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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

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

1906

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

Name of foundation

CHINA MEDICAL BOARD, INC.

A Employer identification number 13-1659619

Number and street (or P O box number if mail is not delivered to street address) TWO ARROW STREET | Room/suite

B Telephone number (617) 979-8000

City or town, state or province, country, and ZIP or foreign postal code CAMBRIDGE, MA 02138

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: [X] Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

03

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 288,989,066.

J Accounting method: ☐ Cash ☐ Accrual [X] Other (specify) MODIFIED CASH (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	34,000,000.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	147,412.	147,412.	147,412.	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,108,949.			
	b Gross sales price for all assets on line 6a 12,008,310.				
	7 Capital gain net income (from Part IV, line 2)		12,517,811.		
	8 Net short-term capital gain			145,676.	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	12,932,426.	4,408,210.	4,408,210.	STATEMENT 1
	12 Total. Add lines 1 through 11	49,188,787.	17,073,433.	4,701,298.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	865,248.	26,195.	26,195.	839,053.
	14 Other employee salaries and wages	927,128.	29,378.	29,378.	897,750.
	15 Pension plans, employee benefits	419,170.	15,453.	15,453.	403,717.
	16a Legal fees STMT 2	57,878.	0.	0.	57,878.
	b Accounting fees STMT 3	55,422.	11,065.	11,065.	44,356.
	c Other professional fees STMT 4	268,426.	85,988.	0.	182,438.
	17 Interest		225,763.	225,763.	
	18 Taxes STMT 5	316,420.	87,218.	87,218.	98,000.
	19 Depreciation and depletion				
	20 Occupancy	250,415.	2,772.	2,772.	247,643.
	21 Travel, conferences, and meetings	783,013.	0.	0.	783,013.
	22 Printing and publications	5,995.	0.	0.	5,995.
	23 Other expenses STMT 6	1,693,214.	2,495,816.	2,495,816.	1,629,974.
	24 Total operating and administrative expenses. Add lines 13 through 23	5,642,329.	2,979,648.	2,893,660.	5,189,817.
	25 Contributions, gifts, grants paid	5,520,127.			5,520,127.
	26 Total expenses and disbursements. Add lines 24 and 25	11,162,456.	2,979,648.	2,893,660.	10,709,944.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	38,026,331.			
	b Net investment income (if negative, enter -0-)		14,093,785.		
	c Adjusted net income (if negative, enter -0-)			1,807,638.	

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13360604 152490 25676U 2018.05091 CHINA MEDICAL BOARD, INC. 25676U_1

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	2,046,438.	1,626,005.	1,626,005.
	2 Savings and temporary cash investments	8,400,887.	3,683,597.	3,683,597.
	3 Accounts receivable ▶ 179,504.			
	Less: allowance for doubtful accounts ▶	111,883.	179,504.	179,504.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 7	241,612,615.	283,499,960.	283,499,960.
	14 Land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	252,171,823.	288,989,066.	288,989,066.
Liabilities	17 Accounts payable and accrued expenses	220,336.	27,577.	
	18 Grants payable	1,630,004.	786,304.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	1,850,340.	813,881.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	247,773,842.	253,386,931.	
	25 Temporarily restricted	2,547,641.	34,788,254.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
29	30 **Total net assets or fund balances**	250,321,483.	288,175,185.	
30	31 **Total liabilities and net assets/fund balances**	252,171,823.	288,989,066.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	250,321,483.
2	Enter amount from Part I, line 27a	2	38,026,331.
3	Other increases not included in line 2 (itemize) ▶ CHANGE IN UNPAID GRANTS LIABILITY	3	843,700.
4	Add lines 1, 2, and 3	4	289,191,514.
5	Decreases not included in line 2 (itemize) ▶ CHANGE IN UNREALIZED VALUE OF INVESTMENTS (LOSS)	5	1,016,329.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	288,175,185.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e				12,517,811.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				12,517,811.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	12,517,811.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	145,676.

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	7,622,235.	241,442,993.	.031570
2016	8,747,843.	227,515,604.	.038449
2015	8,636,326.	222,487,262.	.038817
2014	9,920,484.	225,580,981.	.043977
2013	12,320,564.	216,204,709.	.056986

2	**Total** of line 1, column (d)	2	.209799
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.041960
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	255,580,088.
5	Multiply line 4 by line 3	5	10,724,140.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	140,938.
7	Add lines 5 and 6	7	10,865,078.
8	Enter qualifying distributions from Part XII, line 4	8	10,709,944.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ________ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	281,876.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	281,876.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	281,876.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a 216,805.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 40,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	256,805.
8 Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
9 **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	25,071.
10 **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	
11 Enter the amount of line 10 to be: **Credited to 2019 estimated tax** ▶	Refunded ▶	11	

Part VII-A Statements Regarding Activities

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file **Form 1120-POL** for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7 Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ MA, NY			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.CHINAMEDICALBOARD.ORG

14 The books are in care of ▶ JOHN LICHTEN, CAO/CFO Telephone no. ▶ 617-979-8000

Located at ▶ TWO ARROW STREET, CAMBRIDGE, MA ZIP+4 ▶ 02138

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 8			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

				Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
	Organizations relying on a current notice regarding disaster assistance, check here	▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	☐ Yes ☒ No			
	If "Yes," list the years ▶ ______, ______, ______, ______				
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? *(If applying section 4942(a)(2) to* ***all*** *years listed, answer "No" and attach statement - see instructions.)*	N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ ______, ______, ______, ______				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		X
Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☒ No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors SEE STATEMENT 10

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		865,248.	154639.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PHUONG LE - SUKHUMVIT RD, UBCII 1204A, NORTH KIONGTON, CHINA	DIRECTOR OF BANGKOK OFFICE 40.00	180,000.	28,656.	0.
WENKAI LI - OFFICE TOWER 2, NO. 79 JIANGUO RD, CHAOYANG, CHINA	DIRECTOR OF BEIJING OFFICE 40.00	161,756.	28,496.	0.
XIAO WANG TWO ARROW STREET, CAMBRIDGE, MA 02138	ACCOUNTING MANAGER 40.00	117,512.	34,288.	0.
PIYA HANVORAVONGCHAI - SUKHUMVIT RD, UBCII 1204A, NORTH KIONGTON, CHINA	PROJECT DIRECTOR,BANGKOK OFFICE 40.00	107,474.	20,906.	0.

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
ST. CATHERINE'S COLLEGE MANOR ROAD, OXFORD, OXFORD, UNITED KINGDOM	CONSULTANT	80,000.
CTRIP SH HUACHENG TRAVEL - BUILDING C, BUILDING 204, IT INDUSTRIAL PARK, NO. ,	TRAVEL	59,548.
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 GRANT MAKING IN WHICH CMB IS SIGNIFICANTLY INVOLVED IN THE PROGRAM AREAS OF HEALTH POLICY AND SYSTEM SCIENCES.	2,733,700.
2 SEE STATEMENT 11	1,759,387.
3 GRANT MAKING IN WHICH CMB IS SIGNIFICANTLY INVOLVED IN THE PROGRAM AREAS OF HEALTH PROFESSIONAL / MEDICAL EDUCATION.	1,733,400.
4 GRANT MAKING IN WHICH CMB IS SIGNIFICANTLY INVOLVED IN THE PROGRAM AREAS OF SOUTHEAST ASIA.	654,710.

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,299,439.
c	Fair market value of all other assets	1c	258,172,732.
d	**Total** (add lines 1a, b, and c)	1d	259,472,171.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	259,472,171.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,892,083.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	255,580,088.
6	**Minimum investment return.** Enter 5% of line 5	6	12,779,004.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ [X] and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5 2a		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	10,709,944.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	10,709,944.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	10,709,944.

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

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
b Total for prior years: ______ , ______ , ______				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ $				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2018 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7				
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section [X] 4942(j)(3) or [ ] 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	1,807,638.	623,241.	3,509,506.	1,048,800.	6,989,185.
b 85% of line 2a	1,536,492.	529,755.	2,983,080.	891,480.	5,940,807.
c Qualifying distributions from Part XII, line 4 for each year listed	10,709,944.	7,622,235.	8,747,843.	8,636,326.	35,716,348.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	10,709,944.	7,622,235.	8,747,843.	8,636,326.	35,716,348.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	8,519,336.	8,048,100.	7,583,853.	7,416,242.	31,567,531.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a *Paid during the year*				
ABDEL JAMAL R. DISANGCOPAN 36 CEANURI SUBDIVISION, TOMAS CABILI, ILIGAN CITY,, MANILA, PHILIPPINES 9200	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,714.
BENDAHARI UNIVERSITI MALAYA CANSELERI UNIVERSITI MALAYA, BANGUNAN, KUALA LUMPUR, MALAYSIA 50603	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	3,158.
CENTRAL SOUTH UNIVERSITY 110 XIANG YA ROAD CHANGSHA, HUNAN, CHINA 410078	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	80,000.
CENTRAL SOUTH UNIVERSITY 110 XIANG YA ROAD CHANGSHA, CHINA 410078	N/A	PC	SEE STATEMENT	200,000.
CENTRAL SOUTH UNIVERSITY 110 XIANG YA ROAD CHANGSHA, CHINA 410078	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES: DIABETES PREVENTION PROGRAM FOR RURAL WOMEN	75,000.
Total SEE CONTINUATION SHEET(S)			▶ 3a	5,520,127.
b *Approved for future payment*				
CENTRAL SOUTH UNIVERSITY 110 XIANG YA ROAD CHANGSHA, CHINA 410078	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	125,000.
HEALTH STRATEGY AND POLICY INSTITUTE A36 LN, HO TUNG MAU ST HAI NOI, VIETNAM 100000	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	125,000.
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	150,000.
Total SEE CONTINUATION SHEET(S)			▶ 3b	786,304.

** SEE PURPOSE OF GRANT CONTINUATIONS

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHINA HEALTH POLICY AND MANAGEMENT SOCIETY WRIGHT HALL, 305B ATHENS, GREECE 30606	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES: PHASE III PROJECT OF BUILDING CAPACITIES AND ASSISTING THE CAREER DEVELOPMENT OF CHINESE JUNIOR AND MIDCAREER SCHOLARS	18,700.
CHINA MEDICAL UNIVERSITY NO. 77 PUHE ROAD SHENYANG, LIAONING, CHINA P.R. CHINA	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: E-LEARNING: DERMATOLOGIST DISTANCE CME	80,000.
CHINA NATIONAL HEALTH DEVELOPMENT RESEARCH CENTER 9-1 CHEGONGZHUANG STREET XICHENG, BEIJING, CHINA	N/A	PC	HTAI 2020 CONFERNCE	100,000.
CHINA ORGAN TRANSPLANTATION DEVELOPMENT FOUNDATION NO. 6 EAST DAFOSI STREET, DONGCHENG DISTRICT BEIJING, BEIJING, CHINA	N/A	PC	TRANSPLANT CHINA MODEL	200,000.
DEPARTMENT OF OPTHALMOLOGY 2 PRANNOK ROAD, SIRIRAJ HOSPITAL, FACULTY OF MEDICINE UNIVERSITY, BANGKOK, THAILAND 10700	N/A	PC	THAI NATIONAL H PROF EDUCATION FORUM	50,000.
DO THUY DUONG SUITE 2606, 29T2 BUILDING, HOANG DAO THUY STR., CAU GIAY, HANOI, VIETNAM 100000	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,809.
FACULTY OF NURSING CHIANG MAI UNIVERSITY CHIANG MAI, THAILAND 50200	N/A	PC	ASEAN NURSING NETWORKS	50,000.
Total from continuation sheets				5,152,255.

823641 04-01-18

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FUDAN UNIVERSITY 220 HANDAN ROAD SHANGHAI, CHINA 200433	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:A COLLABORATING PROGRAM ON HEALTH TECHNOLOGY ASSESSMENT IN CHINA	200,000.
FUDAN UNIVERSITY 220 HANDAN ROAD SHANGHAI, CHINA 200433	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:AMBIENT AIR POLLUTION AND PUBLIC HEALTH IN CHINA	200,000.
GUANGXI MEDICAL UNIVERSITY 22 SHUANGYONG ROAD NANNING, CHINA 530021	N/A	PC	HEALTH SYSTEM BARRIERS TO VACCINATION	40,000.
HAINAN MEDICAL COLLEGE, HAINAN INSTITUTE OF TROPICAL MEDICATIONS NO. 3 XUEYUAN ROAD, LONGHOU DISTRICT HAIKOU CITY, HAINAN PROVINCE, CHINA	N/A	PC	HAINAN REFORM PROPOSAL	300,000.
HARBIN MEDICAL UNIVERSITY 157 BAOJIAN ROAD, NANGANG DISTRICT, HARBIN, HEILONGJIANG, CHINA 150086	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: E-LEARNING: GI ENDOSCOPIC IMAGES	40,000.
HARBIN MEDICAL UNIVERSITY 157 BAOJIAN ROAD, NANGANG DISTRICT, HARBIN, HEILONGJIANG, CHINA 150086	N/A	PC	PREFERENCE FOR PUBLIC MEDICAL INSTITUTIONS	40,000.
HARBIN MEDICAL UNIVERSITY 157 BAOJIAN ROAD, NANGANG DISTRICT, HARBIN, HEILONGJIANG, CHINA 150086	N/A	PC	PREFERENCE FOR PUBLIC MEDICAL INSTITUTIONS	40,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INDEPENDENT LIVING LEARNING CENTRE, INC. 1 BUENVIAJE ST. BARANGAY PLAINVIEW, MANDALUYONG CITY, MANILA, PHILIPPINES 1555	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	5,938.
INNER MONGOLIA MEDICAL UNIVERISTY JINSHAN DEVELOPMENT DISTRICT HOHHOT, INNER MONGOLIA AUTONOMOUS, CHINA 01	N/A	PC	INTERVENTION TO INCREASE PHC UTILIZATION	40,000.
KUNMING MEDICAL UNIVERSITY 1168 WEST CHUNRONG ROAD, YUHUA AVENUE, CHENGGONG DISTRICT KUNMING, YUNNAN, CHINA 650500	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	9,375.
LANZHOU UNIVERSITY NO. 199 DONGGANG WEST ROAD LANZHOU, GANSU, CHENGGUAN DISTRICT, CHINA 7	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON RURAL DOCTORS CAPACITY BUILDING	40,000.
MAHIDOL UNIVERSITY SALAYA INSTITUTE FOR POPULATION AND SOCIAL RESEARCH PHUTTHAMONTHON, NAKHON PATHOM, THAILAND	N/A	PC	PMAC 2020-2022	250,000.
MR KOUNG LO "ADOUNG POU VILLAGE, SANGKAT KAMPONG PRANAK, PREAH VIHEAR CITY, PREAH VIHEAR, CAMBODIA 13103	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	1,469.
MR. ABELARDO APOLLO I. DAVID, JR. 4 HILARIO ST., TARLAC CITY, MANILA, PHILIPPINES 2300	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,714.
Total from continuation sheets				

823641 04-01-18

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MS BUI THI THUY ROOM NO. 905 CT6 BUILDING, GROUP 39, YEN HOA WARD, CAU GIAY DISTRICTS HANOI, VIETNAM 100000	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,812.
MS CARMENEZA DOS SANTOS MONTEIRO CACAULIDO, DOM ALEXO, DILI, EAST TIMOR	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	2,937.
MS NUR KHAULAH FADZIL NO. 5 JALAN BUNGA KEMUNTING 2/10 40000 SHAH ALAM KUALA LUMPUR, MALAYSIA 40000	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,812.
NATIONAL INSITITUTE OF PUBLIC HEALTH #2 KIM Y1 SUNG BLVD TOULKOK, PHNOM PENH, CAMBODIA	N/A	PC	MED EDU CPACITY BUILDING	150,000.
NGUYEN THI LAN ANH ROOM 12A08, VNT TOWER, 19 NGUYEN TRAI, THANH XUAN, HANOI, VIETNAM 1000	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	6,945.
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES: POINT OF CARE FOR CERVICAL CANCER	250,000.
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES: CMB-CP IN AIR POLLUTION AND HEART DISEASE	300,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES: CMB-CP IN BIOETHICS AND RESEARCH (2ND)	150,000.
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO BEIJING, CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON INPATIENT CARE QUALITY	80,000.
PEKING UNIVERSITY HEALTH-SCIENCE CENTER 38 XUE YUAN ROAD CHINA 1001991	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: GLOBAL HEALTH FELLOWSHIP: KEY CAPACITY BUILDING	400,000.
PEKING UNIVERSITY HEALTH-SCIENCE CENTER 38 XUE YUAN ROAD CHINA 1001991	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: SUPPORT SYSTEM APPROACH FOR TRAINING ADVANCED CLINICAL NURSES	200,000.
PEKING UNIVERSITY HEALTH-SCIENCE CENTER 38 XUE YUAN ROAD CHINA 1001991	N/A	PC	HEALTH PROFESSIONAL.	9,710.
PEKING UNIVERSITY HEALTH-SCIENCE CENTER 38 XUE YUAN ROAD BEIJING, CHINA 1001991	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON RURAL CATARACT SURGERY	150,000.
POROUS CITY NETWORK.CO.,LTD.-KOTCHAKORN V 999/92 KESINEE VIEW SOI2 PRACHUTHID RD. HUEYKWANG, BANGKOK, THAILAND 10310	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,828.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RECTOR OF THE UNIVERSITY OF HEALTH OF HEALTH SCIENCE, LAOS SAMSENTHAI ROAD P.O. BOX 7444 VIENTIANE, LAO PDR, LAOS, LAOS 7322	N/A	PC	TRAVEL	25,000.
ROCKEFELLER ARCHIVE CENTER 15 DAYTON AVENUE SLEEPY HOLLOW, NY 10591	N/A	PC	GLOBAL HEALTH FELLOWSHIP	33,400.
SHANDONG UNIVERSITY NO. 44 WENHUA XI ROAD JINAN, SHANDONG, CHINA 250012	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:SUPPORT RESEARCH ON STRATEGIES TO IMPROVE ACCESS TO PUBLIC HEALTH SERVICES AMONG MIGRANTS	80,000.
SICHUAN UNIVERSITY NO. 17 REN MIN NAN LU 3 DUAN CHENGDU, SICHUAN, CHINA 610044	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON ACCESS TO MATERNAL AND CHILD HEALTHCARE	80,000.
SICHUAN UNIVERSITY NO. 17 REN MIN NAN LU 3 DUAN CHENGDU, SICHUAN, CHINA 610044	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:TRAINING FOR RESEARCH ON THE ROLE OF TOWNSHIP HOSITALS IN THE HEALTHCARE SYSTEM	200,000.
SRISAVARINHIRA THAI RED CROSS INSITUTE OF NURSING 1873 RAMA 4 ROAD PATHUMWAN, BANGKOK, THAILAND 10330	N/A	PC	SUPPORT THAI RED CROSS INSITUTE OF NURSING	20,000.
SUN YAT-SEN UNIVERSITY 74 ZHONGSHANG ROAD II, GUANGZHOU, GUANGDONG, CHINA 510089	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON MENTAL HEALTH OF AIDS PATIENTS	40,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SUN YAT-SEN UNIVERSITY 74 ZHONGSHANG ROAD II, GUANGZHOU, GUANGDONG, CHINA 510089	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON OPTIMIZING HEALTH SPATIAL EQUITY	80,000.
SUN YAT-SEN UNIVERSITY 74 ZHONGSHANG ROAD II, GUANGZHOU, GUANGDONG, CHINA 510089	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:SUPPORT RESEARCH ON HEALTH AND HEALTHCARE OF RURAL TO URBAN MIGRANTS	80,000.
TIARA WARIANA MARTHIAS KOMP. PESONA KHAYANGAN BLOK CH NO. 15, JALAN PESONA KHAYANGAN, DEPOK CITY,, WEST JAVA, INDONESIA 16413	N/A	I	EI FELLOWS AND COMMUNITY BUILDING PROJECT	9,806.
TSINGHUA UNIVERSITY HAIDIAN BEIJING, CHINA 100084	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: SUPPORT THE BEIJING ROUNDTABLE TO CULTICATE NEW GENERATION OF GLOBAL HEALTH LEADERS	150,000.
TSINGHUA UNIVERSITY HAIDIAN BEIJING, CHINA 100084	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: SILK ROAD GLOBAL HEALTH FELLOWSHIP PROGRAM	300,000.
UNIVERSITY OF HONG KONG POKFULAM ROAD POKFULLAM, HONG KONG, CHINA	N/A	PC	HEALTH EQUITY ASIA - HK STARTUP	300,000.
UNIVERSITY OF MEDICINE AND PHARMACY 217 HONG BANG STREET, WARD 11, DISTRICT 5 HO CHI MINH CITY, VIETNAM	N/A	PC	VIETNAM HEALTH PROFESSIONAL WORKSHOPS	100,000.
Total from continuation sheets				

823641 04-01-18

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE 388 YUHANGTANG ROAD HANGZHOU, CHINA 310058	N/A	PC	HEALTH PROFESSIONAL/MEDICAL EDUCATION: GLOBAL HEALTH FELLOWSHIP: IMPROVING CHILD SURVIVAL	200,000.
Total from continuation sheets				

823641 04-01-18

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient: Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PEKING UNION MEDICAL COLLEGE, CHINESE ACADEMY OF MEDICAL SCIENCE 9 DONG DAN SAN TIAO CHINA 100730	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	69,000.
PEKING UNIVERSITY HEALTH-SCIENCE CENTER 38 XUE YUAN ROAD CHINA 1001991	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	90,000.
SICHUAN UNIVERSITY NO. 17 REN MIN NAN LU 3 DUAN CHENGDU, CHINA 610044	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	145,000.
TIBET UNIVERSITY MEDICAL COLLEGE, (ZHENG, YUHUI) NO.1 SOUTH LUOBULINKA ROAD LHASA, CHINA 850002	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	32,304.
UNIVERSITY OF COMMUNITY HEALTH P.O. BOX 04017 BURMA	N/A	PC	HEALTH POLICY AND SYSTEM SCIENCES:RESEARCH ON AGED CARE NURSE TRAINING	50,000.
Total from continuation sheets				386,304.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	147,412.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	900099	201,653.	18	1,907,296.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a SEE STATEMENT 12		-231727		13164153	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		-30,074.		15,218,861.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	15,188,787.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer or trustee: [signature] Date: 6-19-2020 Title: CAO/CFO

May the IRS discuss this return with the preparer shown below? See instr ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAMES J. REILLY	James J. Reilly	6/15/2020		P00183769

Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN ▶ 13-3628255

Firm's address ▶ ONE BATTERY PARK PLAZA NEW YORK, NY 10004 Phone no. 212-661-7777

Form 990-PF (2018)

823622 12-11-18

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MAKENA CAPITAL SPLITTER X, L.P. - S/T	P		
b	MAKENA CAPITAL SPLITTER X, L.P. - L/T	P		
c	MAKENA PROTECTION PORTFOLIO - S/T	P		
d	MAKENA PROTECTION PORTFOLIO - L/T	P		
e	LANDMARK EQUITY PARTNERS XIV, L.P. - S/T	P		
f	LANDMARK EQUITY PARTNERS XIV, L.P. - L/T	P		
g				
h				
i				
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				156,066.
b				12,412,035.
c				-12,022.
d				-73,577.
e				1,632.
f				33,677.
g				
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				** 156,066.
b				12,412,035.
c				** -12,022.
d				-73,577.
e				** 1,632.
f				33,677.
g				
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	12,517,811.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	145,676.

823591
04-01-18

** (SHORT-TERM)

FORM 990-PF | OTHER INCOME | STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
NET TAXABLE LIMITED PARTNERSHIPS INVESTMENT INCOME	12,932,426.	0.	0.
INTEREST/DIVIDENDS FROM LTD. PARTNERSHIPS INV. INC., NET OF UBI	0.	2,696,370.	2,696,370.
OTHER INCOME FROM LTD. PARTNERSHIPS INV. INC., NET OF UBI	0.	1,711,840.	1,711,840.
TOTAL TO FORM 990-PF, PART I, LINE 11	12,932,426.	4,408,210.	4,408,210.

FORM 990-PF | LEGAL FEES | STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PATTERSON BELKNAP WEBB & TYLER LLP	57,878.	0.	0.	57,878.
TO FM 990-PF, PG 1, LN 16A	57,878.	0.	0.	57,878.

FORM 990-PF | ACCOUNTING FEES | STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONDON O'MEARA MCGINTY & DONNELLY LLP - AUDIT & TAX SERVICES	38,185.	11,065.	11,065.	27,119.
OTHER ACCOUNTING FEES	17,237.	0.	0.	17,237.
TO FORM 990-PF, PG 1, LN 16B	55,422.	11,065.	11,065.	44,356.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER CONSULTANT FEES	268,426.	85,988.	0.	182,438.
TO FORM 990-PF, PG 1, LN 16C	268,426.	85,988.	0.	182,438.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES	98,000.	0.	0.	98,000.
FEDERAL UNRELATED BUSINESS INCOME TAXES	199,600.	0.	0.	0.
STATE UNRELATED BUSINESS INCOME TAXES	18,820.	0.	0.	0.
FOREIGN TAXES - LIMITED PARTNERSHIPS INVESTMENT, NET OF UBI ALLOCATION	0.	87,218.	87,218.	0.
TO FORM 990-PF, PG 1, LN 18	316,420.	87,218.	87,218.	98,000.

FORM 990-PF — OTHER EXPENSES — STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMPUTER EXPENSE	60,094.	0.	0.	0.
MEMBERSHIP & DUES	1,225.	0.	0.	0.
FILING FEES	1,796.	0.	0.	0.
PAYMENTS TO RETIRED EMPLOYEES	43,783.	0.	0.	43,783.
STORAGE	2,495.	125.	125.	2,370.
OFFICE SUPPLIES	31,669.	0.	0.	31,669.
WEBSITE	14,041.	0.	0.	14,041.
INSURANCE	20,291.	0.	0.	20,291.
BOOKS & SUBSCRIPTIONS	5,358.	0.	0.	5,358.
TRAINING	6,305.	0.	0.	6,305.
OTHER OFFICE OPERATING EXPENSES	24,640.	0.	0.	24,640.
BANK FEES & CURRENCY EXC. (GAIN) LOSS	6,347.	0.	0.	6,347.
OFFICE EQUIPMENT EXPENSES	21,830.	0.	0.	21,830.
POSTAGE AND SHIPPING	4,143.	0.	0.	4,143.
PROGRAM ACTIVITIES	1,208,756.	0.	0.	1,208,756.
LODGING & PERDIEM PARTICIPANT	161,948.	0.	0.	161,948.
HONORARIUM	81,461.	0.	0.	81,461.
OTHER	-2,968.	0.	0.	-2,968.
DEDUCTIONS FROM LTD. PARTNERSHIPS , NET OF AMOUNT ALLOCATED TO UBI	0.	2,495,691.	2,495,691.	0.
TO FORM 990-PF, PG 1, LN 23	1,693,214.	2,495,816.	2,495,816.	1,629,974.

FORM 990-PF — OTHER INVESTMENTS — STATEMENT 7

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
LANDMARK EQUITY PARTNERS XIV	FMV	859,562.	859,562.
MAKENA CAPITAL SPLITTER X,LP	FMV	276,941,360.	276,941,360.
MAKENA FIXED INCOME FUND, LP	FMV	5,699,038.	5,699,038.
TOTAL TO FORM 990-PF, PART II, LINE 13		283,499,960.	283,499,960.

FORM 990-PF	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 8

NAME OF COUNTRY
CHINA
THAILAND

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LINCOLN C. CHEN CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	PRESIDENT & TRUSTEE 40.00	573,700.	77,003.	0.
SARAH WOOD CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	ASST. SECRETARY/ EXEC. ASS 40.00	116,913.	31,762.	0.
JOHN LICHTEN CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	ASST. TREASURER/ CAO, CFO 32.00	174,635.	45,874.	0.
LAURA BUTZEL CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	LEGAL COUNSEL 0.50	0.	0.	0.
ANTHONY J. SAICH CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	CHAIR & TRUSTEE 0.50	0.	0.	0.
HARVEY V. FINEBERG CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
FREDERICK ZULIU HU CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
JANE HENNEY CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.

JEFFREY P. KOPLAN CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
WENDY H. O'NEILL CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
JEFFREY R. WILLIAMS CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
WILLIAM Y. YUN CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
SUZANNE SISKEL CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE 0.50	0.	0.	0.
BARBARA J. STOLL CHINA MEDICAL BOARD INC. TWO ARROW ST. CAMBRIDGE, MA 02138	TRUSTEE/SECRETARY/TREASURER 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		865,248.	154,639.	0.

FORM 990-PF OFFICERS, DIRECTORS, TRUSTEES AND FOUNDATION MANAGERS COMPENSATION EXPLANATION PART VIII, LINE 1 STATEMENT 10

PERSON'S NAME

LAUREL BUTZEL

COMPENSATION EXPLANATION

THIS OFFICER IS A PARTNER OF THE LEGAL FIRM WHICH RECEIVES FEES FROM CHINA MEDICAL BOARD FOR LEGAL SERVICES.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11

ACTIVITY TWO

EI: THE EQUITY INITIATIVE IS A DIRECT OPERATING PROGRAM OF CMB TO TRAIN A GENERATION OF LEADERS AND BUILD A COMMUNITY FOR THE MISSION OF ADVANCING HEALTH EQUITY AMONG THE PEOPLE IN SOUTHEAST ASIA.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	1,759,387.

FORM 990-PF OTHER REVENUE STATEMENT 12

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NET TAXABLE LIMITED PARTNERSHIPS INVESTMENT INCOME			18	8,755,943.	
INTEREST/DIVIDENDS FROM LTD. PARTNERSHIPS INV. INC., NET OF UBI	900099	12,782.	14	2,696,370.	
OTHER INCOME FROM LTD. PARTNERSHIPS INV. INC., NET OF UBI	900099	-244,509.	18	1,711,840.	
TOTAL TO FORM 990-PF, PG 12, LN 11		-231,727.		13,164,153.	

Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - CENTRAL SOUTH UNIVERSITY

HEALTH PROFESSIONAL/MEDICAL EDUCATION: GLOBAL HEALTH FELLOWSHIP:PATIENT

SAFETY MANAGEMENT

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047 **2018**

Name of the organization	**Employer identification number**
CHINA MEDICAL BOARD, INC.	13-1659619

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $ ____________

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

Name of organization	Employer identification number
CHINA MEDICAL BOARD, INC.	13-1659619

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ATLANTIC PHILANTHROPIES, INC. 75 VARICK STREET, 17TH FL NEW YORK, NY 10013	$ 34,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
CHINA MEDICAL BOARD, INC.	13-1659619

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

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

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

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

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

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

Name of organization	Employer identification number
CHINA MEDICAL BOARD, INC.	13-1659619

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this info once) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee