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.

,	For ca	llendar year 2019 or tax year beginning		, and ending		
	Nam	e of foundation	, •		A Employer identification	number
	н	ALTHYWORLD FOUNDATION			20-5292363	. •
	_	per and street (or P O box number if mail is not delivered to street ac	Idress)	Room/suite	B Telephone number	
	16	CLEMATIS CIRCLE		_ <u>_</u>	716-319-70	<u>45 </u>
		or town, state or province, country, and ZIP or foreign po ANTA FE, NM 87506	ostal code	3	C If exemption application is pe	inding, check here
		neck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
	u 0.	Final return	Amended return	,		
		. Address change	Name change	- -	Foreign organizations med check here and attach cor	nputation
	H CI	neck type of organization: X Section 501(c)(3) exi		- 24	E If private foundation stat	
			Other taxable private founda		under section 507(b)(1)	
		r market value of all assets at end of year J Accounting	ng method; X Cash her (specify)	Accrual	F If the foundation is in a (under section 507(b)(1)	. —
	(110		nn (d), must be on cash bas	s.)	ander section 507(b)(1)	(b), chock here
	Pa	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per, books	Income	income	(cash basis only)
-	-	1 Contributions, gifts, grants, etc., received	35,050.		THE NAME OF THE PARTY OF THE PA	CALIFORNIA POR PROPERTY OF A STATE OF THE ST
	•	2 Chock from if the foundation is not required to attach Sch. B. Interest on savings and temporary	136.	136.		STATEMENT 1
	İ	3 cash investments	130.	130.		STATEMENT
		4 Dividends and interest from securities 5a Gross rents				
		b Net rental income or (loss)			THE PROPERTY OF THE	
		68. Net gain or (loss) from sale of assets not on line 10			の対象には対象が対抗	ACCEPTANCE OF THE SECOND
	nue	Gross sales price for all assets on line 6a				
	Reven	7 Capital gain net income (from Part IV, line 2)		0.		
	٦	8 Net short-term capital gain			•	
		9 Inicomened(fichtight ED) Cross eques lass returns 102 and altowardes	To be the configuration of the			
4		NUMBER COST OF MODEL STATE OF CO.	Mangraphian (1977) Januaryanick (Yangan) Tanggan (1977)			
		acritical acriti			•	
		11 Other income	95.	95.		STATEMENT 2
	_	12 Total (AUD The SF through 1)	35,281.	231.		0.
		13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.	0.		0.
77	,	14 Other employee salaries and wages 15 Pension plans, employee benefits				
77	se	16a Legal fees				
೧	SLI S	b Accounting fees		- 1		
>	EX D	c Other professional fees				
Z Z	ative		50.	0.	<u> </u>	50.
, 1	trat		30.	0.		
֚֡֝֝֝֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡	inis	19 Depreciation and depletion - 20 Occupancy		· · · · · · · · · · · · · · · · · · ·		Statement of the car of all the statement
	Adm	21 Travel, conferences, and meetings	. 932.	0.		932.
<u> </u>	and,	1 · · · · · · · · · · · · · · · · · · ·				
5	0	23 Other expenses FSTMT 4	11,967.	95.	'	11,872.
	rati	24 Total operating and administrative	12 040	95.		12 054
	Operatio	expenses. Add lines 13 through 23	12,949. 61,014.	95.		12,854. 61,014.
	Ī	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	01,014.	With the Control of the Control of	P-1 2,7 G-1994-2990 305 V-190	01,014.
		Add lines 24 and 25	73,963.	95.	.	73,868.
		27 Subtract line 26 from line 12	,			
		2 Excess of revenue over expenses and disbursements	<38,682.>			o the company of the
-	- 4	b Net investment income (if negative, enter -0-)		136		
	_	c Adjusted net income (if negative, enter -0-)			N/A	Form 990-PF (2019)
	9235	601 12-17-19 LHA For Paperwork Reduction Act Notice	e, see instructions.	•	421	romi 930-1-1 (2019)

0.

82,044.

82,044.

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4

923511 12-17-19

Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Decreases not included in line 2 (itemize)

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.

Form 990-PF (2019) HEALTHYWORLD FOUNDATION Part VI Excise Tax Based on Investment Income (Section 49)	40(a), 4940(b), 4	940(e), or 49	20-! 48-:	5292 see in	363 struc	tions	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here an		7 7	. 1	, , ,			
Date of ruling or determination letter: (attach copy of letter if		ons)				•	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			1	- : *		en Acrodia	3.
of Part I, line 27b		[[· [1		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12, co	ol. (b)	7 -			. ' .	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only,		, ,	2				0.
3 Add lines 1 and 2	,	Ţ	3				3.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	r, others, enter -0-)		4				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	Ī	5				3.
6 Credits/Payments:			,	, ,′	3		
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.	١. ا		• *	٠,.	7
b Exempt foreign organizations - tax withheld at source	6b	0.	٠.				· -
c Tax paid with application for extension of time to file (Form 8868)	6c	0.		•			
d Backup withholding erroneously withheld	6d	0.	ŀ		*		
7 Total credits and payments. Add lines 6a through 6d			7		*** * *		Ô.
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		▶ أ	9				3.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ł		10				
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax		Refunded	11				
Part VII-A Statements Regarding Activities		1					
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it partic	ipate or intervene	ın			Yes	No
any political campaign?					1a		x
b Did it spend more than \$100 during the year (either directly or indirectly) for political pure	rposes? See the instruct	tions for the definit	tion		1b		<u>x</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi							
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				<u> </u>		
(1) On the foundation. > \$ 0 . (2) On foundation manage		0.					
e Enter the reimbursement (if any) paid by the foundation during the year for political expe					,		
managers. ► \$ 0.							3
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS?				2	* -	X
If "Yes," attach a detailed description of the activities.							
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	ng instrument, articles o	f 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	vear?				4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•		N	/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ear?			-	5		X
If "Yes," attach the statement required by General Instruction T.							• • •
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	d either:						, ,
By language in the governing instrument, or					1		1
By state legislation that effectively amends the governing instrument so that no manda	atory directions that con	flict with the state	law		,		
remain in the governing instrument?	,				6	X	of Minute
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	omplete 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 instru	ictions.						,
NY		·			ĺ	1	,
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Attornev General (or o	designate)				,	,
of each state as required by General Instruction G? If "No," attach explanation		· · · · · · · · · · · · · · · /			8b	×	
9 Is the foundation claiming status as a private operating foundation within the meaning of	f section 4942(1)(3) or 4	1942(i)(5) for caler	ndar		<u> </u>		- n
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," or					9		\mathbf{x} 0
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a se		d addresses C	rmt:	¹ 5	10	X	
	man man of all						(2019)

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Pa	Int VII Statements Regarding Activities (continued)			
		2/2/2	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	1 1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi	leges?		
	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	Х	
	Website address WWW.HEALTHYWORLDFOUNDATION.ORG			
14	The books are in care of ▶ ARTHUR M. GOSHIN, M.D., MPH Telephone no.▶	716-319-7	045	
		ZIP+4 ▶87506		
·15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		$\overline{}$	
	and enter the amount of tax-exempt interest received or accrued during the year	15 N	I/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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	80 5	BEAST .	(京)
	foreign country	80.00		
P	art VII 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.	. 300	Yes	No
18	During the year, did the foundation (either directly or indirectly);			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		X No		
	= , $=$,	X No		
		X No	類別	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
		X 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.)	X No		
ı	of 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	N/A 1b		
	Organizations relying on a current notice regarding disaster assistance, check here			200
	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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines			
•	6d and 6e) for tax year(s) beginning before 2019?	X No		4.7
	If "Yes," list the years			
1	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.			
	-			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
		X No		基本
	b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after	COM7 1/4.		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	iose 📑		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	1		
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	N/A 3b	 	<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	/ yourstaws	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	nat .		
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	i	X

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Form 990-PF (2019) HEALTHYWORLD FOUNDATION Part VII-B Statements Regarding Activities for Which F	orm 4720 May Bo Do		20-52923	<u>63</u>	Page 6
	Offit 4720 Way be no	equirea (continu	ued)	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)	n 4945(e)\2		s X No .		1.00
(2) Influence the outcome of any specific public election (see section 4955); of			,,		, ,
any voter registration drive?	, to daily on, andony or mand		s 🗶 No 🕃		·
(3) Provide a grant to an individual for travel, study, or other similar purposes	37		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization],		
4945(d)(4)(A)? See instructions		☐ Ye	s X No	4,	j
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or fo	r	•		1
the prevention of cruelty to children or animals?		Ye	s X No	-	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described in	n Regulations	ļ <u>.</u>		
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions			5b	
Organizations relying on a current notice regarding disaster assistance, check				i	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			,	i line	1 4
expenditure responsibility for the grant?	N	/A Ye	es L 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	П.,			.
a personal benefit contract?		Y6	es 🗶 No 🚬	<u> </u>	$\frac{\mathbf{x}}{\mathbf{x}}$
b Did the foundation, during the year, pay premiums, directly or indirectly, on a page 14 for the Source 2070	personal benefit contract?		 	6b	^_
If "Yes" to 6b, file Form 8870.	chalter transaction?		s X No ;	1,	-
7a At any time during the tax year, was the foundation a party to a prohibited taxb If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	+'
8 Is the foundation subject to the section 4960 tax on payment(s) of more than 3			'V' -	,	!
excess parachute payment(s) during the year?	prijosojoso in remaneración en	□ Ye	es X No		'
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Mar			* .	•
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account	i, other inces
ARTHUR M. GOSHIN, M.D.	PRESIDENT/DIR	 			
16 CLEMATIS CIRCLE]			Ì	
SANTA FE, NM 87506	1.00	0.	0.		0.
RENEE F. GOSHIN	DIRECTOR				
16 CLEMATIS CIRCLE		1	1		
SANTA FE, NM 87506	1.00	0.	0.	<u> </u>	0.
THOMAS E. SCHOFIELD	SECRETARY/DIR	ECTOR			
1100 RAND BLDG, 14 LAFAYETTE SQ.	4	1			•
BUFFALO, NY 14203	1.00	0.	0.	1	0.
	4				
	4				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "	L	1	
	(b) Title, and average	THE HORE.	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Ex accoun allow	, other ances
NONE	4				
	 	-	-		
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	+	+	-	-	
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	 	1		↓	

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

Form 990-PF (2019) HEALTHYWORLD FOUNDATION	20-	5292363 Page 7
Part: VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)	tion Managers, Highly	
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
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc.	
1 N/A		
2		
		}
3		
<u> </u>		
4		
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		

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Total. Add lines 1 through 3

Forr	n 990-PF (2019) HEALTHYWORLD FOUNDATION	20-52	92363 Page 8
Ρį	art X? Minimum Investment Return (All domestic foundations must complete this part. For	reign foundations, see i	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	\$7 E	
а	Average monthly fair market value of securities	1a	0.
ь	Average of monthly cash balances	1b	80,419.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	80,419.
e	Reduction claimed for blockage or other factors reported on lines 1a and	-52	
7	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	80,419.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,206.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	79,213.
6	Minimum investment return. Enter 5% of line 5	6	3,961.
_	art XIa Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating four	ndations and certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,961.
2a	Tax on investment income for 2019 from Part VI, line 5	3. 概约	
ь	Income tax for 2019. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,958.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,958.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,958.
P	art XII: Qualifying Distributions (see instructions)		
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	j. 3"	
·a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	73,868.
ь	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:	18 H. T	
	Suitability test (prior IRS approval required)	3a	
	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	73,868.
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	73,868.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo		
	4940(e) reduction of tax in those years.	zamenti qualifico for tife	5554911

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Part XIII Undistributed Income (see instructions)

		r	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	Distributable amount for	2019 from Part XI,				3,958.
	line 7 Undistributed income, if any, a	es of the end of 2019			ESSENTANCE ANNA SEA SEA SEA SEA SEA	3,938.
	Enter-amount-for-2018-or				0	
•	Total for prior years:	,		Chi A street of the state street Management of the state		
	,	. <u></u> .		· " 0.	发展的	
3	Excess distributions carr					
8	From 2014	94,558.				
b	From 2015	124,803.				
	From 2016	96,506.				
-	From 2017	92,745.				
_	From 2018 Cathanan	79,099.	487.711.			
	Total of lines 3a through		TOTAL CONTRACTOR OF THE PARTY O		AND PROPERTY OF THE PROPERTY OF THE	
	Qualifying distributions for Part XII, line 4: \$ \$					
	Applied to 2018, but not				0.	
	Applied to undistributed					
	years (Election required			.0.		
,	Treated as distributions				HOST CONTRACT	CONTRACTOR OF THE STATE OF THE
	(Election required - see i	nstructions)	0.			
d	Applied to 2019 distribut	table amount	は、日本の一般の対象			3,958.
е	Remaining amount distri	ibuted out of corpus	69,910.			
	Excess distributions carryove (if an amount appears in columnust be shown in column (a).	mn (d), the same amount	0.			0.
6	Enter the net total of ear	ch column as				
а	Corpus Add lines 31, 4c, and	4e Subtract line 5	557,621.			
b	Prior years' undistribute	d income. Subtract				
	line 4b from line 2b 🥕	•		. 0.		
C	Enter the amount of prio undistributed income for deficiency has been issu the section 4942(a) tax it assessed	r which a notice of led, or on which		0.		
ď	Subtract line 6c from lin	e 6b. Taxable		,		
·	amount - see instruction			0.		
e	Undistributed income fo	r 2018. Subtract line			,	
	4a from line 2a. Taxable	amount - see instr.			. 0.	
f	Undistributed income fo					
	lines 4d and 5 from line	1. This amount must				
	be distributed in 2020			Proposition of the Control of the Co		U .
7	Amounts treated as dist					
	corpus to satisfy require	• -				
	section 170(b)(1)(F) or may be required - see in	•	0.	THE STATE OF THE S	a waraninga nangahan masa ka kana kana kana kana kana kana ka	
۵.	Excess distributions car		2, 2			
٥	not applied on line 5 or	-	94,558.			
9	Excess distributions car		1			
	Subtract lines 7 and 8 fr		463,063.			
10	Analysis of line 9:					
	Excess from 2015	124,803.				
1	Excess from 2016	96,506.				
	Excess from 2017	92,745.				
	1 Excess from 20 l8	79,099.				
_	Excess from 2019	69,910.				- NATION CONTRACTOR SANCES

	WORLD FOUND			20-52	92363 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	4) 0010	Prior 3 years	1 (4) 2010	4.5.4.4
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for	ì				
each year listed				+-/	
b 85% of line 2a			 		
 Qualifying distributions from Part XII, line 4, for each year listed 					
d Amounts included in line 2c not					
used directly for active conduct of	}	}			
exempt activities	L				
e Qualifying distributions made directly		l i			
for active conduct of exempt activities.]			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/		
alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets			1		
(2) Value of assets qualifying				<u> </u>	
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year	į				
listed		/			
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) (2) Support from general public		7			
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income		<u> </u>	<u> </u>	<u> </u>	
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t		uctions.)			
Information Regarding Foundation List any managers of the foundation whyear (but only if they have contributed in the	no have contributed more		tributions received by the	e foundation before the clos	e of any tax
ARTHUR & GOSHIN, M.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b List any managers of the foundation wh		no otople of a secondaria	/or on aqually large and	on of the ownership of a	
other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a pa	irthership or
NONE	io a 1070 or ground misro				
		<u> </u>			
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and does		ests for funds. If
a The name, address, and telephone num					
b The form in which applications should	be submitted and informa	ition and materials they	should include:		
c Any submission deadlines;	-				
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable field	s, kinds of institutions, or	other factors:	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year 501(C)(3) CHARITABLE FREEDOM FROM HUNGER 1460 DREW AVENUE, SUITE 300 995. DAVIS, CA 95618 HEALTHYWORLD FOUNDATION UGANDA N/A CHARITABLE 250. EAST AFRICA, UGANDA 501(C)(3) CHARITBALE KOMO LEARNING CENTRES 15345 N. SCOTTSDALE RD. UNIT 1044 SCOTTSDALE, AZ 85254 3,500. CHARITABLE METROPOLITAN JEWISH HEALTH SERVICES 501(C)(3) FOUNDATION 39 BROADWAY, 3RD FLOOR 12,400. NEW YORK, NY 10006 N/A CHARITABLE NKOSI'S HAVEN (JOHNSON NIKOSI MEMORIAL) 34 VEREENIGING SERVICE ROAD ALAN MANOR JOHANNESBURG, GAUTENG ALAN MANOR 3,730. 2091, SOUTH AFRICA SEE CONTINUATION SHEET(S) ➤ 3a 61,014. Total **b** Approved for future payment NONE <u> 3b</u> Total

Form 990-PF (2019) HEALTHYWORLD FO	OUNDATIO	N		20-	5292363 Page 12
Part XVI-A Analysis of Income-Produc	cing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income
a	<u> </u>		┼┤		
b	ļ		+		
c			+		-
d	1 1		 		· ·
e	·		+	······································	
g Fees and contracts from government agencies			+	<u> </u>	
2 Membership dues and assessments				, <u>, , , , , , , , , , , , , , , , , , </u>	
3 Interest on savings and temporary cash					7
investments			14	136.	
4 Dividends and interest from securities					-
5 Net rental income or (loss) from real estate		-E	'4, '	and land to be the time	GATE CONTRACT BY
a Debt-financed property			4		
b Not debt-financed property	<u> </u>				
6 Net rental income or (loss) from personal	1				
property			+ +		95.
7 Other investment income	 				33.
8 Gain or (loss) from sales of assets other than inventory	1 1				
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c	.				<u> </u>
d	.	··	+		
e	12.77	0.	+-	136.	95.
12 Subtotal. Add columns (b), (d), and (e)	-1 + - 1		•		004
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)			•	13 _	231.
<u></u>	- Aba Aaaa			Durana	
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	tempt	Purposes	
Line No. Explain below how each activity for which inc			A contrib	uted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	by providing fur	ds for such purposes).			
NOT APPLICABLE		·			
					·
	- , -				
			•		
		,		" .	

Form 990-PF (2019) HEALTHYWORLD FOUNDATION 20-5292363

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 20-5292363

1	Did the ora	ranization directly or indir	ectly engage in any o	f the following	with any other organization	n described in section	nn 501(c)	Yes No
•					to political organizations?		55 7(5)	
•	•	rom the reporting founda						
•	(1) Cash	rom the reporting rounds	and to a monorial maon	o oxumpt or g	unization of			1a(1) X
	(2) Other	accato						1a(2) X
	Other trans				•			
ע		of assets to a noncharital	ale evernt organizatio	n .	- -		·	1b(1) X
		ases of assets from a nor						1b(2) X
		of facilities, equipment,		gamzauon		•		1b(3) X
	• •	oursement arrangements	or other bosess					1b(4) X
		or loan guarantees						1b(5) X
	• •	mance of services or me	mbershin or fundralsi	no solicitation	ns			1b(6) X
	. ,	facilities, equipment, ma	•					1c X
	-		-		dule. Column (b) should alv	vays show the fair m	narket value of the goo	ds, other assets,
_					d less than fair market value			
) the value of the goods,						
(a)		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions,	and sharing arrangements
				N/A				
							- <u></u>	
							······································	
								
				_		<u> </u>	» »	
			<u> </u>					
						1		
			<u> </u>					
2a					or more tax-exempt organi	zations described		
		501(c) (other than section		ction 527?	•	•		Yes X No
<u>b</u>	If "Yes," co	omplete the following sch			(b) Type of organization	Γ	(c) Description of relat	ionchin
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relat	ionamp
		N/A						
					·			
_			····					
_					-	 		
_	Under	penalties of perjury, I declare	that I have exagnified this	return, including	accompanying schedules and st	atements, and to the be	st of my knowledge	May the IDS discuss this
s	ign and be	elief, it is true, correct, and cor	nplete Declaration of pre	parër (other than	taxpayer) is based on all informa		as any knowledge	May the IRS discuss this return with the preparer
	ere	/	Jax inte	\ <u>\</u>	111.5,2020	DIRECT	ror	shown below? See instr X Yes No
	Sign	nature of officer or truster			Date	Title		
	1	Print/Type preparer's n		Preparer's s		Date	Check If P	TIN
		MATTHEW R.			a .		self- employed	
Ρ	aid	LUCARELLI		Matter	Herri	10/28/2020		P01786066
Р	reparer	Firm's name ► SZY	MKOWIAK &	ASSOC	IATES CPAS,	PC	Firm's EIN ► 16	
U	se Only							
		Firm's address ► 63	25 MAIN S	TREET,	SUITE 100			· · · · · · · · · · · · · · · · · · ·
			LLIAMSVIL				Phone no. 716	-626- <u>2626</u>
_								5 000 DE (0010)

HEALTHYWORLD FOUNDATION

3 Grants and Contributions Paid During the Ye			- 	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
REACH INDIA		N/A	CHARITABLE	1
4/2 ORIENT ROW GROUND FLOOR		İ		
KOLKATA-700017, INDIA				11,00
WEST BENGAL VOLUNTARY HEALTH		N/A	CHARITABLE	
ASSOCIATION				ļ Ē
VHA 19-A, DR. SUNDARI MOHAN AVE				
CALCUTTA-7000014, WEST BENGAL, INDIA		1		11,68
<u>.</u>		L.		İ
AIKYATAN DEVELOPMENT SOCIETY		N/A	CHARITABLE	
GUSKHARA		Í		11,45
WEST BENGEL 713128, INDIA	 		 	11,45
GRAMEEN FOUNDATION		501(C)(3)	CHARITABLE]
1400 K STREET NW, SUITE 550				1
WASHINGTON, DC 20005				5,50
		•		
		504/53/23		
MATUVO		501(C)(3)	CHARITABLE	
4200 BLAINE AVE ST. LOUIS, MO 63110				50
51. 10015, NO 03110	 	 		
				1
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	•	.		1
				Į.
	<u> </u>			<u> </u>
Total from continuation sheets				40,13

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

Employer identification number Name of the organization 20-5292363 HEALTHYWORLD FOUNDATION

Organization type (chec	ck 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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	on is covered by the General Rule or a Special Rule . 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a	cation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 abutor, 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, 0-EZ, line 1. Complete Parts I and II
year, total con	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the atributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the cruelty to children or animals. Complete Parts I, II, and III.
year, contribu is checked, er purpose. Don	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box inter here the total contributions that were received during the year for an exclusively religious, charitable, etc., '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.
but it must answer "No	on 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), or 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 neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization '

Employer identification number

HEALTHYWORLD	FOUNDATION

20-5292363

TEALL	HIWORLD FOUNDATION		1-3494363
Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHUR M. GOSHIN, M.D. 16 CLEMATIS CIRCLE SANTA FE, NM 87506	\$ 35,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
923452 11-	L	Schedule B (Forn	n 990, 990-EZ, or 990-F

Name of organization *

Employer identification number

HEALTHYWORLD FOUNDATION

20-5292363

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t 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
Parti			
		. \$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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

220	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number 20-5292363 HEALTHYWORLD FOUNDATION 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 (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

RE PER	(A) VENUE BOOKS 48. 88. 136. INCOME		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER	88. 136.		88.	
OTHER	136.			
OTHER			<u> </u>	
OTHER	INCOME	·		
				STATEMENT 2
	(A) REVEN PER BO	UE	(B) NET INVEST- MENT INCOME	ADJUSTED
		95.	95.	,
, LINE 11		95.	95.	
(A)	(B) NVEST-	(C)	STATEMENT 3 (D) CHARITABLE
5	0.	0	•	50.
5	0.	0	•	50.
OTHER	EXPENSE	SS		STATEMENT 4
(A) EXPENSES PER BOOK	NET I	NVEST-		(D) CHARITABLI E PURPOSES
				
	13. 17. 17.	95 0		11,243 152 477
	(A) EXPENSES PER BOOK 5 OTHER (A) EXPENSES	TAXES (A) (EXPENSES NET I PER BOOKS MENT 50. 50. OTHER EXPENSE (A) (EXPENSES NET I	TAXES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 50. 0 50. 0 OTHER EXPENSES (A) (B) EXPENSES NET INVEST-	TAXES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 50. 0. 50. 0. OTHER EXPENSES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED

HEALTHYWORLD	FOUNDATION
TEALIDI MOKED	LOONDWITON

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 5
NAME OF CONTRIBUTOR	ADDRESS	
ARTHUR & GOSHIN, M.D.	16 CLEMATIS CIRCLE SANTA FE, NM 87506	· 1000 ii 1 · 1/20