### CHANGE OF ACCOUNTING PERIOD

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-0047

| A                              | רטו נוופ           | $\epsilon$ 2010 calendar year, or tax year beginning $\pm$ AN $\pm$ , $\pm$ 2011 and $\epsilon$ | ending U      | <u>ог эт, дотт</u>                | <u> </u>                              |  |  |  |
|--------------------------------|--------------------|---|---------------|-----------------------------------|---------------------------------------|--|--|--|
| В                              | Check if applicabl | C Name of organization  |               | D Employer identif                | ication number                        |  |  |  |
| X                              | Addre              | NYAYA HEALTH A NONPROFIT CORPORATION  |               |                                   |                                       |  |  |  |
|                                | Name chang         | Doing Business As   |               | 20-3                              | 3055055                               |  |  |  |
|                                | Initial<br>return  | Number and street (or P.O. box if mail is not delivered to street address)                      | Room/suite    | E Telephone numbe                 |                                       |  |  |  |
|                                | Terminated         |   |               |                                   | -539-6203                             |  |  |  |
|                                | Amen               |   |               | G Gross receipts \$               | 244,584.                              |  |  |  |
| F                              | Applic             |   |               | H(a) Is this a group r            |                                       |  |  |  |
|                                | pendi              | F Name and address of principal officer:MARK ARNOLDY  |               | for affiliates?                   | Yes X No                              |  |  |  |
|                                |                    | SAME AS C ABOVE   |               | <b>H(b)</b> Are all affiliates in |                                       |  |  |  |
| $\overline{}$                  | T                  | empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c                                  | or 527        | ` '                               |                                       |  |  |  |
|                                |                    | re: NWW.NYAYAHEALTH.ORG   | JI JZI        |                                   | a list. (see instructions)            |  |  |  |
|                                |                    | organization: X Corporation   | I Voor        | H(c) Group exemption              | M State of legal domicile: IL         |  |  |  |
|                                | art I              |   | L Year        |                                   | M State of legal doffliche, II        |  |  |  |
| F                              | _                  | Summary   |               |                                   |                                       |  |  |  |
| Se                             | 1                  | Briefly describe the organization's mission or most significant activities:                     |               |                                   |                                       |  |  |  |
| Activities & Governance        |                    |   |               |                                   |                                       |  |  |  |
| ēr                             |                    | Check this box  if the organization discontinued its operations or dispos                       |               | 1                                 | · –                                   |  |  |  |
| Š                              |                    | Number of voting members of the governing body (Part VI, line 1a)                               |               |                                   |                                       |  |  |  |
| ۵                              |                    | Number of independent voting members of the governing body (Part VI, line 1b)                   |               |                                   |                                       |  |  |  |
| es                             |                    | Total number of individuals employed in calendar year 2010 (Part V, line 2a) $$                 |               |                                   | 0                                     |  |  |  |
| ΞΞ                             | 6                  | Total number of volunteers (estimate if necessary)  |               | 6                                 | 20                                    |  |  |  |
| ţ                              | 7 a                | Total unrelated business revenue from Part VIII, column (C), line 12                            |               | 7a                                |                                       |  |  |  |
| _                              | b                  | Net unrelated business taxable income from Form 990-T, line 34                                  |               | 7b                                | 0.                                    |  |  |  |
|                                |                    |   |               | Prior Year                        | Current Year                          |  |  |  |
| Revenue                        | 8                  | Contributions and grants (Part VIII, line 1h)   |               | 0.                                | · · · · · · · · · · · · · · · · · · · |  |  |  |
|                                | 9                  | Program service revenue (Part VIII, line 2g)  |               | 0.                                | 0.                                    |  |  |  |
| ě                              |                    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                   |               | 0.                                | 1.                                    |  |  |  |
| Œ                              |                    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                        |               | 0.                                | 0.                                    |  |  |  |
|                                |                    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)              |               | 0.                                | 244,584.                              |  |  |  |
|                                |                    | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                |               | 0.                                | 158,875.                              |  |  |  |
|                                |                    | Benefits paid to or for members (Part IX, column (A), line 4)                                   |               | 0.                                | 0.                                    |  |  |  |
| ý                              | 1                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)               |               | 0.                                | 0.                                    |  |  |  |
| Expenses                       | 16a                | Professional fundraising fees (Part IX, column (A), line 11e)                                   |               | 0.                                | 0.                                    |  |  |  |
| þe                             | h                  | Total fundraising expenses (Part IX, column (D), line 25)                                       | 0.            |                                   |                                       |  |  |  |
| Ж                              | 17                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                    |               | 0.                                | 7,221.                                |  |  |  |
|                                |                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                       |               | 0.                                |                                       |  |  |  |
|                                |                    | Revenue less expenses. Subtract line 18 from line 12  |               | 0.                                | <u> </u>                              |  |  |  |
| -Se                            | 13                 | Thevenue less expenses. Subtract line 10 from line 12   |               | ginning of Current Year           | End of Year                           |  |  |  |
| Net Assets or<br>Fund Balances | 20                 | Total assets (Part X, line 16)  | 100           | 20,585.                           | 99,073.                               |  |  |  |
| ASS Ball                       | 20                 |   |               | 0.                                | 0.                                    |  |  |  |
| let /                          | 21                 | Total liabilities (Part X, line 26)   |               | 20,585.                           | 99,073.                               |  |  |  |
|                                | 22<br>art II       | Net assets or fund balances. Subtract line 21 from line 20                                      |               | 20,303.                           | 33,013.                               |  |  |  |
|                                |                    |   | a and atatam  | anta and to the heat of n         | ay knowledge and heliaf it is         |  |  |  |
|                                |                    | Ities of perjury, I declare that I have examined this return, including accompanying schedules  |               |                                   | ly knowledge and belief, it is        |  |  |  |
| true                           | , correc           | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | lich preparer | nas any knowledge.                |                                       |  |  |  |
|                                |                    | Signature of officer  |               | I<br>Date                         |                                       |  |  |  |
| Sig                            |                    |   |               | Duto                              |                                       |  |  |  |
| He                             | re                 | MARK ARNOLDY, EXECUTIVE DIRECTOR  Type or print name and title                                  |               |                                   |                                       |  |  |  |
|                                |                    | <u> </u>  | 1.            | Ooto I Charle I                   | I DTIN                                |  |  |  |
|                                |                    | Print/Type preparer's name  Preparer's signature  |               | Date Check Check                  | PTIN                                  |  |  |  |
| Pai<br>-                       |                    | LINDA M. SMITH, CPA   | [0            | 6/13/12 self-employ               | yed                                   |  |  |  |
|                                | parer              | Firm's name SMITH, SULLIVAN & COMPANY, P.C.   |               | Firm's EIN                        |                                       |  |  |  |
| Use                            | Only               | Firm's address 80 FLANDERS ROAD - SUITE #200  |               |                                   | <b>E00</b> \0=4 = 1=5                 |  |  |  |
|                                |                    | WESTBOROUGH, MA 01581   |               | Phone no. (                       | 508)871-7178                          |  |  |  |
| Ma                             | v the II           | RS discuss this return with the preparer shown above? (see instructions)                        |               |                                   | X Yes No                              |  |  |  |

