Permanently restricted						
֖֡֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Foundations that do not follow SFAS 117, check here	j		1			
or I	07	and complete lines 27 through 31.	1		Ì			
sts		Capital stock, trust principal, or current funds						
SSI		Paid-in or capital surplus, or land, bldg., and equipment fund						
at A		Retained earnings, accumulated income, endowment, or other funds	987,966.	1 774 061				
ž	30	Total net assets or fund balances	307,300	1,774,861.				
	04	Total linkilistan and not access fluid between	1,008,209.	1,779,754.	1			
ᆜ	31	Total liabilities and net assets/fund balances		1,//5,/54.	<u> </u>			
P	art	Analysis of Changes in Net Assets or Fund Ba	alances					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3						
		t agree with end-of-year figure reported on prior year's return)	1	987,966.				
		amount from Part I, line 27a		2	786,894.			
		increases not included in line 2 (itemize) PRIOR YEAR	ADJUSTMENT	3	1.			
		ines 1, 2, and 3		4	1,774,861.			
		asses not included in line 2 (itemize)		5	0.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,774,861.			
_			\2,7,		Form 990-PF (2018)			

Part IV

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)

(c) Date acquired (mo., day, yr.)

(b) How acquired P - Purchase D - Donation

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(d) Date sold (mo., day, yr.)

1a DOROTHY SECRES	T TR	UST U/A					D				
b											
С											
d											
<u>e</u>					Ĺ,					<u> </u>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					Gain or (los: us (f) minus		
a 111,723.										11	1,723.
b											
С											
d											
е											
Complete only for assets shown	ng gain in	column (h) and owned by t	he foundation	on 12/31/69.			() Gains (Col. (h) gair	ı mınus	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			CO	Losse:	not less that s (from col.	(h))	
a										11	1,723.
b											
С											
<u>d</u>											
е											
2 Capital gain net income or (net ca	ipital loss	If gain, also enter If (loss), enter -0-			}	2				11	1,723.
3 Net short-term capital gain or (los	•			•	1						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			u (o):		}	3			N/A		
Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net	Inv		nent Inc	ome		 -	
(For optional use by domestic private											
			o .o(a) .a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠,					
If section 4940(d)(2) applies, leave the	nis part bl	ank.									
Was the foundation liable for the sec	tinn 4942	tax on the distributable am	nunt of any ve	ear in the base neri	od?					□ v	es X No
If "Yes," the foundation doesn't qualif					-						
1 Enter the appropriate amount in e					itries.				· ·		
(a) Base period years Calendar year (or tax year beginnii	na in)	(b) Adjusted qualifying dist	ributions	Net value of non	(c) nchar	ıtable-	use assets		Dıstrı (col. (b) dı	(d) bution rat	10 col (c))
2017	<u>g</u> /	11	5,726.	<u></u>		2.8	5,233	+-	(001. (0) 01		405724
2016			0,009.				0				000000
2015			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					+-			
2014								+-			
2013								\top			
2 Total of line 1, column (d)								2	1		405724
3 Average distribution ratio for the 5	5-year ba	se period - divide the total o	n line 2 by 5.0), or by the number	r of y	ears					
the foundation has been in exister	-		-		·			3		•	202862
		Ť									
4 Enter the net value of noncharitab	le-use as	sets for 2018 from Part X, I	ine 5					4		1,36	1,235.
									Ī		· · · · · · · · · · · · · · · · · · ·
5 Multiply line 4 by line 3								5	<u> </u>	27	6,143.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6			6,006.
7 Add lines 5 and 6								7		28	2,149.
8 Enter qualifying distributions from	n Part XII	Jine 4						8		6	9,915.
· · · ·			1h and como	late that part using	1 2 10	4 tau =	ato	<u> </u>	1	<u> </u>	
If line 8 is equal to or greater than See the Part VI instructions.	inie /, Cl	IGUN UIC DUX III FAIL VI, IIIIC	io, and comp	iete iliat part usilly	ja 17	υιάλΙ	a16.				
823521 12-11-18		-			_				·	Form 99	0-PF (2018)

INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION 20-4729155 Form 990-PF (2018) Part VI 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. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 12,011. 1 b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | Image: and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 12,011. 3 3 Add lines 1 and 2 4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 12,011. 5 Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 680. a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6b b Exempt foreign organizations - tax withheld at source 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 680 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 11,331. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax Refunded > 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? 1b X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 • (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X 3 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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 $\overline{\mathbf{x}}$

X

X

86

10

NV

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule tisting their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV

of each state as required by General Instruction G? If "No," attach explanation

remain in the governing instrument?

