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Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning January 1st, 2016, and ending December 31st, 2016

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization **Humanitarian China**

Number and street (or P O box, if mail is not delivered to street address) **26720 Patrick Ave**

City or town, state or province, country, and ZIP or foreign postal code **Hayward, CA 94544**

D Employer identification number **30-0413217**

E Telephone number **510-585-5128**

F Group Exemption Number **03**

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| Line | Description | Amount |
|------|--|--------|
| 1 | Contributions, gifts, grants, and similar amounts received | 89819 |
| 2 | Program service revenue including government fees and contracts | 25000 |
| 3 | Membership dues and assessments | 0 |
| 4 | Investment income | 0 |
| 5a | Gross amount from sale of assets other than inventory | 0 |
| 5b | Less: cost or other basis and sales expenses | 0 |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 0 |
| 6 | Gaming and fundraising events | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 0 |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 0 |
| 6c | Less: direct expenses from gaming and fundraising events | 0 |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 0 |
| 7a | Gross sales of inventory, less returns and allowances | 0 |
| 7b | Less: cost of goods sold | 0 |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 0 |
| 8 | Other revenue (describe in Schedule O) | 0 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 114819 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 77921 |
| 11 | Benefits paid to or for members | 0 |
| 12 | Salaries, other compensation, and employee benefits | 0 |
| 13 | Professional fees and other payments to independent contractors | 187 |
| 14 | Occupancy, rent, utilities, and maintenance | 1383 |
| 15 | Printing, publications, postage, and shipping | 3858 |
| 16 | Other expenses (describe in Schedule O) | 0 |
| 17 | Total expenses. Add lines 10 through 16 | 83349 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 31470 |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 81033 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 112503 |

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 81033 | 112503 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 0 |
| 25 Total assets | 81033 | 112503 |
| 26 Total liabilities (describe in Schedule O) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 81033 | 112503 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Charity

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | |
|---|-----|--|
| 28 Donation drive for the family of Mr. Yu Zhijian (a Chinese democracy promoter) | | |
| (Grants \$ 45000) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 Donation drive for Chinese human rights defender Mr Zhao Changqing | | |
| (Grants \$ 19000) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 Donation to over 100 Chinese human rights defenders | | |
| (Grants \$ 50000) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------|--|--|---|--|
| George Ge President | 10 | 0 | 0 | 0 |
| Ken Chan Secretary | 10 | 0 | 0 | 0 |
| Chunli Yao Treasurer | 10 | 0 | 0 | 0 |
| Fengsuo Zhou Director | 10 | 0 | 0 | 0 |
| Yaxue Cao Ritter Director | 10 | 0 | 0 | 0 |
| Biao Teng Director | 10 | 0 | 0 | 0 |
| Zheng Fang Director | 10 | 0 | 0 | 0 |
| Mengchun Xue Director | 10 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ABO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2016) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, loans, taxes, and controlled entities. Includes fields for amounts and state information.

| | | |
|---|-----|-------------------------------------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|---|-----|-------------------------------------|
| | Yes | No |
| 47 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 | | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ?

Signature of officer:  Date: 11/11/2017

George Ge, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Public Charity Status and Public Support
 Complete if the organization is a section 501(c)(3) organization or a section 4947(b)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ
 Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization
 Humanitarian China
 Employee identification number
 30-0413217

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)).
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state.
 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part II.)
 A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12b, and 12c.

Type I: A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 Type II: A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 Type III: A supporting organization operated in connection with and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 Type III non-functionally integrated: A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
 g Provide the following information about the supported organization(s)

| (A) Name of supported organization | (B) EIN | (C) Type of organization (as described on lines 1-10 above (see instructions)) | (D) Is the organization listed in your governing document? | | (E) Amount of monetary support (see instructions) | (F) Amount of non-monetary support (see instructions) |
|------------------------------------|---------|--|--|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Section A. Public Support
 Calendar year (or fiscal year beginning in) 2013 2014 2015 2016 2017 (f) Total
 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
 2 Tax revenues levied for the organization'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
 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)
 6 Public support. Subtract line 5 from line 4

Section B. Total Support
 Calendar year (or fiscal year beginning in) 2013 2014 2015 2016 2017 (f) Total
 7 Amounts from line 4
 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
 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 VI.)
 11 Total support. Add lines 7 through 10
 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage
 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %
 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %
 16a 33 1/3% support test—2017. 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 as a publicly supported organization
 b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. This organization qualifies as a publicly supported organization
 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received (Do not include any "passive grants") | 46447 | 77568 | 183349 | 114819 | | 422183 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Total. Add lines 1 through 5 | 46447 | 77568 | 183349 | 114819 | | 422183 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 0 | 0 | 0 | 0 | 0 | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 422183 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support
 Calendar year (or fiscal year beginning in) **2017**

| (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|-----------|
| 9 Gross income from line 6 | 46447 | 77568 | 183349 | 114819 | 422183 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 0 | 0 | 0 | 0 | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 0 | 0 | 0 | 0 | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 46447 | 77568 | 183349 | 114819 | 422183 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check the box and stop here

Section C. Computation of Public Support Percentage

| Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | 100 % |
|--|----|-------|
| Public support percentage for 2016 Schedule A, Part III, line 15 | 18 | 100 % |

Section D. Computation of Investment Income Percentage

| Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
|---|----|-----|
| Investment income percentage for 2016 Schedule A, Part III, line 17 | 18 | 0 % |

18a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box, and see instructions

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

Section A. All Supporting Organizations

| 1 | 2 | 3a | 3b | 3c | 4a | 4b | 4c | 5a | 5b | 5c | 6 | 7 | 8 | 8a | 8b | 8c | 10a | 10b |
|---|-----|----|----|----|----|----|----|----|----|----|---|---|---|----|----|----|-----|-----|
| Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain | 1 | | | | | | | | | | | | | | | | | |
| Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) | 2 | | | | | | | | | | | | | | | | | |
| Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below | 3a | | | | | | | | | | | | | | | | | |
| Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination | 3b | | | | | | | | | | | | | | | | | |
| Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use | 3c | | | | | | | | | | | | | | | | | |
| Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | | | | | | | | | | | | | | | | | |
| Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | | | | | | | | | | | | | | | | |
| Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes | 4c | | | | | | | | | | | | | | | | | |
| Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a | | | | | | | | | | | | | | | | | |
| Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | | | | | | | | | | | | | | | | |
| Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI | 5c | | | | | | | | | | | | | | | | | |
| Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 6 | | | | | | | | | | | | | | | | | |
| Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) | 7 | | | | | | | | | | | | | | | | | |
| Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI | 8 | | | | | | | | | | | | | | | | | |
| Did one or more disqualified persons (as defined in line 8a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI | 8a | | | | | | | | | | | | | | | | | |
| Did a disqualified person (as defined in line 8a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI | 8b | | | | | | | | | | | | | | | | | |
| Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below | 8c | | | | | | | | | | | | | | | | | |
| Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10a | | | | | | | | | | | | | | | | | |

10b Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box, and see instructions

Part IV Supporting Organizations (continued)

Table with 2 columns: Question (11a, 11b, 11c) and Yes/No response area.

Section B Type I Supporting Organizations

Table with 2 columns: Question (1, 2) and Yes/No response area.

Section C Type II Supporting Organizations

Table with 2 columns: Question (1) and Yes/No response area.

Section D All Type III Supporting Organizations

Table with 3 columns: Question (1, 2, 3) and Yes/No response area.

Section E Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question (1, 2, 3) and Yes/No response area.

Part V Type III Non-Functionally Integrated 509(b)(3) Supporting Organizations

Form with multiple sections (Section A, B, C) and numbered lines (1-8) for reporting financial data.

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
Humanitarian China

Employer identification number
30-0413217

990 EZ Part III

Humanitarian China Mission Statement >

Provide humanitarian support in China

Help to develop a civil society in China.

Promote rule-of-law, human rights, and freedom of expressions.

Focus on grass-root and people who are neglected by the outside world.

Humanitarian China's goal is to help Chinese Human Rights defenders. In 2017, together with other NGOs, Humanitarian China had helped over 100 cases worldwide.

990EZ Part IV

Humanitarian China has no paid employee or staff, neither full time nor part time. All resources are used toward Chinese Human Rights Defenders, their family members and improving Chinese Human Rights activities.

Humanitarian China volunteers donate their time, money and other resources without any pre-condition or compensation.

Humanitarian China is a very small NGO, our resource is very limited, however, our efforts brought some change in China.

If there is any question, please contact the following people >

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Name of the organization

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