Return of Private Foundation

RETROACTIVE REINSTATEMENT.

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

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

OMB No 1545-0052 2018

Inter		nue Service	► Go to w	ww.irs.gov/Form990PF for	r instructions and t	he lates	t informatio	n. Ope	n to Public Inspec	tion
			or tax year beg	inning		, and	ending			
	me of fou		-				A Employe	r identification number	•	
CA	MBOD	NAN MEDICAL	CLINIC FOUND	ATION INC				:		
=				delivered to street address)	Roor	n/suite]	27-0830925		
35	1 ARC	ADIA BLVD				. ,	B Telephone	number (see instructio	ns) '	
Cit	or town	, state or province,	country, and ZIP or fo	oreign postal code			1			
Sp	ringfiel	d		MA	01118		•	(413) 250-244	11	
For	eign cou	intry name	Forei	gn province/state/county	Foreign post	tal code	C If exempt	ion application is pendir	g, check here	
								•		
G	Check	all that apply	☐ Initial retur	n 🖸 Initial return	of a former public of	charity	D 1 Foreig	n organizations, check h	nere	▶ 🔲
			Final retur		•	•	2 Foreig	n organizations meeting	the 85% test,	
		•	Address cl	nange 🔲 Name chang	ie '		1	here and attach comput		▶ 🔲
Н	Check	type of organi		ction 501(c)(3) exempt pr		15		foundation status was te	erminated under	_
	Section	on 4947(a)(1) no	onexempt charita		able private founda	ation	section 5	07(b)(1)(A), check here		▶ □
_		narket value of		J Accounting method		Accrual			•	
•		f year (from Par		Other (specify)	K) Oddii [,	1001 001		ndation is in a 60-month ction 507(b)(1)(B), check		▶ □
		6) > \$	3,904	_ , , , , , ,	e on cash basis)		diluci sec	(IOI) 307 (B)(1)(B), CHECK	, nere	٠ ا
٠p	art I	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	penses (The total of			l .		(d) Disbursen	nente
کلت	117	•		(d) may not necessarily	(a) Revenue and expenses per	(b) Ne	t investment	(c) Adjusted net	for chantab	
				(see instructions))	books	l ir	ncome	income	purposes (cash basis o	
	4	 			12 440	nation	Samian arma	Star William Section 2	(Casil Dasis C	7111y)
٠	1	*	•	eived (attach schedule)	12,448	G はみまだがり 会が変化をから	arensendari Sermandari	AND CONTRACTOR OF THE PARTY AND THE	THE STATE OF THE S	lasteid Historia
2	2			ot required to attach Sch B	TO A PARTICULAR TO BE TALLED	At 186 Ac Ac Ac	WINGS CHARACTER	2000年1800年1800年1800年1800年1800年1800年1800年		024813 34607-0
5	3		vings and tempo I interest from se	rary cash investments	T	ļ .			YOUR ADDRESS	Marian H
5	5a	Gross rents	i interest nom se	Curiu		<u> </u>			CONTRACTOR	argazan Edenesia
	b	Net rental inco	omo or (loce)	7	312m 5 7 7 63 5 45 1 5 5 7 8 7 8	miles.f	NEW TOWN	RECEIVEDING	OPPES	200 100 11 200 100 11
a	6a		• •	assets not on line to	12245-24465-2440-12413	100000000		MAINE VOSO	Toka IRI SANA	STATES AND STATES
Revenue	b	· ·	•		King the Control of t	- Comment	**************************************		0.00	DEC AND A
Ve.	l		e for all assets on lii et income (from		ing and any programmer in the contract of the	14485×3343 1	AND THE PROPERTY.	NOV 2.1	1119	Edulation .
Š	7 8		•	rantiv, line 2)		- TOWN 41	027 454450		500000	##96 34
-	1	Net short-term Income modifi				7,73,784,0	ting and	OGDEN, UT	AH	BARCOUT
	10a	•	returns and allowa	2000		26000000		OGDEN; O		27.22.01
	b	Less Cost of		ices	Defaire sex	A STORY	THE ROY LOS TO		#2##11##3	5000000
	C		goods sold r (loss) (attach s	chedule)	Best Har Children Alberta . L.	-480A	enderden er	I ABSTAND SUIT ON A SERVING		
	11	•	(attach schedule	· · · · · · · · · · · · · · · · · · ·	* ,	24888736846			2 2 3 2 3	2004
	12	•	es 1 through 11	•,	12,448		0	0		YA 3534
	13			ctors, trustees, etc	12,440	 		Ť	WAS CHARLES	INCHPENT-1
Se	14	•	ee salaries and v							•
	15,		, employee bene	-				JEGEINED IN C		
Ž.		- Legal fees (at		5.11.0		 		IRQ - 0/80 -	21	
3 3 1	· b	-	es (attach sched	lule)				007 401 20	40	
<u>√</u> 6	c		ional fees (attacl		•			0CT/01_20	19	
ä	17	Interest		•				/ .		
St	18		schedule) (see i	nstructions)				OGÓEN, UTA	4	
Operating and Administrative Exper	19	•	attach schedule					/	7.78 F-3.48	STA]
Ę	20	'Occupancy	,	, , , , , , , , , , , , , , , , , , , ,						
ξĕ	21		ences, and meet	tings				,		
2	22	Printing and p		,-						
<u> </u>	23		es (attach sched	ule) .						
100	24	•	•	trative expenses.		Ī				
at		Add lines 13 t		•	0		. 0	О		0
)e	25		gifts, grants pair	d	10,696	200	na vanan		10	,696
ō	26			s. Add lines 24 and 25	10,696	<u> </u>	0	0		,696
_	27		26 from line 12		10,000	HENDING				
	a a			and disbursements	1,752		100			
	b		•	gative, enter -0-)	1,752	00000000000000000000000000000000000000	0	4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	C		income (if nega	-		7.23		0		17.08
		justica net	voine (ii nega	470, OHIO 0 /	Trends The reposition of the property of	1 25 200 100 10	185260 2000 35 3 4 7 7 7 7		I CONTRACTOR CONTRACTOR	TARESTO COM