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Pa	irt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12	If "Yes," attach statement. See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
10	Website address WWW.LOVEPEACEHARMONY.ORG			
14	The books are in care of ► ALEXANDRE GHEYSEN Telephone no. ► 702-83	2-4	833	
14	Located at ▶ 170 S GREEN VALLEY PKWY STE 300, HENDERSON, NV ZIP+4 ▶89	012	000	
45	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			Т
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
			Yes	No
10	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,	16	163	X
	securities, or other financial account in a foreign country?	<u> </u>		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Da	foreign country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
<u> </u>		I	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	162	140
1 a	During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disgualified person? Yes X No			
	(,,			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			l
				1
	(-)			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			*1
	(5) Transfer any income or assets to a disqualified person (or make any of either available			İ
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			- 1
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			4
	before 2018?			1
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			4
	>]
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			l
	during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	<u></u>		
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2018?	4b		X
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Part VII-B Statements Regarding Activities for which	FORM 4720 May be F	requireu (contin	uea)	_	
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		-	es 🛣 No 「		1 1
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			es X No		1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No		1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Y	es 🗶 No 📗		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			es 🛣 No	İ	1 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit		n Regulations	/- -		اـــــــــــــــــــــــــــــــــــــ
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check	here			1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			1	-	1 1
expenditure responsibility for the grant?	N	/A Y	es L No		1 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				l	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	_		l l	
a personal benefit contract?		Yo	es 🗶 No 📙		لـيـا.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	Х
If "Yes" to 6b, file Form 8870.		_		- 1	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es 🗶 No 📗		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	<u> </u>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration or				1 1
excess parachute payment(s) during the year?			s X No	L	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
/ Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense
(a) Name and address	to position	enter -0-)	and deferred compensation	allowa	inces
	FOUNDER/CHAIR				
170 S GREEN VALLEY PKWY STE #300	_			i	
HENDERSON, NV 89012	1.00	0.	0.		<u>0.</u>
	SECRETARY			İ	
170 S GREEN VALLEY PKWY STE #300		_			_
HENDERSON, NV 89012	1.00	0.	0.		<u>0.</u>
ALEXANDRE GHEYSEN	TREASURER				
170 S GREEN VALLEY PKWY STE #300	4 4 4				_
HENDERSON, NV 89012	1.00	0.	0.	-	0.
				<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Exp	nence
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account	, other
NOVE TO THE PERSON OF THE PERS	devoted to position		compensation	allowa	nces
NONE					
					
250 000				L	
Total number of other employees paid over \$50,000	·			990-PF	(2018)
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Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
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 si number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses
1 DONATION TO SOLUTIONS FOR PEACE FOUNDATION		
		10,000.
		10,000.
2		
SEE STATEMENT 8		59,915.
3		
4		
Part IV-R Common of Program Balated Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	Amount
1 N/A		
·		
2		
All other program-related investments. See instructions,		
3		
		
Total. Add lines 1 through 3		0.
		Form 990-PF (2018)

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b		1b	0. 1,381,964.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,381,964.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,381,964.
4	Cash deemed held for charitable activities, Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	20,729.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,361,235.
6	Minimum investment return. Enter 5% of line 5	6	68,062.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	68,062.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 2a 12,011.		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	12,011.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,011. 56,051.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	56,051.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	56,051.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>69,</u> 915.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	_	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	69,915.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	T	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	69,915.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for	r the section

Form **990-PF** (2018)

Form 990-PF (2018) BODY MEDICINE FOUNDATION

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7				56,051.
2 Undistributed income, if any, as of the end of 2018			0	
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:	-		•	
a From 2013				
b From 2014				'
c From 2015				
d From 2016 20,009.				
eFrom 2017 110,012.				
f Total of lines 3a through e	130,021.			
4 Qualifying distributions for 2018 from			· · · ·	_
Part XII, line 4: ►\$ 69,915.				
a Applied to 2017, but not more than line 2a	ļ		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				56,051.
e Remaining amount distributed out of corpus	13,864.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:	4.40.005			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	143,885.			<u> </u>
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			•	
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013	0.			
not applied on line 5 or line 7	0.			<u> </u>
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	143,885.			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	140,0000			
a Excess from 2014				ļ
b Excess from 2015				
c Excess from 2016 20,009.				
d Excess from 2017 110,012.				
e Excess from 2018 13,864.	ļ			
,,,,,,,,				Form QQO-DF (2018)

