

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
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 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 07-01-2019, and ending 06-30-2020

Name of foundation BUILD HEALTH INTERNATIONAL INC		A Employer identification number 46-4300024	
Number and street (or P.O. box number if mail is not delivered to street address) 100 CUMMINGS CENTER NO 120B	Room/suite	B Telephone number (see instructions) (978) 969-0920	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY, MA 01915		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 5,014,699		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	5,308,279			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	187,281	187,281	187,281	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	5,495,560	187,281	187,281		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	259,185	0	0	0
	15 Pension plans, employee benefits	77,350	0	0	0
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	54,104	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,862	0	0	0
	19 Depreciation (attach schedule) and depletion	36,189	0	36,189	
	20 Occupancy	111,096	0	0	0
	21 Travel, conferences, and meetings	30,054	0	0	0
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,681,985	0	8,407	0
	24 Total operating and administrative expenses. Add lines 13 through 23	5,252,825	0	44,596	0
	25 Contributions, gifts, grants paid	15,000			15,000
26 Total expenses and disbursements. Add lines 24 and 25	5,267,825	0	44,596	15,000	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	227,735				
b Net investment income (if negative, enter -0-)		187,281			
c Adjusted net income (if negative, enter -0-)			142,685		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	472,517	732,770	732,770
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>456,072</u>			
	Less: allowance for doubtful accounts ▶ _____	234,241	456,072	456,072
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,500		
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	4,004,028	3,714,489	3,714,489	
14 Land, buildings, and equipment: basis ▶ <u>250,710</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>154,242</u>	126,580	96,468	96,468	
15 Other assets (describe ▶ _____)	12,800	14,900	14,900	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,852,666	5,014,699	5,014,699	
Liabilities	17 Accounts payable and accrued expenses	37,367	303,081	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	3,187,234	2,910,437	
	23 Total liabilities (add lines 17 through 22)	3,224,601	3,213,518	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	1,628,065	1,801,181	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	1,628,065	1,801,181		
30 Total liabilities and net assets/fund balances (see instructions) .	4,852,666	5,014,699		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,628,065
2 Enter amount from Part I, line 27a	2	227,735
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,855,800
5 Decreases not included in line 2 (itemize) ▶ _____	5	54,619
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	1,801,181

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	4,151,880	3,944,592	1.052550
2017	4,183,284	2,000,179	2.091455
2016	4,652,586	2,462,664	1.889249
2015	3,606,931	1,330,484	2.710992
2014	1,187,290	865,306	1.372104
2 Total of line 1, column (d)			2 9.116350
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 1.823270
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 3,825,325
5 Multiply line 4 by line 3			5 6,974,600
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,873
7 Add lines 5 and 6			7 6,976,473
8 Enter qualifying distributions from Part XII, line 4			8 15,000

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

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

Table with 11 rows for excise tax calculation. Includes sub-rows 6a-6d for credits. Total tax due is 3,812.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, expenditures, and state reporting. Includes a small table for state reporting (MA).

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b covering various activities like property sales, borrowing, compensation, and business holdings.

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DEVELOPING AND BUILDING HEALTH CARE INFRASTRUCTURE IN IMPOVERISHED COUNTRIES AND PROMOTING INTERNATIONAL DEVELOPMENT AND PHILANTHROPY.	4,672,014
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	2,997,911
b	Average of monthly cash balances.	1b	318,228
c	Fair market value of all other assets (see instructions).	1c	567,440
d	Total (add lines 1a, b, and c).	1d	3,883,579
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	3,883,579
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	58,254
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,825,325
6	Minimum investment return. Enter 5% of line 5.	6	191,266

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	15,000
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	15,000

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. 2013-12-12

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

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	142,685	67,982	10,953	261	221,881
b 85% of line 2a	121,282	57,785	9,310	222	188,599
c Qualifying distributions from Part XII, line 4 for each year listed	15,000	4,151,880	4,183,778	4,652,586	13,003,244
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	15,000	4,151,880	4,183,778	4,652,586	13,003,244
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	127,511	131,487	66,673	82,089	407,760
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

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

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

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

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

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

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
See Additional Data Table				
Total ▶ 3a				15,000
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES ANSARA	PRESIDENT 40.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
KAREN ANSARA	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
IRYNA BALENTINE	TREASURER 40.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
DAVID A WALTON	DIRECTOR 40.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
JOHN UNNI	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
BOB BROUDO	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
PAUL FARMER	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
MARVIN RYOU	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
HEATHER ANNE HARMON	DCLERK 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOCIOS EN SALUDJIRON PUNO 279 CERCADO DE LIMA PE		PUBLIC CHARITY	TO IMPROVE HEALTH CARE OF PEOPLE LIVING IN POVERTY.	9,500
SAINT BONIFACE HAITI FOUNDATION 383 ELLIOT STREET DOOR G SUITE 100 NEWTON UPPER FALLS, MA 02464		PUBLIC CHARITY	TO PROVIDE SUPPORT FOR THE RECIPIENT'S MISSION TO BREAK THE CYCLE OF POVERTY AND ALLEVIATE SUFFERING THROUGH HEALTH CARE, EDUCATION, AND COMMUNITY DEVELOPMENT.	5,000
REGIS HAITI PROJECT 235 WELLESLEY ST WESTON, MA 02493		PUBLIC CHARITY	TO IMPROVE PATIENT CARE AND HEALTH OUTCOMES IN HAITI.	500
Total ▶ 3a				15,000

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TY 2019 Amortization Schedule

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Amortization Schedule

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2018-06-15	59,226	11,105	96.000000000000	7,403	0	7,403	18,508
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2019-07-01	8,028		96.000000000000	1,004	0	1,004	1,004

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TY 2019 Depreciation Schedule

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
INTERNATIONAL TRUCK	2016-10-15	23,874	12,995	SL	5.000000000000	4,775	0	4,775	
EXCAVATOR	2016-08-15	50,290	29,336	SL	5.000000000000	10,058	0	10,058	
BOX TRUCK (2016 IZUZU)	2016-07-01	47,970	28,782	SL	5.000000000000	9,594	0	9,594	
HONDA CRV	2016-07-18	5,000	2,917	SL	5.000000000000	1,000	0	1,000	
NISSAN PATROL	2016-08-09	10,000	5,831	SL	5.000000000000	2,000	0	2,000	
LANDCRUISER	2017-01-03	33,601	16,800	SL	5.000000000000	6,720	0	6,720	
LIFTGATE FOR BOX TRUCK	2018-06-20	6,265	1,880	SL	5.000000000000	1,253	0	1,253	
HILUX CAPITAL REPAIR	2019-08-06	6,456		SL	5.000000000000	789	0	789	

TY 2019 Investments - Other Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	3,714,489	3,714,489

**TY 2019 Land, Etc.
Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
INTERNATIONAL TRUCK	23,874	17,770	6,104	
EXCAVATOR	50,290	39,394	10,896	
BOX TRUCK (2016 IZUZU)	47,970	38,376	9,594	
HONDA CRV	5,000	3,917	1,083	
NISSAN PATROL	10,000	7,831	2,169	
LANDCRUISER	33,601	23,520	10,081	
LIFTGATE FOR BOX TRUCK	6,265	3,133	3,132	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	59,226	18,508	40,718	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	8,028	1,004	7,024	
HILUX CAPITAL REPAIR	6,456	789	5,667	

TY 2019 Other Assets Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSIT	12,800	14,900	14,900

TY 2019 Other Decreases Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Description	Amount
UNREALIZED GAINS	54,619

TY 2019 Other Expenses Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSTRUCTION	3,906,674	0	0	0
FACILITIES & EQUIPMENT	96,821	0	0	0
WAREHOUSE	534,528	0	0	0
FUNDRAISING	135,555	0	0	0
AMORTIZATION	8,407	0	8,407	0

TY 2019 Other Liabilities Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED REVENUE	3,140,826	2,859,839
ACCRUED PAYROLL	46,408	50,598

TY 2019 Other Professional Fees Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FINANCIAL SERVICES	15,065	0	0	0
COMPUTER CONSULTANTS	0	0	0	0
FUNDRAISING CONSULTANTS	3,145	0	0	0
RECRUITING FEES	35,894	0	0	0

**TY 2019 Substantial Contributors
Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Name	Address
PARTNERS IN HEALTH	888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215
ST BONIFACE HAITI FOUNDATION	383 ELLIOT STREET DOOR G SUITE 100 NEWTOWN UPPER FALLS, MA 02464
WK KELLOGG FOUNDATION	ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 490174012
HAITI PROJECTS	335 WATER STREET HANOVER, MA 02339

TY 2019 Taxes Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	125	0	0	0
STATE TAX	2,737	0	0	0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Name of the organization
BUILD HEALTH INTERNATIONAL INC

Employer identification number
46-4300024

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
 BUILD HEALTH INTERNATIONAL INC

Employer identification number
 46-4300024

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization BUILD HEALTH INTERNATIONAL INC	Employer identification number 46-4300024
--------------------------------------------------------	----------------------------------------------

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
 BUILD HEALTH INTERNATIONAL INC

Employer identification number
 46-4300024

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

Software ID:

Software Version:

EIN: 46-4300024

Name: BUILD HEALTH INTERNATIONAL INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	\$ 1,759,953	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD, CT 06902	\$ 213,293	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	HAITI PROJECTS 335 WATER STREET HANOVER, MA 02339	\$ 127,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	WK KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	\$ 149,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	\$ 608,645	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	HEALTH EQUITY INTERNATIONAL 40 GLEN AVE NEWTON, MA 02459	\$ 693,544	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAINT ROCK HAITI FOUNDATION <hr/> 371 GRANITE AVE 1 <hr/> MILTON, MA 02186	<hr/> \$ 271,438	<p style="text-align: center;"> Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> </p> <p style="text-align: center;">(Complete Part II for noncash contribution.)</p>