Pagell		, Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
	र्गार्थे ।	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	2,152	3,904	3,904	
	2	Savings and temporary cash investments				
	3	Accounts receivable	That are the	Y		
		Less allowance for doubtful accounts				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)	(Vovorilla di minimo de Vide de Million de M Million de Million de		ochidianecyterk hair reina (1220)irib oringotusaisti nastud pariptariiri	
		Less allowance for doubtful accounts				
įts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		<u> </u>		
Ä	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment, basis	a yeargeney was a nation of an engineering of the state o	and out the state of the state	properties in a succession of the succession of	
		Less accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	,			
•	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	2,152	3,904	3,904	
	17	Accounts payable and accrued expenses			是行為原源工作以前	
Ś	18	Grants payable				
Liabilities	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)			SECULATION OF THE SECOND	
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0	0	GEORGE SERVICE	
S		Foundations that follow SFAS 117, check here	,			
e S		and complete lines 24 through 26, and lines 30 and 31.				
<u>a</u>	24	Unrestricted				
Ba	25	Temporarily restricted			MANE OFFICE	
Þ	26	Permanently restricted				
or Fund Balances	i	Foundations that do not follow SFAS 117, check here				
ř		and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,152	3,904		
7	30	Total net assets or fund balances (see instructions)	2,152	3,904		
ž	31	Total liabilities and net assets/fund balances (see]			
В		instructions)	2,152	3,904	THE PROPERTY OF STREET	
	art III	Analysis of Changes in Net Assets or Fund Balances			<u> </u>	
1		net assets or fund balances at beginning of year—Part II, column (a)	, line 30 (must agree			
_		of-year figure reported on prior year's return)		1	2,152	
_		amount from Part I, line 27a		2	1,752	
3		increases not included in line 2 (itemize)		3		
		nes 1, 2, and 3		4	3,904	
5		eases not included in line 2 (itemize)	til ookuma /b\ lim = 0	5		
	iotai	net assets or fund balances at end of year (line 4 minus line 5)—Par	ı ii, column (b), line 3	0 6	3,904	

٠,		and(s) of property sold (for example, real es	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a_				<u> </u>		
b						
<u> </u>					-	
d						·
е	· 	<u> </u>		<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		Gain or (loss) us (f) minus (g))
a	···					
b c						
d						
е						
	Complete only for assets s	howing gain in column (h) and owned	by the foundation	n on 12/31/69	(I) Gains (Col (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	col (k), but	not less than -0-) or s (from col (h))
а						
b						
С						
d						- · · · · · · · · · · · · · · · · ·
е	·	C If con	alaa aatas in Da			
2	Capital gain net income o	r (net canital inss) 1 -	also enter in Pai), enter -0- in Pai	>	2	0
3	· · · · · · · · · · · · · · · · · · ·	n or (loss) as defined in sections 1		_		
	-	, line 8, column (c) See instructio	ns If (loss), ente	er -0- in }		_
Part	Part I, line 8	der Section 4940(e) for Redu	used Toy on N	lot Invoctment	3	0
Was t		ve this part blank section 4942 tax on the distributa ualify under section 4940(e) Do n			e period?	☐ Yes ☒ No.
1	·	ount in each column for each year		·	ng anv entries	
	(a) Base penod years	(b) Adjusted qualifying distributions		(c) of noncharitable-use as	sets	(d) Distribution ratio
Cal	endar year (or tax year beginning in 2017) / Ajastos qualifying disarbation		5. Honorianable 456 45	(col	(b) divided by col (c)) 0 000000
	2016		0		0	0 000000
	2015		ol -		0	0 000000
	2014	/ / / / / / / / / / / / / / / / / / / /	0		0	0 000000
	2013		0		0	0 000000
2	Total of line 1, column (d)	- · ·			2	0.00000
2 3	• • • • • • • • • • • • • • • • • • • •	for the 5-year base period—divide	the total on line	2 by 50 or by	2	0 000000
J	_	oundation has been in existence if		•	3	0 000000
4	Enter the net value of non	charitable-use assets for 2018 fro	m Part X, line 5		4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6				7	0
8	Enter qualifying distribution	ns from Part XII, line 4			8	10,696
	If line 8 is equal to or great Part VI instructions	iter than line 7, check the box in P	art VI, line 1b, ai	nd complete that ;	part using a 1%	tax rate See the

Form 99	0-PF (2018) CAMBODIAN MEDICAL CLINIC FOUNDATION INC	27-08309)25 _f	Page 4
Part \	Language Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruct	ions)		
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	a Constitution	CONTRACTOR	\$2000 BA
С	here ► X and enter 1% of Part I, line 27b 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-)		0	
3	Add lines 1 and 2		0	†
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	1		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	1	0	
6	Credits/Payments			7/5/201
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld . 6d			
7	Total credits and payments Add lines 6a through 6d 7	el elementes discussi	0	- Indiana
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	
_11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► Refunded ► 11		0	
	/II-A Statements Regarding Activities	-		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes Yes	
	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			
	instructions for the definition	1	1b	X is trough
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		型的型	
	published or distributed by the foundation in connection with the activities			225
	Did the foundation file Form 1120-POL for this year?	- T- ST-	1c	X navasti
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ (2) On foundation managers ▶\$	14.5 5-3		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
ŭ	on foundation managers . > \$	2		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	A0-2	2	X
	If "Yes," attach a detailed description of the activities	500 h	SUMMA	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Ľ	4b	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	L	5	X
	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	l£.		
-	conflict with the state law remain in the governing instrument?	_	6	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	100	7	X 85.4655889
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
L	MA If the angular is "Yes" to line 7, her the foundation furnished a convent form 000 DE to the Atlanta Constal	· - 🍃		
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) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<u>**</u>	3b	SANCE!
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			12.33
•	or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If	.	ii da	- ESSA
	"Yes," complete Part XIV		9	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			<u> </u>
	names and addresses	1.7	י ו או	l v