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Form **990-PF** (2018)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

823601 12-11-18

c Any submission deadlines:

BODY MEDICINE FOUNDATION

20-4729155 Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	lf recipient is an individual	Payment	T	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid daring the year				
SOLUTIONS FOR WORLD PEACE FOUNDATION INC.	NONE	PC	SUPPORT FOR ROTARY WORLD PEACE 2020	
PO BOX 2662			PROGRAM.	
LAKE ARROWHEAD, CA 92352				10,000.
		!		
		İ		
	1	Ĭ		
		İ		
		'		
Tatal	<u> </u>		▶ 3a	10,000.
Total b Approved for future payment		<u> </u>		10,000.
T Approved to talara paymont				
NONE				
- 				
	,			
				
Total			▶ 3b	0.
			Fo	orm 990-PF (2018)

Part XVI-A	Anal	eie of	Income-	Producing	Activities
Part AVI-A	Anaiy	/SIS 01	mcome-	rrouncing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise molecule.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a			+		
h			+		
b			<u> </u>		
d			+-		
e			\vdash		
t		-	\vdash		
g Fees and contracts from government agencies				_	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities	-		14	178.	
5 Net rental income or (loss) from real estate:]
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01	488,654.	
8 Gain or (loss) from sales of assets other					
than inventory			18	111,723.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					_
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		_641,591.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	641,591.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								
									
 -		·· ·		<u> </u>					
			· <u>-</u>		 				
		<u> </u>							
		_ -		_ 					
					-				
			_ -						
					·				
		 							
823621 12-11-	-18	<u></u>		<u> </u>	F	orm 990-PF (201			

		MEDICINE				20-4729155	Page 1
	Exempt Organ	nizations			nd Relationships W		
(oi a Tr: (1) (2) b Oti (1) (2) (3) (4) (5) (6) c Sh	d the organization directly or inciter than section 501(c)(3) organisers from the reporting found (2) Cash (3) Other assets their transactions; (4) Sales of assets to a noncharity (5) Purchases of assets from a nice (6) Reinbursement arrangement (6) Reinbursement arrangement (6) Loans or loan guarantees (6) Performance of services or maring of facilities, equipment, in the answer to any of the above its services given by the reporting	dation to a noncharrable exempt organizations) or in sect dation to a noncharrable exempt organization charitable exempt, or other assets sembership or fundraling lists, other ass	tion 527, relating table exempt or table exempt or table exempt or table exempt or table exempt on table exempt or paid emeter following scheme following schem	ng to political organizations? rganization of: ons nployees edule Column (b) should alw	rays show the fair market val	1a(1) 1a(2) 1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6) 1c ue of the goods, other assets	x X X X X X X X X X X X X X X X X X X X
CO	lumn (d) the value of the goods,					 	
(a)Line r	10 (b) Amount involved	(c) Name		e exempt organization	(d) Description of transfer	s, transactions, and sharing arrang	ements
			N/A				
		<u> </u>					
		<u> </u>		<u>,</u>			
				<u> </u>			
		 					
		 					
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	-	 					
		ļ		 -	 		
		<u> </u>					
		<u> </u>					
in s	the foundation directly or indirect section 501(c) (other than section Yes," complete the following sch	on 501(c)(3)) or in s nedule.	-	or more tax-exempt organiz			X No
	(a) Name of or	ganization		(b) Type of organization	(c) Descri	ption of relationship	
	N/A						
					•	•••	
				1		· · ·	
Sign Here	Under penalties of perjury, I declare and belief, it is true, correct, and co	mplete Declaration of p					aparer
	Print/Type preparer's n		Preparer's s		Date Check	if I PTIN	
ے Paid				* ^ 1 · 1	11/12/19 self- emp		
	ם מסתיםיםת ו	℧ℷͲϤ⋂ℷℹ		H WATISTIN I	I	1 20054454	. 41

Form **990-PF** (2018)

Firm's EIN ▶ 56-1304727

Phone no. (919)942-8700

Use Only

Preparer Firm's name ▶ BLACKMAN & SLOOP, CPAS, P.A.

Firm's address ► 1414 RALEIGH RD, SUITE 300 CHAPEL HILL, NC 27517

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2018

Employer identification number Name of the organization INTERNATIONAL INSTITUTE OF SOUL MIND 20-4729155 BODY MEDICINE FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔲 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

Employer identification number

20-4729155

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE DOROTHY SECREST TRUST U/D/T DATED 2/22/2005 PO BOX 929 OCCIDENTAL, CA 95465	\$ <u>158,409.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHARLES FERRIS		Person X
	OCCIDENTAL, CA 95465	\$13,126.	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENNIS SHIMOSAKA PO BOX 6542 FOLSOM, CA 95763	\$5,885.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Ocomplete Part II for noncash contributions)

Name of organization INTERNATIONAL INSTITUTE OF SOUL MIND BODY MEDICINE FOUNDATION

Employer identification number

20-4729155

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule B⁻(Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization INTERNATIONAL INSTITUTE OF SOUL MIND 20-4729155 BODY MEDICINE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

823454 11-08-18

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE			(A) VENUE BOOK	S		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
TAX EXEMPT INTEREST SECREST TRUST UA 2/			41,0	36.		0.	
TOTAL TO PART I, LI	NE 3		41,0	36.		0.	
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROI	M SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	REV	(A) VENUE BOOK		
DOROTHY SECREST TRUST	178.		0.		17	8. 17	8.
TO PART I, LINE 4	178.	_	0.		17	8. 17	8.
FORM 990-PF		OTHER	INCON	1E			STATEMENT 3
DESCRIPTION			REV	(A) VENUI BOOI		(B) NET INVEST- MENT INCOME	
DOROTHY SECREST TRUE 2/22/05	ST U/A DTD			488	,654.	488,654	•
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		488	,654.	488,654	•

FORM 990-PF	ACCOUNTI	NG FEES	S'	ratement 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,150.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,150.	0.		0.
FORM 990-PF	TAX	ES	S'	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	5,692.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	5,692.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TECHNOLOGY PRODUCTION MARKETING AND COMMUNICATIONS FEES EVENTS MISCELLANEOUS	17,778. 11,983. 22,030. 5,922. 3,428. 3,132.	0. 0. 0. 0. 0.		17,778. 11,983. 22,030. 480. 3,428. 2,591.
TO FORM 990-PF, PG 1, LN 23	64,273.	0.		58,290.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR IN	ESTMENT	STATEMENT 7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
WEBSITE COSTS	10,936.	1,215.	9,721.	9,721.
TO 990-PF, PART II, LN 14	10,936.	1,215.	9,721.	9,721.
FORM 990-PF SUMMARY	OF DIRECT CH	ARITABLE ACTIV	/ITIES	STATEMENT 8

ACTIVITY TWO

SUPPORT FOR SEVERAL PROJECTS INCLUDING PLANT A MILLION GLOBAL TREE-PLANTING PROJECT - PLANTING TREES TO CREATE AN EMOTIONAL CONNECTION TO NATURE AND OFFERING FREE WEEKLY MEDITATION CLASSES AND CDS TO SPREAD THE MESSAGE OF LOVE PEACE HARMONY IN THE WORLD.

	EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 2	59,9	15.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	9

NAME OF MANAGER

ZHI GANG SHA QIAN XI LUO

GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER

SCHEDULE B, PART I, LINE 1(C)

EXPLANATION:

CONTRIBUTION FROM DOROTHY SECREST TRUST REPORTED ON SCHEDULE B IS SHOWN NET OF INVESTMENT INCOME REPORTED ON K-1 RECEIVED FROM DONOR.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM	FORM 990-PF PAGE 1								990-PF							
Asset	Description	tion	Date Acquired	Method	Lrfe	000>	Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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															A CALLED TO SECURITY.	de region de la companya de la compa
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_										, ,						
828111	828111 04-01-18	·					=	(D) - Asset disposed	osed		•	ITC, Salvage,	*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revital	ization Deduc	tion. GO Zone

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone