

Department of the Treasury Internal Revenue Service

## 2949301102707 EXTENDED TO NOVEMBER 15, 2019 **Return of Organization Exempt From Income Tax**

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

Openito Public

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u> F	or the	2018 calendar year, or tax year beginning and	ending						
В	heck if	C Name of organization		D Employer identifica	ation number				
X	Addres	HEALTH CARE ADVOCATES INTERNATIONAL IN	īC.		2004				
X   Name   Doing business as   81-4538081									
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 2595 MAIN STREET	Room/suite	E Telephone number (203)	345-0404				
_	∠return/ termin- ated		G Gross receipts \$	3,302,767.					
_	Ameno			H(a) Is this a group retu					
$\vdash$	_return ☐Applica	for subordinates?	Yes X No						
_	tion pendin	F Name and address of principal officer DR. GARY BLICK SAME AS C ABOVE		H(b) Are all subordinates incli					
ı T	27-076	empt status X 501(c)(3)	or \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		st (see instructions)				
	Website: ► WWW . HCAILLC . COM  H(c) Group exemption number								
	C Form of organization: X Corporation Trust Association Other ► L Year of formation: 2017 M State of legal domicile: CT								
	ırt[l]	Summary	[	<u> </u>					
		Briefly describe the organization's mission or most significant activities HEAL	TH CAR	E & WELLNESS	CLINIC				
S	'		•						
nan	2	Check this box I if the organization discontinued its operations or dispose	sed of more	than 25% of its net asse	ts				
Ver	1	Number of voting members of the governing body (Part VI, line 1a)		3	0				
පි	l .	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
Activities & Governance	l	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	8				
iţi	6	Total number of volunteers (estimate if necessary)		6	0				
cţi	72	Total unrelated husiness revenue from Part VIII. column (C), line 12		7a	0.				
ď	ь			7b	0.				
		Net unrelated business taxable income from Form 990-1, In BECEIVED		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,000.	2,000.				
	9	Program service revenue (Part VIII, line 2g)	위 🗆	231,253.	3,300,598.				
eke	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	RS-OSC	17.	169.				
œ	11 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 100 N	J=] [	0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (a) had		232,270.	3,302,7 <u>67.</u>				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,750.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		441,767.	1,133,230.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Expenses	b.	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>						
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		292,176.	547,977.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	733,943.	1,684,957.				
		Revenue less expenses Subtract line 18 from line 12		<501,673.>	1,617,810.				
Sor			Be	ginning of Current Year	End of Year				
Assets d Baland	20	Total assets (Part X, line 16)	<u> </u>	107,604.	1,159,324.				
of As		Total liabilities (Part X, line 26)	<u> </u>	609,277.	43,187.				
칊		Net assets or fund balances Subtract line 21 from line 20	I	<501,673.>	1,116,137.				
		Signature Block							
		tites of perjury, I declare that I have examined this return, including accompanying schedule			nowledge and belief, it is				
true,	rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								
		SHOW THE PARTY OF		Date					
oign Committee C									
Her	Here PATRICIA MCKNIGHT, EXECUTIVE DIRECTOR  Type or print name and title								
LD-th									
n.:.		Print/Type preparer's name  GREGORY C. MARAZITA  GREGORY C. MARAZITA	١ ٠٠٠	1.21.9 1 -	_pooc46E16				
Paid	- 1		OTIN I	<del></del>	11-1986323				
use	se Only Firm's address 555 LONG WHARF DRIVE NEW HAVEN, CT 06511 Phone no. (203) 781-9600								
14	, sha In		<del>-</del>	Friorie IIO. \ ZU	X Yes No				
		S discuss this return with the preparer shown above? (see instructions)		<del></del>	Form <b>990</b> (2018)				
JJ200	01 12-31	-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	JII5.		FURIT 999 (2018)				

		81-4538081	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>.                                    </u>	X
1	Briefly describe the organization's mission HEALTH CARE ADVOCATES INTERNATIONAL IS A HEALTH CLINIC FA THE AIM OF REDUCING THE MORBIDITY AND MORTALITY FROM HIV FIGHTING STIGMA & DISCRIMINATION AND ENDING HOMELESSNESS PREVENTION PROGRAMS, EDUCATION, ADVOCACY AND TREATMENT, W	AND STI'S BY	<u>Y</u>
_		TIN A TOCOD	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.		nd
	revenue, if any, for each program service reported (Code) (Expenses \$1, 0.78, 213. including grants of \$3, 750. (Revenue)	3,300,	598 \
4a	(Code) (Expenses \$1, U/8, 213. including grants of \$3, 750. ) (Revenue HEALTH CLINIC: FORMATION AND OPERATING CLINIC FOCUSING ON	AT.T. ACDROT	
	OF HIV AND STD TREATMENT, SERVICING OVER 450 PATIENTS IN		
	OF HIV AND STD TREATMENT, SERVICING OVER 450 PATIENTS IN	2010.	
		-	
	And the state of t	<del></del>	
	,		
		<del></del>	
		<del></del>	
4b	(Code) (Expenses \$) (Revenue	·\$	)
		<del>-</del>	
		<del></del>	
		· -	
		<del></del>	
			<del></del>
4c	(Code) (Expenses \$) (Revenue	.\$	)
		—- <u></u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	<u> </u>
<u>4e</u>	Total program service expenses ▶ 1,078,213.		
		Form 9	90 (2018)
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Form 990 (2018) HEALTH CARE ADVOCATES INTERNATIONAL INC.

Part IV | Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х.	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		<del></del> -1
••	as applicable			
į a	• •			
•	Part VI	11a	Х	
èb	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		<del>.</del>	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19	ļ	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	^-		Х
065-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	990	(2018)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			-
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		х
06	Schedule L, Part I	230		<del></del> -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00	х	
	complete Schedule L, Part II	26	Λ.	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	~~		х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
	instructions for applicable filing thresholds, conditions, and exceptions)			<u></u>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7,7
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u></u>
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L,
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	Ctatements negarating other interminant and rax compliance (continued)		1				
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 8						
	and for the dulchdar your driding that or water the year develop by the return	2b	X	20222			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	25					
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 00					
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
b	If "Yes," enter the name of the foreign country						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Ø.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	245.02.50	000406000			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х			
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year	7c	14.5	<u> </u>			
d	· · · · · · · · · · · · · · · · · · ·	7e		X			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X			
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X			
8							
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	///Twinnerse	vine organa V			
10	Section 501(c)(7) organizations. Enter		7				
а	Initiation fees and capital contributions included on Part VIII, line 12			173			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter	4.50					
a	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
12-	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		2100000			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	. 7	3 - 3			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	K.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
_	Note. See the instructions for additional information the organization must report on Schedule O		22				
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>			
15	Is the organization 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?	15	A Chilling	X			
	If "Yes," see instructions and file Form 4720, Schedule N			Ž.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	4 Tob	X			
	If "Yes," complete Form 4720, Schedule O	E0	, gan	(2018)			
		LOLU	1000	(2010)			

Form 990 (2018) HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Scriedule O. See instructions						
	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		*1				
b	Enter the number of voting members included in line 1a, above, who are independent	门影门					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?						
3							
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
, a	more members of the governing body?	7a		Х			
<b>L</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · ·					
D	persons other than the governing body?	7b		х			
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		[2880B				
8		8a		X			
а	The governing body?	8b		X			
ь	Each committee with authority to act on behalf of the governing body?	<del>       </del>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9	ĺ	х			
<u></u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	1 9 1					
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Т					
			Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	20220480002			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		<u> X</u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent			**			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		***				
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b	X	No.			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			180			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) a	vailat	ole			
	for public inspection. Indicate how you made these available. Check all that apply			-			
	Own website Another's website X Upon request Other (explain in Schedule O)						
40		d financi	al				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ınıarıcı	u!				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records			<del></del>			
	PATRICIA MCKNIGHT - (203) 345-0404 2595 MAIN STREET, STRATFORD, CT 06614						
		F	200	(0010)			
832006	3 12-31-18	⊦orm	JJU	(2018)			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(do box offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable Reportable compensation from from related						<b>(E)</b> Reportable compensation	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) PATRICIA MCKNIGHT	40.00	-		x				126,933.	0.	9,000	
(2) GARY BLICK	40.00		<del> </del>					120,3331		3,000	
СМО					х			288,226.	0.	0	
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Form 990 (2018)

Form **990** (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Mar Way		Check if Schedule O cont	taine a reenonce	or note to any lin	e in this Part VIII			
			a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1 8	Federated campaigns	1a					
ī a	Ŀ	Membership dues	1b					
ο è		Fundraising events	1c				rae L	1,42
# 1		d Related organizations	1d			100		a may
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contribut	ions) 1e			3530		- P
ē.	f	All other contributions, gifts, gran	its, and		of the same			A
걸		similar amounts not included abo	ive 1f	2,000.				
<b>E</b> C	9 (	Noncash contributions included in lines	1a-1f \$			100		
<u>ပို</u>	,	Total. Add lines 1a-1f			2,000.		10 20	19
				Business Code		100		
Program Service Revenue	2 8			621300	2,929,936.	<u>2,929,936.</u>		<u></u>
	ļ	PROGRAM REVENUE		621300	370,662.	370,662.		
S	(	> <u></u>						
a T	(	i			<u>-</u>			
<u>9</u> .	•	·						
ᇫ	f	All other program service reve	enue			V6W6	MANAGEMENT OF THE PROPERTY OF THE PARTY OF T	Total Communication and Action
		Total. Add lines 2a-2f			3,300,598.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)			169.			169.
	4	Income from investment of tax	x-exempt bond p	roceeds			<u> </u>	
	5	Royalties			Proper Marketon August Communication August Communication August Communication Communi	ACCES TRATEGRAPHICS 25 Y/F OFFICE C.	TO THE PROPERTY OF THE PARTY OF THE	** ***********************************
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	, t	•						
	Į.	Rental income or (loss)	<u> </u>				<u> </u>	
		Net rental income or (loss)		<u> </u>	Bandan and the state of the sta	MARKEMENT V DRITTS CONT	044378 <b>0</b> 4978788884778744	( ( ( )
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			A. 2. 44	
		assets other than inventory						
	4	Less cost or other basis						
		and sales expenses						
	1	Gain or (loss)		L				
		Net gain or (loss)				AND AND THE PROPERTY OF THE		
ř	8 a	Gross income from fundraising	-					174.2
enne		including \$	of					
E G		contributions reported on line						
Other Re	١.	Part IV, line 18 Less direct expenses	а					2.5
õ	"	•	b dravavna aventa			na e		
	l	<ul> <li>Net income or (loss) from func</li> <li>Gross income from gaming ac</li> </ul>					18. 6.49.10.66	
	"	Part IV, line 19				1900		
	١.	Less direct expenses	a ' b			100		etie
		: Net income or (loss) from gam			7.2.0		<u> </u>	
		Gross sales of inventory, less			3 × 2 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4 × 4		4 24	
	'` "	and allowances	a			The		
	۱,	Less cost of goods sold	b					
		: Net income or (loss) from sale					*/************************************	
	Ť	Miscellaneous Revenu		Business Code	77.77.44	4.4		642
	11 a		-					31111111111111111111111111111111111111
	ء ا							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>•</b>				9-13-14-0
	12	Total revenue. See instructions		<b>•</b>	3,302,767.	3,300,598.	0.	169.
					· · · · · · · · · · · · · · · · · · ·			Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part IX  On on include arounts reported on insex 6b, 7b, 8b, 9b, and 10b of Part Vivi  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to consestic middle seems of the programment organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of unduded above, to designalifed persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and 415, 415, 415, 415, 415, 415, 415, 415,	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
1			this Part IX	(C)	(D)				
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benetits part for or for members Compensation of current officers, directors, trustees, and key employees Compensation on included abovs, to disqualified persons (as defined under section 4958/(1/1)) and persons described in section 4958/(1/1) and 4		•	Total expenses	Program service	Management and				
2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 3  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 18 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	Grants and other assistance to domestic organizations							
and individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign querients, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees and contributions (include persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1) and 403(r) employer contributions)  Person plan acrusts and contributions (include section 401(k) and 403(r) employer contributions)  21, 996. 12, 344. 9, 652. 237, 996. 140, 426. 97, 570.  Payroll taxes  655, 041. 36, 498. 28, 543.  16 Fees for services (non-employees)  a Management  b Logal  c Accounting  d Lobbyring  e Professional fundraising services. See Part IV, line 17 Investment management fees  g Other (If line 11g amount exceeds 01% of line 25, cultimn (i) amount, list line 11g sepsess on Sch 0.)  Advertising and promotion  36, 977. 33, 173. 3, 804.  10 Travel  10 Payroll taxes  10 Cocupancy  11 Fayer  12 Payments of travel or entertainment expenses for any federal, state, or local public officials  13 Office expenses of tower of several residences, conventions, and meetings interest  19 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings interest to affiliates  19 Payments of travel or entertainment expenses for any federal, state, or local public officials for the expenses in Stratelle 0.)  34 (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3		and domestic governments. See Part IV, line 21	3,750.	3,750.					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 17 for members  5 Compensation of undividual above, to disqualified persons (as defined under section 4958(p(1)1) and persons described in section 4958(p(1)1) and persons described in section 4958(p(3)8)  7 Other saliance and wages  8 Penson plan accrusis and contributions (include section 401(x) and 403(p) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management  12 Legal  13 Legal  14 Lobbying  15 Professional fundraising services. See Part IV, line 17 for Illinest in the 11g expenses on Sch O.)  16 Advertising and promotion  17 Travel  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  10 Information technology  10 Information technology  11 Payments to affiliates  11 Payments to affiliates  12 Depreciation, and amortization (ansurance access 10% of line 25, column (A) amount, list line 24e expenses on Schedule (.)  20 Interest  21 Payments to fitavel or entertainment expenses for any federal, state, or local public officials  22 Depreciation, and amortization (ansurance)  23 Insurance  24 Other expenses (lamize expenses on Schedule (.)  24 AUROLL SERVICE  25 S, 822.  26 PROPERTY TAXES  369.  369.  369.  389, 288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 159.  288, 226.  126, 933.  415, 5297.  227, 741.  27, 741.  288, 226.  21, 946.  45, 217.  45, 813.  46, 88.  46, 88.  46, 88.  46, 88.  46, 88.  46, 88.  47, 68.  47, 68.  48, 68.  49, 682.  40, 787.  40, 788.  41, 688.  40,	2	Grants and other assistance to domestic							
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(1)(1)) and persons described in section 4958(1)(1) and section 401(1) and 403(1) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) 11 Fees for services (non-employees) 12 Legal 12 C Accounting 13 Chapter of the first of t		individuals. See Part IV, line 22							
Individuals See Part IV, lines 15 and 16   Individuals See Part IV, lines 15 and 16   Individuals See Part IV, lines 15 and 16   Individuals See Part IV, line 17   Investment amangement See Service of Compensation of current officers, directors, trustees, and key employees   Individuals See Part IV, line 17   Investment management See See Part IV, line 17   Investment management See See See See See See See See See Se	3	Grants and other assistance to foreign			4 - 4				
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employes 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and 495, and 10 a		organizations, foreign governments, and foreign			77	E de la companya de			
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation on included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described under section 4958(f)(1)) and persons described under section 4958(f)(1)) and persons described under section 4958(f)(1)) and persons described in section 4958(f)(1) and 4958 as a section 4958(f)(1) and 4958 as a section 4958(f)(1) and 4958 as a section 4958(f) and 4958 as a section 4958 as a section 4958(f) and 4958 as a section 4958 as a section 4958 as a section 4958(f) and 4958 as a section 495		individuals See Part IV, lines 15 and 16			2745				
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persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)  7		trustees, and key employees	415,159.	288,226.	126,933.				
persons described in section 4958(c)(3)(B) 7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 12,344. 9,652. 9 Other employee benefits 12,37,996. 140,426. 97,570. 10 Payroll taxes 11 Fees for services (non-employees) 12 Advantagement 13 Legal 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 for Investment management fees 19 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 19 Payments to affiliates 20 Depreciation, depletion, and amortization Insurance 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses Interest 19 Special Speci	6	Compensation not included above, to disqualified							
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8 Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 (10 Fees for any federal, state, or local public officials 16 Occupancy 17 Travel 18 Payments of affiliates 20 Conferences, conventions, and meetings Interest 21 (19 Fees for services) 21 (19 Fees for services (non-employees) 22 (20 Fees for services (non-employees) 36 (10 Fees for services) 37 (10 Fees for services (non-employees) 38 (10 Fees for services) 38 (10 Fees for services) 39 (10 Fees for services (non-employees) 30 (10 Fees for services) 30 (10 Fees for service) 30 (10 Fees for		persons described in section 4958(c)(3)(B)							
Section 401(k) and 403(b) employer contributions   21,996	7	Other salaries and wages	393,038.	165,297.	227,741.				
9 Other employee benefits	8								
10   Payroll taxes   65,041   36,498   28,543		section 401(k) and 403(b) employer contributions)							
## Professional fundraising services. See Part IV, line 17  ## Coulomb (A) amount, list line 11g expenses on Sch 0.)  ## Advertising and promotion  ## Coccupancy	9	Other employee benefits							
a Management b Legal	10	Payroll taxes	65,041.	36,498.	28,543.	<del></del>			
b Legal	11	Fees for services (non-employees)							
C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  2 Advertising and promotion 36, 977. 33, 173. 3, 804.  3 Office expenses 58, 815. 38, 527. 20, 288.  14 Information technology Royalties 6 Occupancy 7 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest 19 Payments to affiliates 20 Depreciation, depletion, and amortization linsurance 10 Insurance 21 Office expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on Schedule 0.)  a MEDICAL SUPPLIES b ZIMBABWE AIDS PROJECT c PAYROLL SERVICE 7 APYROLL SERVICE 3 3,917. 2,198. 1,719. d PROPERTY TAXES	а	Management							
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization linsurance 23 Insurance 24 Other expenses, Itemize expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 25 Interest 26 Interest 27 Depreciation, depletion, and amortization linsurance 38 A 252. 34,2	b	Legal		45,873.	30,582.				
Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion 36, 977. 33, 173. 3, 804.  Advertising and promotion 36, 977. 33, 173. 3, 804.  Information technology 42, 072. 42, 072.  Royalties 93, 189. 55, 913. 37, 276.  Travel 93, 189. 55, 913. 37, 276.  Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 19, 919. 19, 919.  Payments to affiliates 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	c	Accounting	5,870.	3,522.	2,348.	<del></del>			
Investment management fees   Gother (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   4, 688.   4, 688.	d	Lobbying							
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   Advertising and promotion   36,977.   33,173.   3,804.     Office expenses   58,815.   38,527.   20,288.     Information technology   42,072.   42,072.     Royalties   60 Cocupancy   93,189.   55,913.   37,276.     Travel   43,541.   43,541.     Payments of travel or entertainment expenses for any federal, state, or local public officials     Conferences, conventions, and meetings linterest   19,919.     Payments to affiliates   19,919.   19,919.     Payments to affiliates   29 Depreciation, depletion, and amortization   4,521.   4,521.     Insurance   34,252.   34,252.     Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     MBDI CAL SUPPLIES   67,570.   67,570.   0.     MBDI CAL SUPPLIES   57,5822.   55,822.     DAYROLL SERVICE   3,917.   2,198.   1,719.     d PROPERTY TAXES   369.   369.	e	Professional fundraising services. See Part IV, line 17							
Column (A) amount, list line 11g expenses on Sch 0.)   Advertising and promotion   36,977.   33,173.   3,804.     Office expenses   58,815.   38,527.   20,288.     Information technology   42,072.   42,072.     Royalties   0 Cocupancy   93,189.   55,913.   37,276.     Travel   43,541.   43,541.     Payments of travel or entertainment expenses for any federal, state, or local public officials     Conferences, conventions, and meetings   interest     Payments to affiliates   19,919.   19,919.     Payments to affiliates   29 Depreciation, depletion, and amortization   4,521.   4,521.     Insurance   34,252.   34,252.     Other expenses illemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schotule 0.)     A MEDICAL SUPPLIES   67,570.   67,570.   0.     B ZIMBABWE AIDS PROJECT   55,822.   55,822.     C PAYROLL SERVICE   3,917.   2,198.   1,719.     d PROPERTY TAXES   369.   369.	f	Investment management fees							
12 Advertising and promotion   36,977.   33,173.   3,804.       13 Office expenses   58,815.   38,527.   20,288.     14 Information technology   42,072.   42,072.     15 Royalties   93,189.   55,913.   37,276.     17 Travel   43,541.   43,541.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   19,919.     19 Payments to affiliates   19,919.   19,919.     19 Payments to affiliates   24,521.   34,252.     20 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on Stedule 0.) a medical mine 24e expenses on Stedule 0.) a MEDICAL SUPPLIES   57,822.   55,822.     20 Departy TAXES   369.   369.     36,977.   33,173.   3,804.     34,527.   20,288.     42,072.   42,072.     43,541.   43,541.     43,541.   43,541.     43,541.   43,541.     43,541.   43,541.     44,521.   4,521.     4,521.   4,521.     4,521.   34,252.     57,570.   67,570.   0.     57,570.   67,570.   0.     57,822.   55,822.     57,822.   55,822.     57,822.   369.     58,815.   38,527.   20,288.     42,072.   42,072.     42,072.   42,072.     43,541.   43,541.     43,541.   43,541.     43,541.   43,541.     43,541.   43,541.     44,521.   4,521.     4,521.   4,521.     4,521.   34,252.     57,822.   34,252.     57,822.   55,822.     57,822.   55,822.     57,823.   37,276.     57,913.   37,276.     57,	9	Other (If line 11g amount exceeds 10% of line 25,							
13 Office expenses   58,815.   38,527.   20,288.     14 Information technology   42,072.   42,072.     15 Royalties   93,189.   55,913.   37,276.     17 Travel   43,541.   43,541.     18 Payments of travel or entertainment expenses for any federal, state, or local public officials     19 Conferences, conventions, and meetings   Interest   19,919.     19 Payments to affiliates   19,919.   19,919.     19 Payments to affiliates   19,919.   19,919.     19 Payments to affiliates   19,919.   19,919.     21 Payments to affiliates   4,521.   4,521.     22 Depreciation, depletion, and amortization   24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     24 Amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)     3 MEDICAL SUPPLIES   67,570.   67,570.   0.     4 DEMABWE AIDS PROJECT   55,822.   55,822.     5 DEMARSWICE   3,917.   2,198.   1,719.     4 PROPERTY TAXES   369.   369.		column (A) amount, list line 11g expenses on Sch O.)	4,688.	4,688.		4-4-0			
Information technology	12	Advertising and promotion							
15   Royalties	13	Office expenses			20,288.				
16 Occupancy       93,189.       55,913.       37,276.         17 Travel       43,541.       43,541.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       19 Conferences, conventions, and meetings         19 Conferences, conventions, and meetings interest       19,919.       19,919.         20 Interest       19,919.       19,919.         21 Payments to affiliates       20 Depreciation, depletion, and amortization insurance       4,521.       4,521.         23 Insurance       34,252.       34,252.         24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) amount, list line 24e expenses on Schedule 0.)       67,570.       67,570.       0.         2 ZIMBABWE AIDS PROJECT c PAYROLL SERVICE       3,917.       2,198.       1,719.         4 PROPERTY TAXES       369.       369.	14	Information technology	42,072.	42,072.					
17   Travel   43,541.   43,541.	15	Royalties							
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  MEDICAL SUPPLIES  TIMBABWE AIDS PROJECT  PAYROLL SERVICE  PROPERTY TAXES  19,919.  19,919.  19,919.  19,919.  14,521.  4,521.  34,252.  34,252.  34,252.  67,570.  67,570.  67,570.  0.  55,822.  55,822.  369.	16	Occupancy			37,276.				
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.)  MEDICAL SUPPLIES  MEDICAL SUPPLIES  E ZIMBABWE AIDS PROJECT  PAYROLL SERVICE PROPERTY TAXES  19,919.  19,919.  19,919.  19,919.  19,919.  14,521.  4,521.  34,252.  34,252.  34,252.  67,570.  67,570.  67,570.  0.  55,822.  55,822.  1,719.  369.	17	Travel	43,541.	43,541.		<u> </u>			
Conferences, conventions, and meetings interest 19,919. 19,919. 19,919. 21 Payments to affiliates 24. Depreciation, depletion, and amortization 19,521. 19,521	18	Payments of travel or entertainment expenses							
19,919.   19,919.   19,919.		for any federal, state, or local public officials				<u> </u>			
Payments to affiliates   Depreciation, depletion, and amortization   4,521.   4,521.	19	Conferences, conventions, and meetings							
Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  MEDICAL SUPPLIES  DEPROYECT  DEPROYEC	20	Interest	19,919.		19,919.				
1   1   2   2   2   34 , 252   34 , 252   2   2   2   2   2   2   2   2   2	21	Payments to affiliates							
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a MEDICAL SUPPLIES  b ZIMBABWE AIDS PROJECT  c PAYROLL SERVICE  d PROPERTY TAXES  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e in line 24e. If line 24e expenses on Schedule 0.)  67,570.  67,570.  0.  55,822.  55,822.  7198.  1,719.  369.	22	Depreciation, depletion, and amortization							
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a MEDICAL SUPPLIES 67,570. 67,570. 0.  b ZIMBABWE AIDS PROJECT 55,822. 55,822.  c PAYROLL SERVICE 3,917. 2,198. 1,719. d PROPERTY TAXES 369. 369.	23	Insurance	34,252.	34,252.					
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       67,570.       67,570.       0.         6 ZIMBABWE AIDS PROJECT       55,822.       55,822.       55,822.         6 PAYROLL SERVICE       3,917.       2,198.       1,719.         6 PROPERTY TAXES       369.       369.	24								
amount, list line 24e expenses on Schedule 0.)  a MEDICAL SUPPLIES  b ZIMBABWE AIDS PROJECT  c PAYROLL SERVICE  d PROPERTY TAXES  amount, list line 24e expenses on Schedule 0.)  67,570.  67,570.  67,570.  95,822.  55,822.  3,917.  2,198.  1,719.  369.						*			
b ZIMBABWE AIDS PROJECT 55,822. 55,822. c PAYROLL SERVICE 3,917. 2,198. 1,719. d PROPERTY TAXES 369. 369.		amount, list line 24e expenses on Schedule O.)							
c PAYROLL SERVICE 3,917. 2,198. 1,719. d PROPERTY TAXES 369. 369.	а				0.				
d PROPERTY TAXES 369.	b					<u></u>			
	С			2,198.					
e All other expenses	đ	PROPERTY TAXES	369.		369.				
	е	All other expenses							
25 Total functional expenses. Add lines 1 through 24e 1,684,957. 1,078,213. 606,744.	25	Total functional expenses. Add lines 1 through 24e	1,684,957.	1,078,213.	606,744.	0.			
26 Joint costs. Complete this line only if the organization	26	Joint costs. Complete this line only if the organization							
reported in column (B) joint costs from a combined		reported in column (B) joint costs from a combined							
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.							
Check here In following SOP 98-2 (ASC 958-720)		Check here ff following SOP 98-2 (ASC 958-720)							

Bertham.	25.52.88	· · · · · · · · · · · · · · · · · · ·		. Long and the Control Mark	·		<u> </u>
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			45)
					(A) Beginning of year		(B) End of year
				<del></del>			850,411.
	. 1	Cash - non-interest-bearing			43,039.	1	030,411.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			20 516	3	154 (50
	4	Accounts receivable, net			29,516.	4	154,659.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees Complete			04 44 5
		Part II of Schedule L	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	5	21,415.		
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under			2.00
		section 4958(f)(1)), persons described in section	4958(c)	)(3)(B), and contributing			
		employers and sponsoring organizations of section	ion 501	(c)(9) voluntary	2.00		***
ıχ		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	98,500.
Ä	8	Inventories for sale or use				8	<u>.</u>
	9	Prepaid expenses and deferred charges				9	x
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	33,674.			
	b	Less accumulated depreciation	10b	8,335.	23,781.	10c	25,339.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line 1		13			
	14	Intangible assets	_	14			
	15	Other assets See Part IV, line 11	11,268.	15	9,000.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	107,604.	16	1,159,324.
	17	Accounts payable and accrued expenses	4,148.	17	43,187.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
s	22	Loans and other payables to current and former	officers	s, directors, trustees,			
iţi		key employees, highest compensated employee	s, and o	disqualified persons			
Liabilities		Complete Part II of Schedule L			112,362.	22	
<u> </u>	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties	492,767.	24	0.
	25	Other liabilities (including federal income tax, page	yables t	to related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			609,277.	26	43,187.
		Organizations that follow SFAS 117 (ASC 958)		k here 🕨 🔲 and			
ç		complete lines 27 through 29, and lines 33 and	d 34.		# <u>##</u> #########		A Committee of the Comm
ace	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets				28	·
g B	29	Permanently restricted net assets			WY MAN AND AND AND AND AND AND AND AND AND A	29	
5	-{	Organizations that do not follow SFAS 117 (A	SC 958	), check here 🕨 🗓			
<u>-</u>		and complete lines 30 through 34.			ET WORLD		
ets	30	Capital stock or trust principal, or current funds			0.	30	0.
\SS	31	Paid-in or capital surplus, or land, building, or eq		nt fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, c	or other funds	<501,673.>	32	1,116,137.
Z	33	Total net assets or fund balances		25	<501,673.>	33	1,116,137.
	34	Total liabilities and net assets/fund balances		37	107,604.	34	1,159,324. Form <b>990</b> (2018)
	ť						Form 350 (2018)

Form	990 (2018) HEALTH CARE ADVOCATES INTERNATIONAL INC.	<u>81-</u>	4538081	Page	e 12
Pa	TEXT Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		i l			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,302	2,76	7.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,684		
3	Revenue less expenses Subtract line 2 from line 1	3	1,617		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<501,	673	.>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			,
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	i			
	column (B))	10	1,116	<u>5,13</u>	<u>7.</u>
:Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			arametre a	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×(2) (	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both			of the of the	12 pm 1
	Separate basis Consolidated basis Both consolidated and separate basis			ا ئىشىنا	ليين
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		100	25,8
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			2	200
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	: audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			300	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audı			37
	Act and OMB Circular A-133?		3a	$-\!\!\!+$	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit		_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	<b>990</b> (2	(018)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization

HEALTH CARE ADVOCATES INTERNATIONAL INC.

Employer identification number 81-4538081

Pa	rt I	Reason for Public C	Charity Status (/	All organizations must co	mplete the	s part ) Se	e instructions	<u> </u>	
The	organ	zation is not a private found	ation because it is (F	For lines 1 through 12, cl	heck only	one box )		_	
1	Ň	A church, convention of chi					)(A)(i).		
2	一	A school described in secti						()	
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
	Ħ	A medical research organiza						the hospital's name	
4			ation operated in cor	ijunction with a nospitar	described	300110	ii iiologi igagaan aasa	aro rioopitar o riamo,	
_		An organization operated for	- the benefit of a col	laga ar unuvaraitu aumad	or operate	od by a go	vornmental unit describe	nd in	
5	ш			lege or university owned	or operati	eu by a go	verimental unit describe	iu III	
	$\overline{}$	section 170(b)(1)(A)(iv). (C							
6	닞	A federal, state, or local gov	•				•		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	mmental	unit or from the general p	oublic described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II )						
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	t II )				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college	
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the r	name, city,	and state of the college	or	
		university		•					
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from o	ontributio	ns, membership fees, an	d gross receipts from	
		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor		(less section of reak) no	an bosines	oco aoquii	ed by the organization a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	$\overline{}$	An organization organized a		unly to toot for public col	iohi Soo	oostion Ef	10/a)/4\		
11	=	An organization organized a						nurnases of one or	
12	ш								
		more publicly supported org						Meck the box in	
	_	lines 12a through 12d that o							
а		Type I. A supporting orga							
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting	
		organization You must c							
b	L	Type II. A supporting orga	anızatıon supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	ind functionally integrate	d with,	
		its supported organization							
d		Type III non-functionally						ation(s)	
		that is not functionally int							
		requirement (see instructi							
_		Check this box if the orga	•	•					
е							Type i, Type ii, Type iii		
	C-4.	functionally integrated, or	• •	ially liftegrated supporting	ig Organiz	ation			
f		er the number of supported of	-	d(a)					
g		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)	
				above (see instructions))	162	NO			
		<u> </u>							
					-			_	
					ļ				
					<u></u>				
Tota	ıl				,				

# Schedule A (Form 990 or 990-EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page 2 [Partill] Support Schedule for Organizations Described in Sections 170/h)/11/AV(a) and 170/h)/41/AV(a)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part ill )

Calendar year (or fiscal year beginning in) P  1 Grits, grants, contributions, and membership fees received (Do not include any "unusual grants")  2 Tax revenues levied for the organization is behalf to expend on this behalf is a strong or expended on this behalf is a structure of the organization without charge or the organization without charge organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Several his storalina is Section B. Total Support  Calendar year (or fiscal year beginning in) P  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securates boards, rents, royalbes, and income from amiliar sources activities, whether or not the business is regularly carmed on 10. Other income Do not include gran or loss from the sale of capital assess (Explain in Part VI)  11 Total support. Add lines? Through 10  20 Fublic support Add lines? Through 10  21 Total support. Add lines? Through 10  21 Total support. Add lines? Through 10  22 Gross receipts from related activities, etc. (see instructions)  22 Total support. Add lines? Through 10  23 Total support. Add lines? Through 10  24 Public support percentage for 2018 (line 6, column it) divided by line 11, column (f)  25 Public support percentage for 2018 (line 6, column it) divided by line 11, column (f)  26 Total support. Add lines? Through 10  27 Total support and columnia as a publicly supported organization or heart of the organization qualifies as a publicly supported organization meets the "facts and-oricumstances" test, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-oricumstances" test. The organization did not check a box on line 13, 16a, 17b, 17b, check this box and stop here. Explain in Part	Sec	ction A. Public Support						
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								▶ □
Cabadula A ICawa DDD as DDA C71 DA40	<u>18</u>	Private foundation. If the organization	on did not check a	00x on line 13, 16	a, 160, 1/a, or 17b			or 990-E7\ 2019

## Schedule A (Form 990 or 990-EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed b	elow, please comp	olete Part II )				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(-)	(	(0)	(-)	1-1-1-1	^
membership fees received (Do not						/
include any "unusual grants.")					ļ	<u> </u>
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					/	
iness under section 513					/	
4 Tax revenues levied for the organ-					/	
ization's benefit and either paid to				/		
or expended on its behalf						
5 The value of services or facilities	,					
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				/		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				/		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)		·		-	- '1	
Section B. Total Support						-
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	1-1	,,	7			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income		,	/			
(less section 511 taxes) from businesses		/				
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	L	L_/				
14 First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a section	1 501(c)(3) organiza	ation,
check this box and stop here Section C. Computation of Publi	c Support Per	/ dentage				<u> </u>
15 Public support percentage for 2018 (li			volumo (6)		15	
16 Public support percentage from 2017		=	olariir (ij)		16	<u>%</u>
Section D. Computation of Inves					161	70
17 Investment income percentage for 20	<del></del>		20 13 column (A)		17	
		•	ie 13, column (f))		17	<u>%</u>
18 Investment income percentage from 2			n line 14 and line	15 is mare than 0	18   3 1/3% and line 1	7 is not
19a 33 1/3% support tests - 2018. If the	- /					, 19 110r
more than 33 1/3%, check this box an	• /	-				اسا 🔻
b 33 1/3% support tests - 2017. If the	- /					no ▶□
line 18 is not more than 33 1/3%, chec	/	, –	•		=	
20 Private foundation. If the organizatio	/ July HOL CHECK & I	55 OH IIIIE 14, 198	i, or rap, check thi			or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page 4 Part V Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

James (November 2017)	Yes	No
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Sche	edule A (Form 990 or 990-EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-	<u> 453808:</u>	1 Pa	ige 5
Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			444
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?	11a		***************************************
	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations	<del></del> T	\/	
		79532:1884/21	Yes	<u>No</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			7.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2	**********	(7a 477b/1978
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
360	tion of type it supporting organizations	<u> </u>	V	NI-
		225024	Yes	No Ø3864
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			2
	or management of the supporting organization was vested in the same persons that controlled or managed		1 400	2.6
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		<i></i>	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			552
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		# 25.55	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	4.77	~ ,	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u>ب</u> ہ ڈیڑ	
		2		<u></u>
	the organization maintained a close and continuous working relationship with the supported organization(s)	Z	July Karal St	4141XX
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		83. P	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	<u> ~~~</u>	ÁPE
	supported organizations played in this regard.	_ 3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions).		
2	Activities Test Answer (a) and (b) below.		Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	200		
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	#PART		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	*		
	•			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		224
	that these activities constituted substantially all of its activities	24	\$87.78X	282340
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	200 AV	<i>32</i> /2	
	activities but for the organization's involvement	2b	ALMONOUS .	C6000000000000000000000000000000000000
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		£72	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (For	m 990 or 99	0-EZ1	2018

Schedule A (Form 990 or 990 EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year **Section B - Minimum Asset Amount** (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

CARE I	\ D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	antonat the Q	1_4538081
Schedule A (Form 990 or 990 EZ) 2018 HEALTH CARE A Rart V Type III Non-Functionally Integrated 509			1-4330001 Page /
	o(a)(o) Supporting Orga	nizations (continued)	Current Year
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish ex			
2 Amounts paid to perform activity that directly furthers exem	ipt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses or supported organizations	S	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			-1
7 Total annual distributions. Add lines 1 through 6  8 Distributions to attentive supported organizations to which	the ergenization is responsive	<u> </u>	
•	ine organization is responsive		
(provide details in Part VI). See instructions.  9 Distributable amount for 2018 from Section C, line 6	<u> </u>		-
10 Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6	2 (2 A) (2 A) (2 A) (2 A)		<del>, , , , , , , , , , , , , , , , , , , </del>
Distributable amount for 2018 from Section C, line 6     Underdistributions, if any, for years prior to 2018 (reason-		The state of the second	
able cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014		77.7	225
·c From 2015			
d From 2016	attan aparet sa		
e From 2017			
f Total of lines 3a through e		425.0	
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount		ELECTION OF THE PROPERTY.	
i Carryover from 2013 not applied (see instructions)	_		
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D,			
line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if			
any Subtract lines 3g and 4a from line 2 For result greater			700 64
than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h		TO STORE OF S	
and 4b from line 1 For result greater than zero, explain in			
Part VI See instructions			The second secon
7 Excess distributions carryover to 2019. Add lines 3 <sub>j</sub>			
and 4c	NO PROCESSOR AND		
8 Breakdown of line 7			100
a Excess from 2014	25.465 467		23.2
b Excess from 2015			
c Excess from 2016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d Excess from 2017	d wellet		
e Excess from 2018	Name of the second	2272	Lina Bara

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Cumplement								538081 Page
	Part IV, Section A. line 1, Part IV, Sec Section D. lines 5.	I Informa , lines 1, 2, ction D, line , 6, and 8.	<b>ation.</b> Pro , 3b, 3c, 4b, es 2 and 3, and Part V.	vide the e 4c, 5a, 6, Part IV, Se Section E	xplanations requings, 9b, 9c, 11a, ection E, lines 1c, lines 2, 5, and 6	red by Part II, 11b, and 11c, 2a, 2b, 3a, ar . Also comple	line 10, Part II, lii , Part IV, Section nd 3b, Part V, line te this part for an	ne 17a or 17b, Par B, lines 1 and 2, P e 1, Part V, Section ly additional inform	t III, line 12, art IV, Section C, B, line 1e, Part V, ation
	(See instructions)			-				<del> </del>	
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32028 10-11-	18				20			Schedule A (For	n 990 or 990-EZ) 20

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

**Employer identification number** 

	HEALTH CARE ADVOCATES INTERNATIONAL INC.	81-4538081
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	<u> </u>
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	<u> </u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confern	ring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	/ important land area
	Protection of natural habitat Preservation of a certified hi	storic structure
	Preservation of open space	<del></del>
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anization's accounting for
	conservation easements	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition, education, or research in furtherance of public exhibition.	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bath	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services.	vice, provide the following amounts
	relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, i	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832051 10-29-18

Schedule D (Form 990) 2018

Sche Par		CARE ADVOCATION OF A							Page 2
3	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition	c	l Dan or	exchange progr	ams				
b	Scholarly research	e	e Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organization	on's exemp	ot purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, historical t	easures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiz	ation answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribut	ions or other as	sets not in	cluded		_	
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table						
								Amount	
С	Beginning balance					1c			
ď	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow o	r custodial acco	unt liability	17		Yes	No No
b	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" or	Form 990, Part	IV, line 10				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d	1) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs							-	
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, columi	ı (a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held	d and administer	red for the	organiza	ation	_	- 1
	by								<u>′es No</u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization			72				3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	_	wment funds						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	a. See Form 990	), Part X, lir	ne 10			
	Description of property	(a) Cost or o	ther (b) C	ost or other	(c) Acc	cumulate	ed	(d) Book	value
		basis (investr	nent) ba	sıs (other)	depr	eciation			
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment			11,837.		3,3	82.		,455.
е	Other			21,837.		4,9	53.		,884.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X. column (B). lin	e 10c )			<b>•</b>	25	,339.

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	e 11b See Form 99	of valuation Cost or end-of-year market value
Financial derivatives	(b) Book value		, and a second s
2) Closely-held equity interests		<del></del>	
3) Other		<u> </u>	· · · · · · · · · · · · · · · · · · ·
(A)	<del></del>	<del></del>	
(B)		†	
(C)	<del>-</del>	<del>  -</del>	
(D)		<del>-</del>	<del></del>
(E)			
(F)	<del></del>	1	
(G)			
(H)	<del></del>	-	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	7.7	
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" o	n Form 990 Part IV lin		
(a) Description of investment	(b) Book value		of valuation Cost or end-of-year market value
(1)	<del></del>	1	· · · · · · · · · · · · · · · · · · ·
(2)	<del></del>		
(3)	-		····
(4)			<del></del>
(5)			····
(6)			<del></del>
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(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		BELIEF HALL	TAGENIA DE LES ENCONTRES
		13/23/28/10/20/20/20/20/20/20/20/20/20/20/20/20/20	\$2 75 WAR DI BU INCOME TO 127 N. A. C. E. Da
Part IX Other Assets.		NATIONAL CONTRACTOR	32 / 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin		
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin		
Complete if the organization answered "Yes" or			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D (1) (2) (3)			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4)			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4)			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5)			0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7)			0, Part X, line 15.
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7)	escription		0, Part X, line 15.
Complete if the organization answered "Yes" or (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X.* Other Liabilities.	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990. Part X. col. (B) line  Part X.**  Other Liabilities.  Complete if the organization answered "Yes" or	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990. Part X. col. (B) line  Part X** Other Liabilities.  Complete if the organization answered "Yes" of  (a) Description of liability	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X* Other Liabilities.  Complete if the organization answered "Yes" of  (a) Description of liability  (1) Federal income taxes	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" or  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X** Other Liabilities.  Complete if the organization answered "Yes" or  (a) Description of liability  (1) Federal income taxes  (2)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X* Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X* Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of  (a) D  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990. Part X. col. (B) line  Part X** Other Liabilities.  Complete if the organization answered "Yes" of  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X** Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value
Complete if the organization answered "Yes" of (a) D  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11d See Form 99	0, Part X, line 15.  (b) Book value

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 HEALTH CARE ADVOCATES I		81-4538081 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	7
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	<b></b>
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
_			-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	a_	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII )	4b	<del>     </del>
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	) otomonts With Evnances per	5
Pa	t XII Reconciliation of Expenses per Audited Financial St		neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a.	T. I
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses	_2c	_
d	Other (Describe in Part XIII )	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	81	5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4 Part IV lines 1h and 2h Part V line	e 4 Part X. line 2. Part XI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		.,,,,
	Ed and 40, and 1 are will into 20 and 10 7 400 complete the part to provide a	ny additional information.	
	·		
	* - *** ·		
	1301-1-35-11		
	· · · · · · · · · · · · · · · · · · ·	<del></del>	

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

**Employer identification number** 

HEALTH CARE ADV	OCATES II	NTERNATIO	ONAL INC.	81-4538083	1
Rärtil General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
Form 990, Part I					
-			ds to substantiate the amount of its gra		
the grantees' eligibility f	for the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance?	Yes No
	cribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outside	de the
United States	3 4-11 D+			and ad V	
			n be duplicated if additional space is n		(f) Total
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to		for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	<del>-</del>	PROVIDING FUNDS TO	
				ASSIST IN PAYMENTS FOR	
				PROCUREMENTS OF	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESSENTIAL SERVICES FOR	55,822.
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3 a Subtotal	0	0		id State of the st	55,822.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			55,822.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081

Fartill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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					,			
		,	-					·
	Control of the contro							
2 Enter total number of	recipient organizations	s listed above that are re	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	foreign country, r	ecognized as tax-exe	ımpt		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities ၉

Schedule F (Form 990) 2018

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HEALTH CARE ADVOCATES INTERNATIONAL	
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Page 3

Schedule F (Form 990) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81–4538081

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. 81-4538081

		_		•	, .	
(h) Method of valuation (book, FMV, appraisal, other)			,			Schedule F (Form 990) 2018
(g) Description of noncash assistance						Sched
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients						i
(b) Region						
(a) Type of grant or assistance (b) Region						

Schedule F (Form 990) 2018

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2018 HEALTH CARE ADVOCATES INTE	RNATIONAL	INC.	<u>81-4538081</u>	Page 5
Part V Supplemental Information				
. Provide the information required by Part I, line 2 (monitoring of funds), I				
investments vs expenditures per region), Part II, line 1 (accounting met				
(estimated number of recipients), as applicable. Also complete this part	to provide any add	itional information	n See instructions	
DADE T ITNE 2 COLLEGE /E).				
PART I, LINE 3, COLUMN (E):	<del></del>		****	
REGION: SUB-SAHARAN AFRICA				
(E) SPECIFIC TYPES OF SERVICES IN REGION:	PROVIDING	FUNDS TO	ASSIST IN	
PAYMENTS FOR PROCUREMENTS OF ESSENTIAL SER	VICES FOR	THE MINI	STRY OF	
WELLEN THE TIPE ADDITION AGE OF THE WELL	ATCORDY OF	TIPAT MIL M	O DDING	
HEALTH. THE FUNDS PROVIDED ASSISTED THE MI	NISTRY OF	HEALIH T	O BRING	
SERVICES TO THE COMMUNITIES WHO ARE FACING	THESE ECO	NOMIC HA	RDSHTPS AND	
DERVICED TO THE COMMUNITIES WHO THE THEIR	111111111111111111111111111111111111111	11011110 1111	12011110 1210	
WHO WILL NOT HAVE FINANCIAL MEANS TO TRAVE	L TO ACCES	S HEALTH	SERVICES.	
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## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

2018
Openito Public

OMB No. 1545-0047

Name of the organization

HEALTH CARE ADVOCATES INTERNATIONAL INC.

Employer identification number 81-4538081

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization **4**a a Receive a severance payment or change-of-control payment? 4h b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a a The organization? 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2018

Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VIII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
					other deferred	benefits	(B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GARY BLICK	(3)	288,226.	0	0	0	0	288,226.	0.
СМО		0	0	0	0	0.	0	0.
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Schedule J (Form 990) 2018

### **SCHEDULE L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury nternal Revenue Service	► Attach to Form 990 or Form 990-EZ.  Open To Publinspection  Go to www.irs.gov/Form990 for instructions and the latest information.  Open To Publinspection								ic						
Name of the organization		-	-				<del>.</del>				-	identi		on nur	nber
			RE ADVOC									380	81		
	Benefit Trans														
Complete it	f the organization	answ	ered "Yes" on F	orm 9	90, Pa	ırt IV, lı	<u>ne 25a or 25b</u>	, or	Form 990-EZ, Pa	art V, I	ne 40	<u>b</u>			
1 (a) Name of disqual	(b) Relationship between disqualified squalified person and organization (c) Description of transaction								Correc						
(2)			person and or	gamza	ation	$\rightarrow$			<u> </u>				Ye	<u>s</u>	No
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2 Enter the amount o	f tax incurred by	the org	ganization man	agers	or disq	jualifie	d persons dur	ng t	he year under						
section 4958											▶ \$				
3 Enter the amount o	f tax, if any, on lir	ne 2, a	bove, reimburs	ed by	the org	ganızat	ion				▶ \$				
Part II Loans to	and/or From	Into	rocted Dare	one											
						D41	/ l 00 5	٠	.000 Dark IV Iva	- 26 -				_	
· ·	f the organization amount on Forn					, Part \	, line 38a or F	orm	1990, Part IV, line	e ∠o, ¢	or II uri	e orgai	iizauo	ırı	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e	) Original	If	) Balance due	(g)	- In	(h) App		(i) W	ritten
interested person	with organiz		of loan		n the zetion?		ipal amount	``	,	defa		by boa		agreer	nent?
				То	From					Yes	No	Yes	No	Yes	No
DR. GARY BLI	CK CHIEF	ME	FUNDING		X	2:	95,173.		21,415.		Х	igsquare	Х		Х
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lotal							▶ \$		21,415.					L	
	r Assistance														
Complete i	f the organization	answ	ered "Yes" on F	orm 9	90, Pa										
(a) Name of intere	sted person		Relationship interested pers the organiza	on an		(4	c) Amount of assistance		(d) Type assistani				) Purp assista		
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 HEALTH CARE ADVOCATES INTERNATIONAL INC. 81-4538081 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: DR. GARY BLICK (B) RELATIONSHIP WITH ORGANIZATION: CHIEF MEDICAL OFFICER (C) PURPOSE OF LOAN: FUNDING OF ORGANIZATION FORM 990, SCHEDULE L, PART II DR. GARY BLICK (CHIEF MEDICAL OFFICER) TOOK OUT SEVERAL LOANS (RANGING FROM LOAN ORGANIZATIONS, PERSONAL LOANS, HELOC, AND ADVANCES FROM A LIFE INSURANCE POLICY) THROUGH OUT THE COURSE OF THE YEAR. THE INTEREST ON THESE LOANS RANGE FROM 0% - 16%. ALL BUT ONE LOAN HAD INTEREST RATES AT OR BELOW MARKET LEVELS. THE REASONING FOR TAKING ON A LOAN THAT MANY POINTS ABOVE PRIME MARKET RATE WAS DUE TO THE IMMEDIATE NEED FOR CAPITAL IN ORDER TO START OPERATIONS OF THE BUSINESS. THE REMAINING BALANCE AT THE END OF CURRENT TAX YEAR WAS PAID BACK IN FULL IN THE BEGINING OF THE SUBSEQUENT TAX YEAR.

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HEALTH CARE ADVOCATES INTERNATIONAL INC.

Employer identification number 81-4538081

Indiana Cara Indiana I
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ON THE LGBTQ AND HIV COMMUNITIES IN THE DEVELOPED AND DEVELOPING
WORLDS, IN ORDER TO END HIV AS A GLOBAL HEALTH CRISIS.
FORM 990, PART VI, SECTION A, LINE 8A:
DURING THE TAX YEAR, A BOARD OF DIRECTORS WERE NOT SET IN PLACE FOR THE
ORGANIZATION TO KEEP TRACK OF MINUTES AND DETAILS OF MEETINGS. THE
ORGANIZATION HAS SINCE THEN, ESTABLISHED A BOARD OF DIRECTORS TO MAINTAIN
AND DOCUMENT MEETINGS HELD AND UNDERTAKE ANY WRITTEN ACTION APROVED BY THE
ORGANIZATION AND GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 8B:
SEE EXPLAINATION FOR LINE 8A.
FORM 990, PART VI, SECTION B, LINE 11B:
DRAFT ISSUED.
FORM 990, PART VI, SECTION B, LINE 15B:
DR. GARY BLICK (CHIEF MEDICAL OFFICER) SET AND IMPLEMENTED COMPENSATION
AMOUNTS FOR ALL EMPLOYEES OF THE ORGANIZATION
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$ 

Schedule O (Form 990 or 990-EZ) (2018)