| 20-3055055 Page <b>2</b>  |
|---|
|   |
| O BUILD<br>AL'S RURAL POOR.                                       |
| THE B ROWER FOOK.   |
| on Yes X No   |
| ervices?Yes X No  |
| es by expenses.<br>nount of grants and                            |
|   |
| 5.)(Revenue \$ ) O BUILD TRANSPARENT, OR. THE PPLIES TO THE NYAYA |
| PPLIES TO THE NYAYA   |
|   |
|   |
|   |
| ) (Revenue \$)  |
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| ) (Revenue \$)  |
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|      | Check if Schedule O contains a response to any question in this Part III   |                 |
|------|--|-----------------|
| 1    | Briefly describe the organization's mission:  NYAYA HEALTH'S MISSION IS TO DO WHATEVER IT TAKES TO BUILD   |                 |
|      | TRANSPARENT, DATA-DRIVEN HEALTH CARE SYTEMS FOR NEPAL'S RURAL POOR.  |                 |
|      |  |                 |
| _    |  |                 |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   | ¬ <sub>No</sub> |
|      | the prior Form 990 or 990-EZ? Lyres Large If "Yes," describe these new services on Schedule O.   | <b>_110</b>     |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | □No             |
|      | If "Yes," describe these changes on Schedule O.  |                 |
| 4    | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  |                 |
|      | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and  |                 |
|      | allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 159, 185 • including grants of \$ 158, 875 • ) (Revenue \$ |                 |
| 4a   | (Code:) (Expenses \$159,185. including grants of \$158,875.) (Revenue \$NYAYA HEALTH'S MISSION IS TO DO WHATEVER IT TAKES TO BUILD TRANSPAREN  | <del>一</del> )  |
|      | DATA-DRIVEN HEALTH CARE SYTEMS FOR NEPAL'S RURAL POOR. THE   |                 |
|      | ORGANIZATION'S PROGRAM IS TO PROVIDE FUNDING AND SUPPLIES TO THE NYAY  | Ā               |
|      | HEALTH HOSPITAL IN NEPAL.  |                 |
|      |  |                 |
|      |  |                 |
|      |  |                 |
|      |  |                 |
|      |  |                 |
|      |  |                 |
| 41-  | (O )   |                 |
| 4b   | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | — <sup>)</sup>  |
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|      | (Onder   |                 |
| 4c   | (Code:) (Expenses \$ including grants of \$) (Revenue \$   | — <sup>)</sup>  |
|      |  |                 |
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|      |  |                 |
|      |  |                 |
| A 41 | Other program convices (Describe in Schedule O.)   |                 |
| 4d   | Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )   |                 |
|      | Total program service expenses ► 159,185.  |                 |
|      | F 000 /  |                 |

032002 12-21-10

### Part IV | Checklist of Required Schedules

|     |  |     | Yes | No  |
|-----|--|-----|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |     |
|     | If "Yes," complete Schedule A  | 1   | X   |     |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | Х   |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |     |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | X   |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |     |     |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | X   |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |     |     | l   |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | X   |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to  |     |     |     |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | X   |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |     |     | l   |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | Х   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |     |     |
|     | Schedule D, Part III   | 8   |     | X   |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  |     |     |     |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |     | Х   |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   |     |     | l   |
|     | If "Yes," complete Schedule D, Part V  | 10  |     | X   |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |     |     |     |
|     | as applicable.   |     |     |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |     |     |
|     | Part VI  | 11a |     | X   |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |     |     | 37  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | Х   |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |     |     | 37  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X   |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |     |     | - v |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | X   |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     |     |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |     | X   |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     |     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 40- |     | Х   |
|     | Schedule D, Parts XI, XII, and XIII  | 12a |     |     |
| D   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. | 12b |     | Х   |
| 12  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X   |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X   |
| b   |  | 144 |     |     |
| IJ  | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  | 14b |     | x   |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |     |     |     |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15  | Х   |     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |     |     |     |
|     | located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | Х   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |     |     |
| -   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |     | х   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |     |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | Х   |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |     |
|     | complete Schedule G, Part III  | 19  |     | Х   |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20a |     | Х   |
|     | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that  |     |     |     |
|     | operate one or more hospitals must attach audited financial statements (see instructions)  | 20b |     |     |
|     | ·  |     |     |     |

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### Part IV | Checklist of Required Schedules (continued)

|          |   |           | Yes | No       |
|----------|---|-----------|-----|----------|
| 21       | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the  |           |     | ,,       |
|          | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21        |     | X        |
| 22       | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22        |     | х        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |           |     |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |           |     |          |
|          | Schedule J  | 23        |     | X        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a       |     | x        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |     |          |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  |           |     |          |
|          | any tax-exempt bonds?   | 24c       |     |          |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d       |     |          |
| 25a      | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a       |     | Х        |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |           |     |          |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b       |     | Х        |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |           |     |          |
|          | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26        |     | X        |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial  |           |     |          |
|          | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III   | 27        |     | х        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV   |           |     |          |
|          | instructions for applicable filing thresholds, conditions, and exceptions):   |           |     | 37       |
| а        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a       |     | X        |
| b        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b       |     | X        |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,   | 00-       |     | v        |
| 00       | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c<br>29 |     | X        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                            | 29        |     | <u> </u> |
| 30       | contributions? If "Yes," complete Schedule M  | 30        |     | х        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations?  |           |     | 3,7      |
|          | If "Yes," complete Schedule N, Part I   | 31        |     | X        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32        |     | х        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |     | х        |
| 34       | Was the organization related to any tax-exempt or taxable entity?   |           |     |          |
|          | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34        |     | X        |
| 35       | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 35        |     | Х        |
| а        | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |           |     |          |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2   | 36        |     | x        |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |           |     |          |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37        |     | X        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   |           |     |          |
|          | Note. All Form 990 filers are required to complete Schedule O   | 38        | X   |          |

### Part V Statements Regarding Other IRS Filings and Tax Compliance

| Section The number reported in Box 3 of Form 1006. Enter-0- finet applicable   1a   0   1b   1c   0   1c   1c   1c   0   1c   1c   |     | Check if Schedule O contains a response to any question in this Part V   |                            |             |     |            |  |  |  |  |
|--|-----|--|----------------------------|-------------|-----|------------|--|--|--|--|
| b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable   10   10   10   10   10   10   10   1  |     |  |                            |             | Yes | No         |  |  |  |  |
| b Enter the number of Forms W2G included in line 1a. Enter or if not applicable   10   0   0   0   0   0   0   0   0   | 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                   | 1a                         | 0           |     |            |  |  |  |  |
| a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return    Filed for the calendar year ending with or within the year covered by this return   2a   0   | b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                | 1b                         | 0           |     |            |  |  |  |  |
| 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the caendary year anding with or within the year covered by this return    First least one is reported on line 2a, did the organization file all required federal employment tax returns?   2b   1   | С   | Did the organization comply with backup withholding rules for reportable payments to vendors and re            | eportable gaming           |             |     |            |  |  |  |  |
| filed for the calendar year ending with or within the year covered by this return.    Description        |     | (gambling) winnings to prize winners?  |                            | . 1c        |     |            |  |  |  |  |
| b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b if Yes, *has it filed a Form 900-Tf or this year? If You, *provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an inferset in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly?  4a X  4b If Yes, *there the name of the foreign country \( \) ▶  5a existing the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If Yes, *to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible?  6c If Yes, *to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8c If Yes, *did the organization notify the donor of the value of the goods or services provided?  7c Did the organization selevice appyrent in excess of \$75 made partly as a contribution of upartle organization selection and account organization file form 8282?  7c Did the organization in color and property or the property for which it was required?  7d If Yes, *dinciate the number of Forms 8282 filed du    | 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                    |                            |             |     |            |  |  |  |  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 Ala At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4 As At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 5 As If Yes, "enter the name of the foreign country. ▶ 5 See instructions for filing requirements for form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 As If Yes, "in line 5 as 75, bid the organization that it was or is a party to a prohibited tax shelter transaction? 5 As If Yes, "in line 5 as 75, bid the organization in line Form 8886-7? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 As Yes, "If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "indicate that may receive deductible contributions under section 170(c). 9 If Yes, "indicate the number of Forms 8282 filed during the year 9 If Yes, "indicate the number of Forms 8282 filed during the year 9 If Yes, "indicate the number of Forms 8282 filed during the year 10 If Yes, "indicate the number of Forms 8282 filed during the year 11 If Yes, "indicate the number of Forms 8282 filed during the year 12 If Yes, "indicate the number of Forms 8282 filed during the year 13 If Yes, "indicate the number of Forms 8282 filed during the year 14 If Yes, "indicate the number of Forms 8282 filed during the year 15 Did the organization received an outribution of cares, boat    |     | filed for the calendar year ending with or within the year covered by this return                              | 2a                         | 0           |     |            |  |  |  |  |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if "Yes," has it filled a Form 980 T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5b if "Yes," either the name of the foreign country." ▶  5c einstructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c Was the organization or party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 56, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 56, did the organization file Form 8886.17  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible?  6c Destination include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Variation of the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization receive any funds, directly or indirectly, on a personal benefit contract?  7d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1090 Pay 100 Payor 100 Pa   | b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns  | ns?                        | 2b          |     |            |  |  |  |  |
| b if Yes, 'has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or year.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If 'Yes,' to line Sa or 5b, did the organization file Form 88861?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c Were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax of the organization include with every solicitation an express statement that such contributions or gifts were not tax of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88882?  8 If 'Yes,' indicate the number of Forms 8882 filed during the year and the property for which it was required to the Form 88882?  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Yes,' If the organization received any funds, directly or indirectly, on a personal benefit     |     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions      | s)                         |             |     |            |  |  |  |  |
| At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b MYes, 't oli five organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  3b If we'res,' did the organization notify the donor of the value of the goods or services provided?  4c Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X William of the form \$282?  4c Did the organization receive apyment in excess of \$75 made party as a contribution of property for which it was required to file Form \$282?  4c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract?  7c X organization received a contribution of qualified intellectual property, did the organization. Bid the supporting organization service and contribution of qualified intellectual property, did the organization. Bid the supporting organizations maintaining donor advised funds.  3 physical property of the support of the p | 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                  |                            |             |     | <u> </u>   |  |  |  |  |
| financial account in a foreign country (such as a bank account, securities account, or other financial accountity?  b If "Yes," enter the name of the foreign country; "  See instructions for fling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b D See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible?  6a D See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween or tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If the organization shall exchange, or otherwise dispose of tangible personal property for goods and services provided to the payor?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  7 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  8 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  9 If the organization mumber of Forms 8282 filed during the year  9 If the organization make any taxable distributions under section 4968?  9 Sponsoring organization maintaining donor advised funds an ascention 599(a) supporting organizations. Did the supporting organizations. Did the supporting organizations. Did the supporting organizations will be a form 1088-C?  7 If If the organization make any taxable distributions under section 4968?  9 S   | b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O               |                            | 3b          | —   | <u> </u>   |  |  |  |  |
| b if "Yes," enter the name of the foreign country:   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  So I Mas the organization party to a prohibited tax shelter transaction?  So I Mas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  So I Mas of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Bid the organization that may receive deductible contributions under section 170(c).  Bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To Cold the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Life Form 8282?  If I May organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Life the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  To Section 501(c)(T) organization maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C?  Section 501(c)(T) organization maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C?  Section 501(c)(T) organization selected a contribution of casis, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Section 501(c)(T) organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(T) organization selected and maintaining donor advised fund   | 4a  |  | •                          |             |     |            |  |  |  |  |
| See instructions for filing requirements for Form TD F00-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization regeneration include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization ontify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7c X  f He organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  8 Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4986?  b Did the organization make a distribution to a donor, donor advised, or related person?  9 Sponsoring organizations maintaining donor advised funds and section 598(a)3 supporting organizations. Did the supporting organizati    |     |  | account)?                  | . 4a        |     | LX.        |  |  |  |  |
| Sa X X bold any taxable party not prohibited tax shelter transaction at any time during the tax year?   5a X X bold any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b X X If Yes, it line 5a or 5b, did the organization file Form 8886-7?   5c   5c   5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?   5c   5d   5d   5d   5d   5d   5d   5d  | b   | · · · · · · · · · · · · · · · · · · ·  |                            |             |     |            |  |  |  |  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-T?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive apparent in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 Tes," did the organization notify the donor of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 To United the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 If the organization received a contribution of cars, boats, alighanes, or other vehicles, did the organization file Form 8899 as required?  10 Sponsoring organizations malinaling donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organizations malinaling donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distribution or donor divisor, or related person?  10 Section 501(c)(7) organizations. Enter:  11 In Section 501(c)(7) organizations. Enter:  12 In In Section 501(c)(7) organizations. Enter:  13 Gross income from members or shareh   |     |  |                            |             |     | 37         |  |  |  |  |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  11 The organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  12 If the organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098 C?  13 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions ander section 4966?  9 Did the organization make any taxable distributions of a did to other sources against amounts due or received from them.)  13 Section 501(c)(2) organizations. Enter:  a Gross income from members or shareholders  b Gross income from cenive and such as a funding the year interest received or accrued du   |     |  |                            |             | +   |            |  |  |  |  |
| 6a   |     |  |                            | -           | +   | <b>├</b> ^ |  |  |  |  |
| any contributions that were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7  |     |  |                            |             |     |            |  |  |  |  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Tot  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 E X  f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distribution and partly lift, line 12  10 Did the organization make any taxable distributions under section 4966?  11 Did the organizatio    | ьа  |  |                            |             |     | v          |  |  |  |  |
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| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 C  | D   |  |                            | 6h          |     |            |  |  |  |  |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c  |     |  | vices provided to the pavo | ? 7a        |     | х          |  |  |  |  |
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| to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7th X  g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7th X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1th the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under      |     |  |                            |             |     |            |  |  |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  8 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b If "Yes," enter the amount of reserves the organization in rore than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. S     |     |  | •                          | . 7c        |     | Х          |  |  |  |  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Gross receipts, included on Form 990, Part VIII, line 12  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 12b  1 12a  1 12a  1 12a  1 12b  1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1   | d   | d If "Yes," indicate the number of Forms 8282 filed during the year 7d   |                            |             |     |            |  |  |  |  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Initiation fees and capital contributions. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b  14b  | е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of       | ontract?                   | . 7e        |     |            |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10b  11a  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b  1c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control     | act?                       | . 7f        |     | Х          |  |  |  |  |
| Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  It is a Section 10c/edue on 10c/ed     | g   | If the organization received a contribution of qualified intellectual property, did the organization file Fo   | orm 8899 as required?      | . 7g        |     | <u> </u>   |  |  |  |  |
| organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization search a distribution included on Part VIII, line 12  | h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation file a Form 1098-C   | ? <b>7h</b> |     | <u> </u>   |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12   | 8   |  |                            |             |     |            |  |  |  |  |
| a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |  | any time during the year?  | 8           |     |            |  |  |  |  |
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| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12  |     |  |                            |             | +   | <u> </u>   |  |  |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b 13c 14a 15 Enter the amount of reserves on hand 13c 14a 15 Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a 14b 15 Enter these payments? If "No," provide an explanation in Schedule O. 14b 14b  |     |  |                            | . <u>9b</u> |     |            |  |  |  |  |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b  |     |  | 100                        |             |     |            |  |  |  |  |
| 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b  | _   |  |                            |             |     |            |  |  |  |  |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b   |     | ·  | 100                        |             |     |            |  |  |  |  |
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| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | _   |  | 11b                        |             |     |            |  |  |  |  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12a |  |                            | 12a         |     |            |  |  |  |  |
| Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  13a  13a  13b  2  14a  X   |     |  |                            |             |     |            |  |  |  |  |
| a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a   |     |  |                            |             |     |            |  |  |  |  |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b   | а   |  |                            | 13a         |     |            |  |  |  |  |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b   |     | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.       |                            |             |     |            |  |  |  |  |
| c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  | b   |  |                            |             |     |            |  |  |  |  |
| 14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b   |     |  | 13b                        |             |     |            |  |  |  |  |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  |     |  | 13c                        |             |     | ļ.,.       |  |  |  |  |
|  |     |  |                            |             | +   | X          |  |  |  |  |
|  | b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule        | e O                        |             |     | (0040)     |  |  |  |  |

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|            | Check if Schedule O contains a response to any question in this Part VI   |          |       | X     |  |  |  |  |
|------------|---|----------|-------|-------|--|--|--|--|
| Sec        | tion A. Governing Body and Management   |          |       |       |  |  |  |  |
|            |   |          | Yes   | No    |  |  |  |  |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year   | 5        |       |       |  |  |  |  |
| b          | Enter the number of voting members included in line 1a, above, who are independent  | 5        |       |       |  |  |  |  |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |          |       |       |  |  |  |  |
|            | officer, director, trustee, or key employee?  | 2        | Х     |       |  |  |  |  |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |          |       |       |  |  |  |  |
|            | of officers, directors or trustees, or key employees to a management company or other person?   | 3        |       | X     |  |  |  |  |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |       | X     |  |  |  |  |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |       | X     |  |  |  |  |
| 6          | Does the organization have members or stockholders?   | 6        |       | Х     |  |  |  |  |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 7a       |       | х     |  |  |  |  |
| b          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7b       |       | Х     |  |  |  |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   |          |       |       |  |  |  |  |
|            | by the following:   |          |       |       |  |  |  |  |
| а          | The governing body?   | 8a       | X     |       |  |  |  |  |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b       | X     |       |  |  |  |  |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |          |       |       |  |  |  |  |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9        |       | X     |  |  |  |  |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |       |       |  |  |  |  |
|            |   |          | Yes   | No    |  |  |  |  |
|            | Does the organization have local chapters, branches, or affiliates?   | 10a      |       | X     |  |  |  |  |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,   |          |       |       |  |  |  |  |
|            | and branches to ensure their operations are consistent with those of the organization?  | 10b      | Х     |       |  |  |  |  |
|            | Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?   | 11a      | Λ     |       |  |  |  |  |
|            | b Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |       |       |  |  |  |  |
|            | <ul> <li>Does the organization have a written conflict of interest policy? If "No," go to line 13</li> <li>b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise</li> </ul>   |          |       |       |  |  |  |  |
| b          | to and 0 at 0   | 12b      |       |       |  |  |  |  |
|            | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 120      |       |       |  |  |  |  |
| ·          | in Schedule O how this is done  | 12c      |       |       |  |  |  |  |
| 13         | Does the organization have a written whistleblower policy?  | 13       |       | X     |  |  |  |  |
| 14         | Does the organization have a written document retention and destruction policy?   | 14       |       | X     |  |  |  |  |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent  |          |       |       |  |  |  |  |
|            | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |       |       |  |  |  |  |
| а          | The organization's CEO, Executive Director, or top management official  | 15a      |       | X     |  |  |  |  |
| b          | Other officers or key employees of the organization   | 15b      |       | X     |  |  |  |  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  |          |       |       |  |  |  |  |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |          |       |       |  |  |  |  |
|            | taxable entity during the year?   | 16a      |       | X     |  |  |  |  |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation   |          |       |       |  |  |  |  |
|            | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's   |          |       |       |  |  |  |  |
|            | exempt status with respect to such arrangements?  | 16b      |       |       |  |  |  |  |
|            | tion C. Disclosure  |          |       |       |  |  |  |  |
| 17         | List the states with which a copy of this Form 990 is required to be filed L  | ,        |       |       |  |  |  |  |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.   | e tor    |       |       |  |  |  |  |
|            | public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X Upon request   |          |       |       |  |  |  |  |
| 10         | · · ·   | nd fin-  | noisl |       |  |  |  |  |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.   | ııu ilna | ncial |       |  |  |  |  |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | ation:   |       |       |  |  |  |  |
| 20         | INSOURCE SERVICES, INC 781-235-1490   | aciori.  |       |       |  |  |  |  |
|            | 148 LINDEN ST., WELLESLEY, MA 02482   |          |       |       |  |  |  |  |
|            | •   | Form     | aan ( | 2010) |  |  |  |  |

032006 12-21-10

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

Check if Schedule O contains a response to any question in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A)  | (B)   | (C)              |                       |         |               |                              |        | (D)                                    | (E)  | (F)  |
|--|---|------------------|-----------------------|---------|---------------|------------------------------|--------|--|--|--|
| Name and Title                                   | Average<br>hours per<br>week  | -                |                       |         | ition<br>that |                              | ıly)   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|  | (describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) |                  | Institutional trustee | Officer | Key employee  | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| BIBHAV ACHARYA, MD                               |   |                  |                       |         |               |                              |        |  |  |  |
| BOARD MEMBER                                     | 10.00   | Х                |                       |         | ╙             |                              |        | 0.                                     | 0.   | 0.   |
| JASON ANDREWS, MD<br>CO-FOUNDER AND BOARD MEMBER | 5.00  | х                |                       |         |               |                              |        | 0.                                     | 0.   | 0.   |
| DUNCAN MARU, MD PHD                              | 15.00   |                  |                       |         |               |                              |        |  | 0  | _  |
| CO-FOUNDER AND BOARD MEMBER                      | 15.00   | Х                |                       | _       | $\vdash$      | <u> </u>                     | _      | 0.                                     | 0.   | 0.   |
| DAN SCHWARZ, MD MPH<br>BOARD MEMBER              | 40.00   | \ <sub>v</sub>   |                       |         |               |                              |        | 0.                                     | 0.   | 0.   |
| RYAN SCHWARZ MD MBA                              | 40.00   | ^                |                       |         | ├             | <u> </u>                     |        | 0.                                     | 0.   | 0.   |
| BOARD MEMBER                                     | 25.00   | $ _{\mathbf{x}}$ |                       |         |               |                              |        | 0.                                     | 0.   | 0.   |
|  |   |                  |                       |         |               |                              |        |  |  |  |
|  |   |                  |                       |         |               |                              |        |  |  |  |
|  |   |                  |                       |         |               |                              |        |  |  |  |
|  |   |                  |                       |         |               |                              |        |  |  |  |

|    | ,  | ALTH A 1          | ЮИ                    | NPI                             | ROI     | FI'          | T (                          | CO:      | RPORATION                 | 20-3                      | 055          | 055     | P                 | age 8   |
|----|--|-------------------|-----------------------|---------------------------------|---------|--------------|------------------------------|----------|---------------------------|---------------------------|--------------|---------|-------------------|---------|
| Pa | t VII Section A. Officers, Directors, Tr   |                   | mple                  | oyee                            |         |              | High                         | est      | Compensated Employ        | ees (continued)           |              |         |                   |         |
|    | (A)  | (B)               | (C)                   |                                 |         |              |                              |          | (D)                       | (E)                       |              |         | (F)               |         |
|    | Name and title   | Average hours per | ) <sub>(c</sub>       | Position (check all that apply) |         |              |                              | sky)     | Reportable                | Reportable                |              |         | timate            |         |
|    |  | week              |                       |                                 |         | Пас          | . apr                        | T        | compensation<br>from      | compensation from related |              | an      | nount<br>other    | Oī      |
|    |  | (describe         | director              |                                 |         |              |                              |          | the                       | organization              |              | com     | pensa             | ition   |
|    |  | hours for related | e or di               | tee                             |         |              | sated                        |          | organization              | (W-2/1099-MI              | SC)          | fr      |                   |         |
|    |  | organizations     | truste                | al frus                         |         | yee          | naduuc                       |          | (W-2/1099-MISC)           |                           |              |         | anizat<br>d relat |         |
|    |  | in Schedule       | Individual trustee or | Institutional trustee           | Ser     | Key employee | Highest compensated employee | Je.      |                           |                           |              |         | anizati           |         |
|    |  | O)                | Indi                  | lnst                            | Officer | Key          | High                         | 윤        |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   | -                     |                                 |         |              | -                            | ┝        |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   | $\vdash$              |                                 |         |              |                              | ┢        |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   | $\vdash$              |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   | _                     |                                 |         |              |                              | _        |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    | Sub-total  |                   | 1                     | <u> </u>                        | l       |              |                              | <u> </u> | 0.                        |                           | 0.           |         |                   | 0.      |
|    | Total from continuation sheets to Part V   |                   |                       |                                 |         |              |                              |          | 0.                        |                           | 0.           |         |                   | 0.      |
|    | Total (add lines 1b and 1c)  |                   |                       |                                 |         |              | <u></u>                      |          | 0.                        |                           | 0.           |         |                   | 0.      |
| 2  | Total number of individuals (including but r   | not limited to th | nose                  | liste                           | ed a    | bov          | e) wl                        | ho r     | received more than \$100  | 0,000 in reportab         | le           |         |                   |         |
|    | compensation from the organization   |                   |                       |                                 |         |              |                              |          |                           |                           |              |         | Vaa               | (<br>Na |
| 3  | Did the experientian list on former officer  | director or tw    | otos                  | . Iro                           |         | مامد         |                              | ایم      | highest sempensated s     | malayoo oa                |              |         | Yes               | No      |
| 3  | Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> |                   |                       |                                 |         |              |                              |          | mignest compensated e     |                           |              | 3       |                   | Х       |
| 4  | For any individual listed on line 1a, is the si  |                   |                       | omp                             | ensa    | atior        | n an                         | d ot     | ther compensation from    | the organization          |              | j       |                   |         |
|    | and related organizations greater than \$15  |                   |                       |                                 |         |              |                              |          |                           |                           |              | 4       |                   | Х       |
| 5  | Did any person listed on line 1a receive or  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    | rendered to the organization? If "Yes," con  | nplete Schedul    | le J i                | or s                            | uch     | pers         | son                          |          |                           |                           |              | 5       |                   | X       |
| 1  | ction B. Independent Contractors  Complete this table for your five highest co                                 | mponeated in      | don                   | ando                            | ont o   | ont          | ract                         | ore t    | that received more than   | \$100,000 of cor          | mpone        | ation t | rom               |         |
| •  | the organization. NONE   | лпрепзасеч п      | uep                   | siide                           | 5111. C | JOHE         | iacii                        | 015      | triat received more trian | \$100,000 01 001          | препа        | alion   | 10111             |         |
|    | (A)  |                   |                       |                                 |         |              |                              |          | (B)                       |                           |              | (0      | <del>)</del>      |         |
|    | Name and business  | address           |                       |                                 |         |              |                              |          | Description of            | services                  | C            | ompe    | nsatio            | n       |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           | <del> </del> |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           | <u> </u>     |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
|    |  |                   |                       |                                 |         |              |                              |          |                           |                           |              |         |                   |         |
| 2  | Total number of independent contractors (<br>\$100,000 in compensation from the organi                         | _                 | not li                | mite                            | d to    |              | se li<br>0                   | stec     | d above) who received r   | nore than                 |              |         |                   |         |
|    | w 100,000 in compensation nom the organi   | Lation            |                       |                                 |         | _            | -                            |          |                           |                           |              |         |                   |         |

| Comparison   Com    | Pa          | ırt VII | Statement of Rever                      | nue               |                      |          |                            |                    |  |
|---|-------------|---------|---|-------------------|----------------------|----------|----------------------------|--------------------|--|
| Business Code    Dusiness Code   Dusiness Code  |             |         |   |                   |                      | • •      | Related or exempt function | Unrelated business | Revenue<br>excluded from<br>tax under<br>sections 512, |
| Business Code    Dusiness Code   Dusiness Code  | nts<br>nts  | 1 a     | Federated campaigns                     | 1a                |                      |          |                            |                    |  |
| Business Code    2 a  | ga<br>our   | b       | Membership dues                         | 1b                |                      |          |                            |                    |  |
| Business Code    2 a  | s, ç<br>am  | С       | Fundraising events                      | 1c                |                      |          |                            |                    |  |
| Business Code    2 a  | ar a        | d       |   |                   |                      |          |                            |                    |  |
| Business Code    2 a  | ns,<br>imil | е       | Government grants (contribut            | ions) <b>1e</b>   |                      |          |                            |                    |  |
| Business Code    2 a  | tio<br>S s  | f       | All other contributions, gifts, gran    | ts, and           |                      |          |                            |                    |  |
| Business Code    2 a  | t pg        |         | similar amounts not included abor       | ve 1f             | 244,583.             |          |                            |                    |  |
| Business Code    2 a  | gr          | g       | Noncash contributions included in lines | 1a-1f: \$         |                      |          |                            |                    |  |
| Business Code    Business Code  | <u>2 g</u>  | h       | Total. Add lines 1a-1f                  |                   | <b>&gt;</b>          | 244,583. |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  |             |         |   |                   |                      |          |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  | e<br>C      | 2 a     |   |                   |                      |          |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  | ΘŽ          | b       |   |                   |                      |          |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  | Scon        | С       |   |                   |                      |          |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  | eve<br>eve  | d       |   |                   |                      |          |                            |                    |  |
| Total. Add lines 11a-11d    Total Add lines 11a-11d   1.   1.   1.   1.   1.   1.   1.  | <u>б</u> п  | е       |   |                   |                      |          |                            |                    |  |
| 1   1   1   1   1   1   1   1   1   1   | 4           | f       | All other program service reve          | nue               |                      |          |                            |                    |  |
| other similar amounts).  4 Income from investment of tax-exempt bond proceeds  5 Royalites  (i) Real (ii) Personal    Description   Descriptio  |             | g       | Total. Add lines 2a-2f                  |                   | <b>&gt;</b>          |          |                            |                    |  |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties   (i) Real   (ii) Personal    6 a Gross Rents   (i) Real   (ii) Personal    7 a Gross amount from sales of assets other than inventory    8 b Less: cost or other basis and sales expenses   (i) Securities   (ii) Other assets other than inventory    8 a Gross income from fundraising events (not including \$\sum_{\text{ord}} \text{ of contributions reported on line 1c)} \text{ See} \text{ Part IV, line 18}   |             | 3       | Investment income (including            | dividends, intere | est, and             |          |                            |                    |  |
| Total Page   Tot    |             |         | other similar amounts)                  |                   | <b>&gt;</b>          | 1.       |                            |                    | 1.   |
| (i)   Personal   (ii)   Personal   (ii)   Personal   (iii)   Personal   Personal   (iii)   Personal   Pe    |             | 4       | Income from investment of tax           | x-exempt bond p   | oroceeds <b>&gt;</b> |          |                            |                    |  |
| 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11 a b c All Other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  244 , 584 0 0 0 0 1 1.   |             | 5       | Royalties                               | <u></u>           | <b></b>              |          |                            |                    |  |
| b Less: rental expenses c Rental income or (loss)   |             |         |   | (i) Real          | (ii) Personal        |          |                            |                    |  |
| b Less: rental expenses c Rental income or (loss)   |             | 6 a     | Gross Rents                             |                   |                      |          |                            |                    |  |
| d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C Total. Add lines 11a-11d 12 Total revenue. See instructions.  244,584 0.00  1 Other  (ii) Other (iii) Other (iiii) Other (iii) Other (iii) Other (iii) Other (iii) Other (iii) Other (i |             | b       | Less: rental expenses                   |                   |                      |          |                            |                    |  |
| 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities see Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities see Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities see Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities see Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C Total. Add lines 11a-11d C Total revenue. See instructions.  |             | С       | Rental income or (loss)                 |                   |                      |          |                            |                    |  |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$  |             | d       | Net rental income or (loss)             |                   |                      |          |                            |                    |  |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.   244,584.   0.  0.  0.  1.   |             | 7 a     | Gross amount from sales of              | (i) Securities    | (ii) Other           |          |                            |                    |  |
| and sales expenses  c Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  > Audit other revenue see instructions.  > Audit Add lines 11a-11d 12 Total revenue. See instructions.  |             |         | assets other than inventory             |                   |                      |          |                            |                    |  |
| C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |             | b       | Less: cost or other basis               |                   |                      |          |                            |                    |  |
| C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18  |             |         | and sales expenses                      |                   |                      |          |                            |                    |  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory P  Miscellaneous Revenue Business Code  11 a b All other revenue e Total. Add lines 11a-11d P  12 Total revenue. See instructions 244 , 584 0 0 1   |             |         |   |                   |                      |          |                            |                    |  |
| including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities b c Net income or (loss) from gaming activities a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue   |             |         |   |                   | <b></b>              |          |                            |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.   | enne        | 8 a     | including \$                            | of                |                      |          |                            |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.   | Sev.        |         | •                                       | •                 |                      |          |                            |                    |  |
| c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.   | ē           |         |   |                   | 1                    |          |                            |                    |  |
| 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.   A b C C C C C C C C C C C C C C C C C C   | ₽           |         |   |                   |                      |          |                            |                    |  |
| Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 244,584 • 0 • 0 • 0 • 1. •   | -           |         |   |                   | <b>&gt;</b>          |          |                            |                    |  |
| b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory    Miscellaneous Revenue Business Code 11 a b C All other revenue E Total. Add lines 11a-11d Total revenue. See instructions.    244,584. 0. 0. 0. 1.  |             | 9 a     |   |                   |                      |          |                            |                    |  |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions.   |             |         |   |                   |                      |          |                            |                    |  |
| 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d   |             |         |   |                   |                      |          |                            |                    |  |
| and allowances a  |             |         |   |                   |                      |          |                            |                    |  |
| b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a C C C C C C C C C C C C C C C C C C   |             | 10 a    |   |                   |                      |          |                            |                    |  |
| c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  > Add See instructions.   |             |         |   |                   |                      |          |                            |                    |  |
| Miscellaneous Revenue       Business Code         11 a  |             |         |   |                   |                      |          |                            |                    |  |
| 11 a  |             | С       |   |                   |                      |          |                            |                    |  |
| b c d All other revenue e Total. Add lines 11a-11d  |             |         |   | е                 | Business Code        |          |                            |                    |  |
| c       d All other revenue         e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions.       ►       244,584.       0.       0.       1.  |             |         |   |                   |                      |          |                            |                    | <del>                                     </del>       |
| d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  ▶ 244,584.  0. 0. 1.  |             |         |   |                   |                      |          |                            |                    | <u> </u>   |
| e Total. Add lines 11a-11d  |             |         |   |                   |                      |          |                            |                    | <u> </u>   |
| 12 Total revenue. See instructions. ▶ 244,584. 0. 0. 1.   |             |         |   |                   |                      |          |                            |                    |  |
|   |             |         |   |                   |                      | 2// 50/  | 0                          | 0                  | 1  |
|   | 0320        |         | TOTAL TEVERNE. SEE HISH UCHORS.         |                   | <b>&gt;</b>          | 444,304. | U • [                      | 0.                 |  |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. 158,875 158,875 See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other Advertising and promotion 12 928. 928. 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 310. 310. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization ..... 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 5,983. 5,983. **MISCELLANEOUS** b С d All other expenses 166,096. 159,185. 6,911. 0. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here 
if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

Form **990** (2010)

solicitation

Balance Sheet Part X (A) (B) End of year Beginning of year 20,585. 99,073. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 20,585. 99,073. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 16 Accounts payable and accrued expenses \_\_\_\_\_ 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 Other liabilities. Complete Part X of Schedule D 25 25 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20,585. 27 99,073. 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 20,585. 99,073. Total net assets or fund balances 33 33 20,585. 99,073. 34 Total liabilities and net assets/fund balances

| Pa  | rt XI Reconciliation of Net Assets   |            |      |               |       |  |  |  |
|---|--|------------|------|---------------|-------|--|--|--|
|   | Check if Schedule O contains a response to any question in this Part XI  |            |      |               |       |  |  |  |
|   |  |            |      |               |       |  |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1          |      |               | 84.   |  |  |  |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 16   | 6,0           | 96.   |  |  |  |
| 3   | 3 Revenue less expenses. Subtract line 2 from line 1   |            |      |               |       |  |  |  |
| 4   | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4                      |            |      |               |       |  |  |  |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)   | 5          |      |               | 0.    |  |  |  |
| 6   | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))     | 6          | 9    | 9,0           | 73.   |  |  |  |
| Pa  | rt XII Financial Statements and Reporting  |            |      |               |       |  |  |  |
|   | Check if Schedule O contains a response to any question in this Part XII   |            |      |               |       |  |  |  |
|   |  |            |      | Yes           | No    |  |  |  |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   |            |      |               |       |  |  |  |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. |  |            |      |               |       |  |  |  |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                |  |            |      |               |       |  |  |  |
| b   | Were the organization's financial statements audited by an independent accountant?                                 |            | 2b   |               | X     |  |  |  |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,   |      |               |       |  |  |  |
|   | review, or compilation of its financial statements and selection of an independent accountant?                     |            | 2c   |               |       |  |  |  |
|   | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |      |               |       |  |  |  |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue  | d on a     |      |               |       |  |  |  |
|   | separate basis, consolidated basis, or both:   |            |      |               |       |  |  |  |
|   | Separate basis Consolidated basis Both consolidated and separate basis   |            |      |               |       |  |  |  |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit |      |               |       |  |  |  |
|   | Act and OMB Circular A-133?  |            | За   |               | Х     |  |  |  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit |      |               |       |  |  |  |
|   | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                          |            | 3b   |               |       |  |  |  |
|   |  |            | Form | 9 <b>90</b> ( | 2010) |  |  |  |

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NYAYA HEALTH A NONPROFIT CORPORATION 20-3055055

| Part I  | Reason         |                             | ity Status (All organiz                          |   |               |                   |                          | tructions            |                      | , 5055       | 033      |      |
|---|----------------|-----------------------------|--|---|---------------|-------------------|--------------------------|----------------------|----------------------|--------------|----------|------|
|   |                |                             | because it is: (For lines                        |   |               |                   |                          | tractions.           |                      |              |          |      |
| 1   |                | •                           | s, or association of chur                        | •   | •             | •                 | •                        |                      |                      |              |          |      |
| 2 🗀   |                |                             |  |   |               | cuon 170          | (D)( I)(A)(I)            | ).                   |                      |              |          |      |
|   |                |                             | '0(b)(1)(A)(ii). (Attach So                      |   |               | 470/5//4\         | / A \/:::\               |                      |                      |              |          |      |
| 3   |                |                             | tal service organization operated in conjunction |   |               |                   |                          | /L\/4\/A\/::         | :\ Fotorti           | aa baanita   | l'a nam  |      |
| 4 📖   |                | -                           | operated in conjunction                          | WILITATIOS  | spital desc   | ined in <b>Se</b> | Cuon 170                 | (D)(T)(A)(II         | ı <b>).</b> Enter ti | не поѕріта   | i S Hall | ie,  |
|   | city, and stat |                             | banafit of a callege and                         |   |               |                   |                          |                      | م جانب م جانبا       | ما انم       |          |      |
| 5 📖   |                |                             | benefit of a college or u                        | niversity o                                       | wned or of    | perated by        | a governi                | mentai uni           | i describe           | ea in        |          |      |
| . $\Box$                                      |                | (b)(1)(A)(iv). (Comple      | ·  |   |               |                   |                          |                      |                      |              |          |      |
| 6 🖳   |                | · ·                         | ent or governmental uni                          |   |               |                   |                          |                      |                      |              |          |      |
| 7 X   |                |                             | eives a substantial part                         | of its supp                                       | oort from a   | governme          | ental unit c             | or from the          | general p            | oublic desc  | cribed   | in   |
| section 170(b)(1)(A)(vi). (Complete Part II.) |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
| 8   |                |                             | ection 170(b)(1)(A)(vi).                         |   |               |                   |                          |                      |                      |              |          |      |
| 9 📖   |                |                             | eives: (1) more than 33                          |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             | nctions - subject to certa                       |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             | axable income (less sec                          | tion 511 ta                                       | ax) from bu   | isinesses a       | acquired b               | y the orga           | nization a           | ifter June ( | 30, 197  | 75.  |
|   |                | <b>509(a)(2).</b> (Complete |  |   |               |                   |                          |                      |                      |              |          |      |
| 10  |                |                             | perated exclusively to te                        |   |               |                   |                          |                      |                      |              |          |      |
| 11 📖  | •              |                             | perated exclusively for the                      |   | •             |                   |                          | •                    |                      | •            |          | or   |
|   |                |                             | ations described in secti                        |   |               |                   | 2). See <b>se</b> o      | ction 509(a          | a)(3). Che           | ck the box   | that     |      |
|   |                |                             | organization and compl                           |   | _             |                   |                          |                      |                      |              |          |      |
|   | a              |                             | * *  | с 📖 Тур   |               | -                 | -                        |                      | d L                  | Type III -   |          |      |
| e 📖   | -              | •                           | t the organization is not                        |   | -             | •                 | •                        |                      | •                    |              |          |      |
|   |                |                             | han one or more publicly                         |   |               |                   |                          |                      | $\theta(a)(1)$ or s  | section 509  | 9(a)(2). |      |
| f   | If the organiz | ation received a writ       | ten determination from                           | the IRS tha                                       | at it is a Ty | pe I, Type        | II, or Type              | e III                |                      |              |          |      |
|   |                | rganization, check th       |  |   |               |                   |                          |                      |                      |              |          | . Ш  |
| g   |                |                             | organization accepted ar                         |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             | irectly controls, either a                       | lone or tog                                       | ether with    | persons of        | described                | in (ii) and (i       | ii) below,           |              | Yes      | No   |
|   | -              |                             |  |   |               |                   |                          |                      |                      |              |          | _    |
|   |                |                             | n described in (i) above?                        |   |               |                   |                          |                      |                      |              |          | -    |
|   |                |                             | person described in (i)                          |   |               |                   |                          |                      |                      | . 11g(iii)   |          |      |
| h   | Provide the f  | ollowing information        | about the supported or                           | ganization  | (s).          |                   |                          |                      |                      |              |          |      |
|   |                | i                           | (iii) Type of                                    | la  |               |                   |                          | (11) 10              | tho                  |              |          |      |
| ` '   | of supported   | (ii) EIN                    | organization                                     |   | organization  |                   | u notify the ion in col. | Lorganizatio         | in col.              | (vii) Ar     |          | f    |
| org   | anization      |                             | (described on lines 1-9                          | in col. (i) listed in your<br>governing document? |               |                   | r support?               | (i) organizo<br>U.S. | ea in the j          | sup          | port     |      |
|   |                |                             | above or IRC section (see instructions))         | Yes   |               | Yes               |                          |                      |                      |              |          |      |
|   |                |                             | (see msnuchons))                                 | res   | No            | res               | No                       | Yes                  | No                   |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  | 1   |               | -                 | -                        |                      |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  | -   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  |   |               | -                 | -                        | -                    |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      | <b>  </b>            |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
|   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
| Total   |                |                             |  |   |               |                   |                          |                      |                      |              |          |      |
| I HA For I                                    | ⊬aperwork Re   | eauction Act Notice         | , see the Instructions f                         | or  |               |                   |                          | Schedule             | e A (Form            | 1 990 or 99  | JU-EZ)   | 2010 |

032021 12-21-10

Form 990 or 990-EZ.

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec  | ction A. Public Support  |                    |                      |                         |                     |                  |                       |
|------|--|--------------------|----------------------|-------------------------|---------------------|------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2006           | <b>(b)</b> 2007      | (c) 2008                | (d) 2009            | (e) 2010         | (f) Total             |
| 1    | Gifts, grants, contributions, and  | , ,                | , ,                  | , ,                     | , ,                 | , ,              | , ,                   |
|      | membership fees received. (Do not  |                    |                      |                         |                     |                  |                       |
|      | include any "unusual grants.")   |                    |                      | 83,651.                 | 182,755.            | 153,585.         | 419,991.              |
| 2    | Tax revenues levied for the organ-   |                    |                      |                         |                     |                  |                       |
|      | ization's benefit and either paid to   |                    |                      |                         |                     |                  |                       |
|      | or expended on its behalf  |                    |                      |                         |                     |                  |                       |
| 3    | The value of services or facilities  |                    |                      |                         |                     |                  |                       |
|      | furnished by a governmental unit to  |                    |                      |                         |                     |                  |                       |
|      | the organization without charge  |                    |                      |                         |                     |                  |                       |
| 4    | Total. Add lines 1 through 3   |                    |                      | 83,651.                 | 182,755.            | 153,585.         | 419,991.              |
| 5    | The portion of total contributions   |                    |                      |                         |                     |                  |                       |
|      | by each person (other than a   |                    |                      |                         |                     |                  |                       |
|      | governmental unit or publicly  |                    |                      |                         |                     |                  |                       |
|      | supported organization) included   |                    |                      |                         |                     |                  |                       |
|      | on line 1 that exceeds 2% of the   |                    |                      |                         |                     |                  |                       |
|      | amount shown on line 11,   |                    |                      |                         |                     |                  |                       |
|      | column (f)   |                    |                      |                         |                     |                  | 90,608.               |
|      | Public support. Subtract line 5 from line 4.   |                    |                      |                         |                     |                  | 329,383.              |
| Sec  | ction B. Total Support   |                    |                      |                         |                     |                  |                       |
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2006           | <b>(b)</b> 2007      | (c) 2008                | (d) 2009            | (e) 2010         | (f) Total<br>419,991. |
| 7    | Amounts from line 4  |                    |                      | 83,651.                 | 182,755.            | 153,585.         | 419,991.              |
| 8    | Gross income from interest,  |                    |                      |                         |                     |                  |                       |
|      | dividends, payments received on  |                    |                      |                         |                     |                  |                       |
|      | securities loans, rents, royalties   |                    |                      |                         |                     |                  |                       |
|      | and income from similar sources  |                    |                      |                         | 243.                |                  | 243.                  |
| 9    | Net income from unrelated business   |                    |                      |                         |                     |                  |                       |
|      | activities, whether or not the   |                    |                      |                         |                     |                  |                       |
|      | business is regularly carried on   |                    |                      |                         |                     |                  |                       |
| 10   | Other income. Do not include gain  |                    |                      |                         |                     |                  |                       |
|      | or loss from the sale of capital   |                    |                      |                         |                     |                  |                       |
|      | assets (Explain in Part IV.)   |                    |                      |                         |                     |                  |                       |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                    |                      |                         |                     |                  | 420,234.              |
|      | Gross receipts from related activities,  | •                  | ,                    |                         |                     | 12               |                       |
| 13   | First five years. If the Form 990 is for   | the organization's | s first, second, thi | rd, fourth, or fifth ta | ax year as a sectio | n 501(c)(3)      |                       |
|      | organization, check this box and stop  | here               |                      |                         |                     |                  | <u> </u>              |
| Sec  | ction C. Computation of Publ   | ic Support Pe      | rcentage             |                         |                     |                  |                       |
|      | Public support percentage for 2010 (I  |                    | •                    | * **                    |                     | 14               | <u>%</u>              |
|      | Public support percentage from 2009  |                    |                      |                         |                     | 15               | %                     |
| 16a  | 6a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and |                    |                      |                         |                     |                  |                       |
|      | stop here. The organization qualifies  |                    |                      |                         |                     |                  |                       |
| b    | <b>33 1/3</b> % <b>support test - 2009.</b> If the o   |                    |                      |                         |                     |                  |                       |
|      | and <b>stop here.</b> The organization qual  |                    |                      |                         |                     |                  |                       |
| 17a  | 10% -facts-and-circumstances tes   |                    |                      |                         |                     |                  |                       |
|      | and if the organization meets the "fac   |                    |                      |                         |                     |                  |                       |
|      | meets the "facts-and-circumstances"  |                    |                      |                         |                     |                  |                       |
| b    | 10% -facts-and-circumstances tes   |                    |                      |                         |                     |                  |                       |
|      | more, and if the organization meets the  |                    | •                    |                         | •                   |                  |                       |
|      | organization meets the "facts-and-circ   |                    |                      |                         |                     |                  |                       |
| 18   | Private foundation. If the organization  | n did not check a  | box on line 13, 16   | a, 16b, 17a, or 17b     |                     |                  |                       |
|      |  |                    |                      |                         | Sche                | dule A (Form 990 | or 990-EZ) 2010       |

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### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support   |                    | ,                     |                       |                     |                     |             |
|---|--------------------|-----------------------|-----------------------|---------------------|---------------------|-------------|
| Calendar year (or fiscal year beginning in) ►   | (a) 2006           | <b>(b)</b> 2007       | (c) 2008              | (d) 2009            | (e) 2010            | (f) Total   |
| 1 Gifts, grants, contributions, and membership fees received. (Do not   |                    |                       |                       |                     |                     |             |
| include any "unusual grants.")  |                    |                       |                       |                     |                     |             |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose                    |                    |                       |                       |                     |                     |             |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513  |                    |                       |                       |                     |                     |             |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf   |                    |                       |                       |                     |                     |             |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge   |                    |                       |                       |                     |                     |             |
| 6 Total. Add lines 1 through 5  |                    |                       |                       |                     |                     |             |
| 7a Amounts included on lines 1, 2, and  |                    |                       |                       |                     |                     |             |
| 3 received from disqualified persons  |                    |                       |                       |                     |                     |             |
| b Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                     |                    |                       |                       |                     |                     |             |
| c Add lines 7a and 7b   |                    |                       |                       |                     |                     |             |
| 8 Public support (Subtract line 7c from line 6.)  |                    |                       |                       |                     |                     |             |
| Section B. Total Support  |                    |                       |                       |                     |                     |             |
| Calendar year (or fiscal year beginning in) ►   | <b>(a)</b> 2006    | <b>(b)</b> 2007       | (c) 2008              | (d) 2009            | (e) 2010            | (f) Total   |
| 9 Amounts from line 6   |                    |                       |                       |                     |                     |             |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources   |                    |                       |                       |                     |                     |             |
| <b>b</b> Unrelated business taxable income  |                    |                       |                       |                     |                     |             |
| (less section 511 taxes) from businesses acquired after June 30, 1975   |                    |                       |                       |                     |                     |             |
| c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain |                    |                       |                       |                     |                     |             |
| or loss from the sale of capital assets (Explain in Part IV.)   |                    |                       |                       |                     |                     |             |
| 14 First five years. If the Form 990 is for   | the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | on 501(c)(3) organi | zation,     |
|   |                    |                       | <u></u>               | <u></u>             |                     | <b>&gt;</b> |
| Section C. Computation of Publi   | c Support Pe       | rcentage              |                       |                     |                     |             |
| 15 Public support percentage for 2010 (li   |                    |                       |                       |                     | 15                  | <u>%</u>    |
| 16 Public support percentage from 2009  |                    |                       |                       |                     | 16                  | <u>%</u>    |
| Section D. Computation of Inves   |                    |                       |                       |                     |                     |             |
| 17 Investment income percentage for 20  |                    |                       |                       |                     | 17                  | <u>%</u>    |
| 18 Investment income percentage from 2  |                    |                       |                       |                     | 18                  | %           |
| 19a 33 1/3% support tests - 2010. If the  | -                  |                       |                       |                     |                     |             |
| more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |                    |                       |                       |                     |                     |             |
| b 33 1/3% support tests - 2009. If the  | -                  |                       |                       |                     |                     |             |
| line 18 is not more than 33 1/3%, che   |                    |                       |                       |                     |                     |             |
| 20 Private foundation. If the organization  | n did not check a  | box on line 14, 19    | a, or 19b, check tl   | nis box and see in  | structions          | <u></u>     |

### SCHEDULE F (Form 990)

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

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

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Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** NYAYA HEALTH A NONPROFIT CORPORATION 20-3055055 General Information on Activities Outside the United States. Complete if the organization answered "Yes' to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total 0 0. **b** Total from continuation 0 sheets to Part I ..... c Totals (add lines 3a 0 and 3b) 0.

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Schedule F (Form 990) 2010

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

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| Part II Grants and Oth     | er Assistance to Orç                                | ganizations or Entitie | es Outside the United States. C   | omplete if the o         | rganization answered            | d "Yes" to Form 9                       | 90, Part IV, line 15, fo               | r any   |
|----------------------------|---|------------------------|-----------------------------------|--------------------------|---------------------------------|---|--|---|
| recipient who rec          | ceived more than \$5,                               | 000. Check this box if | f no one recipient received more  | than \$5,000             |                                 |   |  | ▶ □   |
| Part II can be du          | plicated if additional                              | space is needed.       |                                   |                          |                                 |   |  |   |
| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | (d) Purpose of grant              | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|                            |   |                        | TO PROVIDE FUNDING                |                          |                                 |   |  |   |
|                            |   |                        | AND SUPPLIES TO THE               |                          |                                 |   |  |   |
|                            |   |                        | NYAYA HEALTH HOSPITAL             |                          |                                 |   |  |   |
|                            |   | NEPAL                  | IN NEPAL                          | 158,875.                 |                                 | 0.                                      |  |   |
|                            |   |                        |                                   |                          |                                 |   |  |   |
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|                            |   |                        |                                   |                          |                                 |   |  |   |
| 2 Enter total number of    | recipient organization                              | ns listed above that a | re recognized as charities by the | foreign country          | recognized as tax-e             | xempt bv                                |  | <u> </u>  |
|                            |   |                        | tion 501(c)(3) equivalency letter |                          |                                 |   |  | 1   |
| 3 Enter total number of    |   |                        | ( ) ( ) []                        |                          |                                 | <b>&gt;</b>                             |  | 0   |
|                            | <u> </u>  |                        |                                   |                          |                                 | •                                       | Sched                                  | lule F (Form 990) 2010                                |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

### Part IV | Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)  | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)                               | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)  | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)  | Yes | X No |

Schedule F (Form 990) 2010

| Part V   Supplemental Information  |  |  |  |  |  |
|--|--|--|--|--|--|
| Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. |  |  |  |  |  |
| Also complete this part to provide any additional information.   |  |  |  |  |  |
| SCHEDULE F, PART I, LINE 2: NYAYA HEALTH REVIEWS AND APPROVES REQUESTS   |  |  |  |  |  |
| FOR FUNDING FROM NYAYA HEALTH NEPAL FORMALLY ON A QUARTERLY BASIS BASED  |  |  |  |  |  |
| ON AN ANNUAL BUDGETING PROCESS. NYAYA HEALTH NEPAL PRODUCES MONTHLY  |  |  |  |  |  |
| FINANCIAL REPORTS IN ADDITION TO PRODUCING EVERY LINE-BY-LINE EXPENDITURE  |  |  |  |  |  |
| PUBLICLY AT WIKI.NYAYAHEALTH.ORG   |  |  |  |  |  |
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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| NYAYA HEALTH A NONPROFIT CORPORATION                      | 20-3055055      |
|---|-----------------|
| FORM 990, PART VI, SECTION A, LINE 2: DAN SCHWARZ AND RYA | N SCHWARZ ARE   |
| BROTHERS.   |                 |
|   |                 |
| FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIREC | TORS AUTHORIZED |
| THE EXECUTIVE DIRECTOR AND TREASURER TO REVIEW AND APPROV | E THE FORM 990  |
| PRIOR TO ITS FILING. THE FORM 990 WAS THEN AUTHORIZED AN  | D SIGNED BY THE |
| ORGANIZATION'S EXECUTIVE DIRECTOR.                        |                 |
|   |                 |
| FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST       |                 |
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