براعياة	Statements Regarding Activities (Continued)					
11 '	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	the			Yes	No
•	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a dis	qualified		1		
	person had advisory privileges? If "Yes," attach statement. See instructions			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption ap	plication?		13	l	X
	Website address					
14	The books are in care of Telephor					
		IP+4 ▶				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check		4 - 1			▶ ∟
40	and enter the amount of tax-exempt interest received or accrued during the year		15		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- No.
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or ot	ner autno	rity	40	Yes	No
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter t	ha		16	\$465. 55	X
	name of the foreign country	rie				
. Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Require	<u>d</u>		13,731, 82	SPECIAL PROPERTY.	1778 F1-4
~1. Q11 Q	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			1889 Y	Yes	No
10			•	70000.12	100 mg	
1a	During the year, did the foundation (either directly or indirectly)		[Z]			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			3
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	□ voo	X No			
	·	∐ Yes	=			
'	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	∐ Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
•	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
i	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)	∐ Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describ	ed in				
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instru	ctions	. —	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here		ightharpoons			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted	acts, that		1 2		
	were not corrected before the first day of the tax year beginning in 2018?			1c	<i>*</i>	410.73.3
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was	a private				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and					
	6e, Part XIII) for tax year(s) beginning before 2018?	∐ Yes	X No			
_	If "Yes," list the years 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4	1942(a)(2)	to	200	100	
_	all years listed, answer "No" and attach statement—see instructions)			2b	N/A	482 (884)
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	ears nere				
3a	▶ 20, 20					
Ja	at any time during the year?	Yes	X No		4.0	
h	•	_	<u> </u>			
, p	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the found disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approximately 1969).					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	•				
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	•	•			
	foundation had excess business holdings in 2018)	ii uic		3b	N/A	uesterst.
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purp	nses?		4a	11//	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz				3200	
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			4b	11/2/47/2	X
				- QQ(

CAMBODIAN MEDICAL CLINIC FOUNDATION INC Form 990-PF (2018) ' 27-0830925 Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-B 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 4945(e))? Yes X No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, Yes X No directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? X No Yes (4) Provide a grant to an organization other than a charitable, etc., organization described in ☐ Yes X No section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational Yes X No purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described 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 here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ No Yes If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums Yes X No on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Yes X No Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (b) Title, and average (c) Compensation (d) Contributions to (e) Expense account. (a) Name and address hours per week (If not paid, employee benefit plans other allowances devoted to position enter -0-) and deferred compensation NONE Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (d) Contributions to (b) Title, and average employee benefit (e) Expense account. (a) Name and address of each employee paid more than \$50,000 hours per week (c) Compensation plans and deferred other allowances devoted to position compensation

Total number of other employees paid over \$50,000

Form 990-PF,(2018) '

1 2 2	and Contractors (continued)	npioyees,
3	· Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E. <u>"</u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOI	NE .	
Tota	Il number of others receiving over \$50,000 for professional services	
Pa	Int IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	SOK SABAY MEDICAL CLINIC, MEDICAL SUPPLIES	
		10,696
2		-
3		
4		
· Da	Int IX-B Summary of Program-Related Investments (see instructions)	
	Int IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	Solide the targest program-related investments made by the roundation during the tax year on intest and 2	Amount
•		
2		
Al	other program-related investments. See instructions	
3		
T. 1	1 Add base 4 three ab 2	
I OTá	il. Add lines 1 through 3	0

Form **990-PF** (2018)

Part		ign foundati	ons,
	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
þ	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	. 0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	. 0
Part		tions	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Part	XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	10,696
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,696
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,696
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	nether the four	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

Page 9

art	art XIII. Undistributed Income (see instructions)						
```			(a)	(b)	(c)	(d)	
1 ~	Distributable amount for 2018 from	n Part XI,	Corpus	Years prior to 2017	2017	2018	
	line 7		Service and the service of the servi				
2	Undistributed income, if any, as of the	end of 2018			Note that the Con-	71 4 22 4 55 year	
а	Enter amount for 2017 only				0	3,4	
b	•	20 , 20					
3	Excess distributions carryover, if a			K74K9779677975			
а	From 2013	,					
b	From 2014						
С	From 2014	•					
d	From 2016						
е	From 2017						
f	Total of lines 3a through e		0				
4	Qualifying distributions for 2018 fro	om Part XII,	78 (18 CENTRAL SECTION 18 CENTRA				
	line 4 ▶ \$ 10,696						
а	Applied to 2017, but not more than	line 2a					
b	Applied to undistributed income of	prior years					
	(Election required—see instruction	is)		1			
С	Treated as distributions out of corp	ous (Election					
	required—see instructions)						
d	Applied to 2018 distributable amou	unt	MANAGEMENT OF THE PROPERTY OF			*	
е	Remaining amount distributed out	of corpus	10,696			AME DO SERVICE	
5	Excess distributions carryover app	lied to 2018				• • •	
	(If an amount appears in column (c	d), the same				,	
	amount must be shown in column	(a) )					
6	Enter the net total of each column	nn as	,				
	indicated below:						
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	10,696		Brand Andrews		
b	Prior years' undistributed income	Subtract					
	line 4b from line 2b			0			
С	Enter the amount of prior years' ur						
	income for which a notice of deficie	=					
	been issued, or on which the section	on 4942(a)					
	tax has been previously assessed						
d	Subtract line 6c from line 6b Taxal	ble			San Zarati da		
	amount—see instructions		TO SECURE THE SECOND SE	PROSA TERMINANTAN	Carragina Andria	1957 C. 2012 (1957)	
е	Undistributed income for 2017 Sul 4a from line 2a Taxable amount—				, ,		
		see			_		
f	Instructions Undistributed income for 2018 Sul	htract lines			U NAME OF THE PROPERTY OF THE	TO THE CONTRACT OF THE PARTY OF	
•	4d and 5 from line 1. This amount					ı	
	distributed in 2019	must be				_	
7	Amounts treated as distributions of	ut of cornus	- SAND TO SAND THE SAND SAND SAND SAND SAND SAND SAND SAND				
•	to satisfy requirements imposed by	•				154	
	170(b)(1)(F) or 4942(g)(3) (Electron		` •				
	required—see instructions)						
8	Excess distributions carryover from	n 2013 not					
	applied on line 5 or line 7 (see inst						
9	Excess distributions carryover to						
	Subtract lines 7 and 8 from line 6a		10,696				
10	Analysis of line 9				424 73004,4633		
а	Excess from 2014						
b	Excess from 2014						
С	Excess from 2016	,					
d	Excess from 2017			do Approximator aliminada		umas tantanamanan 2000 dagan daga	
е	Excess from 2018	10,696					

Form 99	CAMBODIAN MEDICA	L CLINIC FOUN	DATION INC		27-0830	925 Page <b>10</b>
Part,	XIV Private Operating Foundat	ions (see instri	uctions and Part V	/II-A, question 9)		V/A
1a``	If the foundation has received a ruling o	r determination le	etter that it is a privat	te operating		
•	foundation, and the ruling is effective for	2018, enter the	date of the ruling	•		
, p	Check box to indicate whether the foundation	n is a private oper	ating foundation descr	ibed in section	4942(j)(3)	or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a					0
c	Qualifying distributions from Part XII,					
•	line 4 for each year listed				/	0
d	Amounts included in line 2c not used directly					<del></del>
_	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(J)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iji)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income					0
Part		•	•	e foundation ha	d \$5,000 or more	in assets at
	any time during the year—		ns.)			
1_	Information Regarding Foundation M		ad annua than 20/ af t	ما المام المام المام المام المام المام المام المام	as reserved by the fe	ndation
а	List any managers of the foundation wh before the close of any tax year (but only					oundation
	before the close of any tax year (but only	y ii they have coi	illibuted more than t	\$5,000) (See Section	on 307 (a)(2) )	
	land and a second secon	100/	an of the steel of a		sevelly large person	of the
b	List any managers of the foundation who will ownership of a partnership or other entities.					or the
	ownership of a partitership of other entit	ly) or writer the ic	Juliuation has a 1076	or greater interest		
2	Information Regarding Contribution,	Grant Gift Loar	Scholarship etc	Programe:	<del></del>	
2	Check here ► ☐ if the foundation on		• • • • • • • • • • • • • • • • • • • •	•	ations and does not	accent
	unsolicited requests for funds. If the four					ассері
	conditions, complete items 2a, b, c, and	•	. •	<b>- -</b>		
	The name, address, and telephone num			whom application	s should be address	ed
u	The name, address, and telephone han	iber or eman add	ress of the person to	whom approalion	o onouid be address	Cu
b	The form in which applications should b	e submitted and	information and mate	erials they should in	nclude	
-	The second of th			and and periodical		
С	Any submission deadlines					
,					·	
d	Any restrictions or limitations on awards	, such as by geo	graphical areas, cha	ritable fields, kinds	of institutions, or ot	her
	factors					

Part XV. Supplementary Information (conting 3 Grants and Contributions Paid During	nued) the Year or Approv	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, amount
Name and address (home or business)  a Paid during the year  SOK SABY MEDICAL CLINIC  MAIN  PHUM TUM Cambodia	or substantial contributor	recipient	MEDICAL SUPPLIES	10,696
Total	<u>.l.</u>	<u> </u>	<b>▶</b> 3	3a 10,696
b Approved for future payment			•	
Total	<u> </u>	I	▶ 3	3 <b>b</b> 0

Form 990-PF (2018)

Enté	Analysis of Income-Producing Ac					
	er gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(0)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					
	a					··
	b					
	<u> </u>					
	d					
	e					
	T	1				<del></del>
2	g Fees and contracts from government agencies  Membership dues and assessments	1				
2	•					
3 4	Interest on savings and temporary cash investments  Dividends and interest from securities	<b></b>			<del></del>	
5	Net rental income or (loss) from real estate					
3	a Debt-financed property					
	b Not debt-financed property	<b>-</b>				
6	Net rental income or (loss) from personal property	l	··· - ·· · -	·		
7	Other investment income		·		****	
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory	1				
11	Other revenue a					-
•	b		·			
	c					
	d					
	e		•			
12	Subtotal Add columns (b), (d), and (e)	· ·	0		0	0
	Total. Add line 12, columns (b), (d), and (e)	L		L 1		0
					13	U
		)			13	<u>U</u>
(Se	e worksheet in line 13 instructions to verify calculations		ent of Exempt	Purposes	13	0
(See	e worksheet in line 13 instructions to verify calculations  **Relationship of Activities to the A	ccomplishme				
(See Par Lin	e worksheet in line 13 instructions to verify calculations	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
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(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
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(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
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(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	
(See Par Lin	e worksheet in line 13 instructions to verify calculations <b>Relationship of Activities to the A</b> e No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part >	(VI-A contributed	importantly to the es) (See instruction	

## Form 990-PF (2018) CAMBODIAN MEDICAL CLINIC FOUNDATION INC 27-0830925 Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) (2) Other assets 1a(2) Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) 1b(6) (6) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no (b) Amount involved Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations ☐ Yes ☐ No described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with the preparer show Here mi See instructions Yes Signature of officer or trustee Print/Type preparer's name Preparer's signature Date Check [ | if Paid LELAND D CHURCH LELAND D CHURCH 9/27/2019 self-employed P01317281 Preparer

LELAND D CHURCH ACC'T & TAX SERVICE

Firm's address > 61 BEEBE ROAD, MONSON, MA 01057

Firm's name

Use Only

04-2580342

(413) 267-3139

Firm's EIN ▶

Phone no

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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** 

CAMBODIAN MEDICAL CLINIC	C FOUNDATION INC	27-0830925			
Organization type (check one)	<del> </del>				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	idation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
• •	vered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule See			
General Rule					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribution roperty) from any one contributor. Complete Parts I and II. See instruction ibutions.				
Special Rules					
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions of a amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	990-EZ), Part II, line the greater of <b>(1)</b>			
contributor, during the y	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.				
contributor, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recipear, contributions exclusively for religious, charitable, etc., purposes, but one than \$1,000. If this box is checked, enter here the total contributions the exclusively religious, charitable, etc., purpose. Don't complete any of the proof this organization because it received nonexclusively religious, charitable eduring the year.	no such nat were received arts unless the			

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

Name of organization
CAMBODIAN MEDICAL CLINIC FOUNDATION INC

Employer identification number 27-0830925

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY HERRON  351 ARCADIA BLV  SPRINGFIELD MA 01118  Foreign State or Province  Foreign Country	\$6,000	Person  Payroll X  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVEN GRINSPOON  MGH 55 FRUIT ST  BOSTON MA 02119  Foreign State or Province  Foreign Country	\$6,000	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)