

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2020, or tax year beginning 07-01-2020, and ending 06-30-2021

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) (508) 808-0284	
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) ▶ \$ 5,563,094		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)	9,829,381			
	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	383,499	383,499	383,499	
	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	10,212,880	383,499	383,499		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	286,224	0	0	0
	15 Pension plans, employee benefits	79,429	0	0	0
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	150,750	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	4,527	0	0	0
	19 Depreciation (attach schedule) and depletion	43,098	0	43,098	
	20 Occupancy	118,782	0	0	0
	21 Travel, conferences, and meetings	6,630	0	0	0
	22 Printing and publications				
	23 Other expenses (attach schedule)	6,690,357	0	8,407	0
	24 Total operating and administrative expenses. Add lines 13 through 23	7,379,797	0	51,505	0
	25 Contributions, gifts, grants paid	16,200			16,200
26 Total expenses and disbursements. Add lines 24 and 25	7,395,997	0	51,505	16,200	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	2,816,883				
b Net investment income (if negative, enter -0-)		383,499			
c Adjusted net income (if negative, enter -0-)			331,994		

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	732,770	707,849	707,849
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>267,071</u>			
	Less: allowance for doubtful accounts ▶ _____	456,072	267,071	267,071
	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			
	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)	3,714,489	4,353,836	4,353,836	
14 Land, buildings, and equipment: basis ▶ <u>348,086</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>205,747</u>	96,468	142,339	142,339	
15 Other assets (describe ▶ _____)	14,900	91,999	91,999	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,014,699	5,563,094	5,563,094	
Liabilities	17 Accounts payable and accrued expenses	303,081	214,042	
	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 ▶ _____)	2,910,437	76,162	
	23 Total liabilities (add lines 17 through 22)	3,213,518	290,204	
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	1,801,181	2,681,480	
	25 Net assets with donor restrictions		2,591,410	
	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)	1,801,181	5,272,890		
30 Total liabilities and net assets/fund balances (see instructions) .	5,014,699	5,563,094		

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	1,801,181
2 Enter amount from Part I, line 27a	2	2,816,883
3 Other increases not included in line 2 (itemize) ▶ _____	3	654,826
4 Add lines 1, 2, and 3	4	5,272,890
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	5,272,890

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved				2
3 Reserved				3
4 Reserved				4
5 Reserved				5
6 Reserved				6
7 Reserved				7
8 Reserved				8

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 calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 5,414.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

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.

Located at 100 CUMMINGS CENTER 120B BEVERLY MA ZIP+4 01915

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 with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

5a During the year did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?

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

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

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances

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

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances

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.	6,538,764
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	4,034,163
b	Average of monthly cash balances.	1b	720,310
c	Fair market value of all other assets (see instructions).	1c	501,409
d	Total (add lines 1a, b, and c).	1d	5,255,882
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	5,255,882
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	78,838
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,177,044
6	Minimum investment return. Enter 5% of line 5.	6	258,852

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 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (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	16,200
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	16,200
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	16,200

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ _____				
a Applied to 2019, 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 2020 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020. (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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019.				
e Excess from 2020.				

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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	258,852	142,685	67,982	10,953	480,472
b 85% of line 2a	220,024	121,282	57,785	9,310	408,401
c Qualifying distributions from Part XII, line 4 for each year listed	16,200	15,000	4,151,880	4,183,778	8,366,858
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	16,200	15,000	4,151,880	4,183,778	8,366,858
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.	172,568	127,511	131,487	66,673	498,239
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> SOCIOS EN SALUD JIRON PUNO 279 CERCADO DE LIMA PE		PUBLIC CHARITY	TO IMPROVE HEALTH CARE OF PEOPLE LIVING IN POVERTY.	16,200
Total ▶ 3a				16,200
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here [Signature] 2022-01-21 [Title]
May the IRS discuss this return with the preparer shown below (see instr.) [x] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: EDWARD J CALLAHAN CPA
Preparer's Signature
Date: 2022-01-21
Check if self-employed []
PTIN: P00314334
Firm's name: E J CALLAHAN & ASSOCIATES LLC
Firm's EIN: 46-4547996
Firm's address: ONE PLEASURE ISLAND ROAD SUITE 2A WAKEFIELD, MA 01880
Phone no. (617) 974-7697

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 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	PRESIDENT 40.00	0	0	0
KAREN ANSARA 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
IRYNA BALENTINE 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	TREASURER 40.00	0	0	0
PATRICIA MESERVEY 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
JOHN UNNI 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
BOB BROUDO 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
PAUL FARMER 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
HARRY DUMAY 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
HEATHER ANNE HARMON 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	CLERK 1.00	0	0	0
JEAN SHEA 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 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	18,508	96.000000000000	7,403	0	7,403	25,911
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2019-07-01	8,028	1,004	96.000000000000	1,004	0	1,004	2,008

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 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	17,770	SL	5.000000000000	4,775	0	4,775	
EXCAVATOR	2016-08-15	50,290	39,394	SL	5.000000000000	10,058	0	10,058	
BOX TRUCK (2016 IZUZU)	2016-07-01	47,970	38,376	SL	5.000000000000	9,594	0	9,594	
HONDA CRV	2016-07-18	5,000	3,917	SL	5.000000000000	1,000	0	1,000	
NISSAN PATROL	2016-08-09	10,000	7,831	SL	5.000000000000	2,000	0	2,000	
LANDCRUISER	2017-01-03	33,601	23,520	SL	5.000000000000	6,720	0	6,720	
LIFTGATE FOR BOX TRUCK	2018-06-20	6,265	3,133	SL	5.000000000000	1,253	0	1,253	
HILUX CAPITAL REPAIR	2019-08-06	6,456	789	SL	5.000000000000	1,291	0	1,291	
HILUX CAPITAL REPAIR	2020-08-13	5,355		SL	5.000000000000	982	0	982	
HILUX CAPITAL REPAIR	2021-01-20	9,312		SL	5.000000000000	776	0	776	
TELEHANDLER	2021-03-01	37,059		SL	5.000000000000	2,471	0	2,471	
TOYOTA LAND CRUISER	2021-04-13	39,400		SL	5.000000000000	1,970	0	1,970	
mitsubishi forklift	2021-04-21	6,250		SL	5.000000000000	208	0	208	

TY 2020 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	4,353,836	4,353,836

**TY 2020 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	22,545	1,329	
EXCAVATOR	50,290	49,452	838	
BOX TRUCK (2016 IZUZU)	47,970	47,970	0	
HONDA CRV	5,000	4,917	83	
NISSAN PATROL	10,000	9,831	169	
LANDCRUISER	33,601	30,240	3,361	
LIFTGATE FOR BOX TRUCK	6,265	4,386	1,879	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	59,226	25,911	33,315	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	8,028	2,008	6,020	
HILUX CAPITAL REPAIR	6,456	2,080	4,376	
HILUX CAPITAL REPAIR	5,355	982	4,373	
HILUX CAPITAL REPAIR	9,312	776	8,536	
TELEHANDLER	37,059	2,471	34,588	
TOYOTA LAND CRUISER	39,400	1,970	37,430	
MITSUBISHI FORKLIFT	6,250	208	6,042	

TY 2020 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	14,900	18,775	18,775
ACCRUED REVENUE		73,224	73,224

TY 2020 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	5,724,831	0	0	0
FACILITIES & EQUIPMENT	114,906	0	0	0
WAREHOUSE	641,714	0	0	0
FUNDRAISING	200,499	0	0	0
AMORTIZATION	8,407	0	8,407	0

TY 2020 Other Increases Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Other Increases Schedule**

Description	Amount
UNREALIZED GAINS	654,826

TY 2020 Other Liabilities Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED REVENUE	2,859,839	0
ACCRUED PAYROLL	50,598	76,162

TY 2020 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	42,515	0	0	0
COMPUTER CONSULTANTS	16,740	0	0	0
FUNDRAISING CONSULTANTS	91,495	0	0	0

**TY 2020 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 2020 Taxes Schedule**Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	110	0	0	0
STATE TAX	500	0	0	0
FEDERAL TAX	3,917	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
2020

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

Name of organization
 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	\$ 2,170,148	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	\$ 90,197	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	\$ 47,520	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	\$ 350,575	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	\$ 1,734,732	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	\$ 299,354	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
<u>7</u>	SAINT ROCK HAITI FOUNDATION <hr/> 371 GRANITE AVE 1 <hr/> MILTON, MA 02186	<hr/> \$ 95,694	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	AFRICAN CENTRE OF EXCELLENCE FOR GENOMICS OF INFECTIOUS DISEASES (ACEGID) <hr/> REDEEMERS UNIVERSITY <hr/> , EDE NI	<hr/> \$ 180,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	ADAPTIV INC <hr/> 44 CORNING ST <hr/> BEVERLY, MA 01915	<hr/> \$ 1,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	AFRICAN MISSION HEALTHCARE <hr/> PO BOX 8598 <hr/> PUEBLO, CO 81008	<hr/> \$ 25,818	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	ASSIST INTERNATIONAL INC <hr/> 230 MOUNT HERMON ROAD SUITE 206 <hr/> SCOTTS VALLEY, CA 95066	<hr/> \$ 2,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	CUMMINGS FOUNDATION INC <hr/> 200 W CUMMINGS PARK <hr/> WOBURN, MA 01801	<hr/> \$ 35,000	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 - Recipients (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
13	CURE INTERNATIONAL <hr/> 70 IONIA AVE SW SUITE 200 <hr/> GRAND RAPIDS, MI 49503	<hr/> \$ 515,487	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
14	DAK FOUNDATION <hr/> 48B EGERTON STREET <hr/> SILVERWATER NSW, AS	<hr/> \$ 5,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
15	DANITA'S CHILDREN <hr/> PO BOX 23270 <hr/> NASHVILLE, TN 37202	<hr/> \$ 257,429	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
16	GOULD FAMILY FOUNDATION <hr/> 2658 DEL MAR HEIGHTS ROAD 348 <hr/> DEL MAR, CA 92014	<hr/> \$ 17,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
17	HAITI MEDICAL MISSION OF WISCONSIN (HMMW) <hr/> 125 15TH AVE <hr/> BARABOO, WI 53913	<hr/> \$ 143,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
18	IMPACT ASSETS INC <hr/> 4340 EAST WEST HIGHWAY SUITE 210 <hr/> BETHESDA, MD 20814	<hr/> \$ 109,500	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 - Recipients (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
19	INTERNATIONAL COMMITTEE OF THE RED CROSS	\$ 9,327	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	19 AVENUE DE LA PAIX		
	GENEVA, SZ		
20	OPERATION SMILE	\$ 15,794	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	3641 FACULTY BOULEVARD		
	VIRGINIA BEACH, VA 23453		
21	OUR VISION FOR ETHIOPIA	\$ 1,468	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	2220 S FRASER STREET		
	AURORA, CO 80014		
22	PILOT HOUSE ASSOCIATES LLC	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	32 ATLANTIC AVE		
	BOSTON, MA 02110		
23	SERVEHAITI	\$ 6,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1190 N HIGHLAND AVE 8974		
	ATLANTA, GA 31106		
24	SHEPLEY BULFINCH	\$ 3,037	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	290 CONGRESS ST SUITE 200		
	BOSTON, MA 02210		

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
<u>25</u>	THE LEO PROJECT <hr/> PO BOX 454 <hr/> CHILMARK, MA 02535	<hr/> \$ 17,490	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>26</u>	WORLD HOPE INTERNATIONAL <hr/> 1330 BRADDOCK PL 301 <hr/> ALEXANDRIA, VA 22314	<hr/> \$ 527,781	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>27</u>	ZANMI BENI FOUNDATION <hr/> 6201 RIVIERA DR <hr/> CORAL GABLES, FL 33134	<hr/> \$ 212,816	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)