

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. 1545-0047

**2021**

**Open to Public Inspection**

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 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**For calendar year 2021, or tax year beginning 07-01-2021, and ending 06-30-2022**

Name of foundation BUILD HEALTH INTERNATIONAL INC		<b>A Employer identification number</b> 46-4300024	
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 100 CUMMINGS CENTER 120B		<b>B Telephone number</b> (see instructions) (508) 808-0284	
City or town, state or province, country, and ZIP or foreign postal code BEVERLY, MA 01915		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>9,391,112</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> 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.)			

<b>Part I Analysis of Revenue and Expenses</b> <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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	15,927,583			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	205,038	205,038	205,038	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	16,132,621	205,038	205,038		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0	0	0	0
	<b>14</b> Other employee salaries and wages	445,242	0	0	0
	<b>15</b> Pension plans, employee benefits	58,387	0	0	0
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	137,770	0	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion	27,799	0	27,799	
	<b>20</b> Occupancy	181,734	0	0	0
	<b>21</b> Travel, conferences, and meetings	52,404	0	0	0
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	11,705,001	0	8,407	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	12,608,337	0	36,206	0
	<b>25</b> Contributions, gifts, grants paid	15,154			15,154
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	12,623,491	0	36,206	15,154	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	3,509,130				
<b>b Net investment income</b> (if negative, enter -0-)		205,038			
<b>c Adjusted net income</b> (if negative, enter -0-)			168,832		

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	707,849	2,530,429	2,530,429
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ <u>197,238</u>			
	Less: allowance for doubtful accounts ▶ _____	267,071	197,238	197,238
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	4,353,836	6,314,988	6,314,988	
<b>14</b> Land, buildings, and equipment: basis ▶ <u>365,593</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>241,953</u>	142,339	123,640	123,640	
<b>15</b> Other assets (describe ▶ _____)	91,999	224,817	224,817	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,563,094	9,391,112	9,391,112	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	214,042	268,540	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	76,162	1,178,262	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	290,204	1,446,802	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	2,681,480	1,776,248	
	<b>25</b> Net assets with donor restrictions . . . . .	2,591,410	6,168,062	
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	5,272,890	7,944,310		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	5,563,094	9,391,112		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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)	<b>1</b>	5,272,890
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	3,509,130
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	8,782,020
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	837,710
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	7,944,310

**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.)
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

**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**

<b>Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)</b>	
<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b)	
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2 0
<b>3</b> Add lines 1 and 2.	3 2,850
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4 0
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 2,850
<b>6 Credits/Payments:</b>	
<b>a</b> 2021 estimated tax payments and 2020 overpayment credited to 2021	<b>6a</b> 0
<b>b</b> Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b> 0
<b>c</b> Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b> 2,947
<b>d</b> Backup withholding erroneously withheld . . . . .	<b>6d</b> 0
<b>7</b> Total credits and payments. Add lines 6a through 6d. . . . .	7 2,947
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8 97
<b>9 Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶	9 0
<b>10 Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶	10
<b>11</b> Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> ▶ <b>Refunded</b> ▶	11

<b>Part VI-A Statements Regarding Activities</b>			
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>			<b>No</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. . . . .			<b>No</b>
<b>1b</b>			<b>No</b>
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
<b>1c</b>			<b>No</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?. . . . .			<b>No</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ <u>0</u> <b>(2)</b> On foundation managers. ▶ \$ <u>0</u>			
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0</u>			
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>		<b>No</b>
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	<b>4a</b>		<b>No</b>
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?. . . . .	<b>4b</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>		<b>No</b>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>		<b>No</b>
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XIV.</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA _____			
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	<b>Yes</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the taxable year beginning in 2021? See the instructions for Part XIII. <i>If "Yes," complete Part XIII</i> . . . . .	<b>9</b>	<b>Yes</b>	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	<b>10</b>	<b>Yes</b>	

Part VI-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11-14.

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. 15

Table with 3 columns: Question number, Question text, and Yes/No columns. Row 16.

Part VI-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 VI-B with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-4b.

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?. . . . .	<b>5a(1)</b>		<b>No</b>
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?. . . . .	<b>5a(2)</b>		<b>No</b>
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?. . . . .	<b>5a(3)</b>		<b>No</b>
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<b>5a(4)</b>		<b>No</b>
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?. . . . .	<b>5a(5)</b>		<b>No</b>
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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. . . . .	<b>5b</b>		
<b>c</b>	Organizations relying on a current notice regarding disaster assistance check . . . . . <input type="checkbox"/>			
<b>d</b>	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?. . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<b>5d</b>		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. . . . .	<b>6a</b>		<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . . . If "Yes" to 6b, file Form 8870.	<b>6b</b>		<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<b>7a</b>		<b>No</b>
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?. . . . .	<b>7b</b>		
<b>8</b>	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?. . . . .	<b>8</b>		<b>No</b>

**Part VII 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**

(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
See Additional Data Table				

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

(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
JOSE OMAR HERNANDEZ 100 CUMMINGS CENTER NO 120H BEVERLY, MA 01915	DIRECTOR OF ESTIMATI 40.00	158,000	24,033	0
GERARD GEORGES 100 CUMMINGS CENTER NO 120H BEVERLY, MA 01915	DIRECTOR OF ARCHITEC 40.00	139,100	17,689	0
JOHAN WILLIAM THEODORE VERSPYCK 100 CUMMINGS CENTER NO 120H BEVERLY, MA 01915	DIRECTOR OF DESIGN 40.00	130,000	23,417	0
IRYNA BALENTINE 100 CUMMINGS CENTER NO 120H BEVERLY, MA 01915	DIRECTOR OF ACCOUNTI 40.00	125,000	23,333	0
ERIK KENNETH BENSON 100 CUMMINGS CENTER NO 120H BEVERLY, MA 01915	DIRECTOR OF OPERATIO 40.00	120,000	9,619	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				0

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

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

**Part VIII-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
<b>1</b> DEVELOPING AND BUILDING HEALTH CARE INFRASTRUCTURE IN IMPOVERISHED COUNTRIES AND PROMOTING INTERNATIONAL DEVELOPMENT AND PHILANTHROPY.	10,386,283
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part VIII-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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

<b>Part IX</b>		<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.)	
<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	5,592,088
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,592,200
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	545,696
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	7,729,984
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	7,729,984
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	115,950
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. . . . .	<b>5</b>	7,614,034
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	380,702

<b>Part X</b>		<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input checked="" type="checkbox"/> and do not complete this part.)	
<b>1</b>	Minimum investment return from Part IX, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . .	<b>7</b>	

<b>Part XI</b>		<b>Qualifying Distributions</b> (see instructions)	
<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	15,154
<b>b</b>	Program-related investments—total from Part VIII-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4. . . . .	<b>4</b>	15,154



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016. . . . .				
<b>b</b> From 2017. . . . .				
<b>c</b> From 2018. . . . .				
<b>d</b> From 2019. . . . .				
<b>e</b> From 2020. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>15,154</u>				
<b>a</b> Applied to 2020, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2021 distributable amount. . . . .				0
<b>e</b> Remaining amount distributed out of corpus	15,154			
<b>5</b> Excess distributions carryover applied to 2021. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	15,154			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022. . . . .				0
<b>7</b> 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). . . . .	0			
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a. . . . .	15,154			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017. . . . .				
<b>b</b> Excess from 2018. . . . .				
<b>c</b> Excess from 2019. . . . .				
<b>d</b> Excess from 2020. . . . .				
<b>e</b> Excess from 2021. . . . .	15,154			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling . . . . .						2013-12-12
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)						
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .	<b>Tax year</b>	<b>Prior 3 years</b>			<b>(e) Total</b>	
	<b>(a) 2021</b>	<b>(b) 2020</b>	<b>(c) 2019</b>	<b>(d) 2018</b>		
	168,832	258,852	142,685	67,982	638,351	
<b>b</b> 85% (0.85) of line 2a	143,507	220,024	121,282	57,785	542,598	
<b>c</b> Qualifying distributions from Part XI, line 4 for each year listed . . . . .	15,154	16,200	15,000	4,151,880	4,198,234	
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0	
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	15,154	16,200	15,000	4,151,880	4,198,234	
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:						
<b>a</b> "Assets" alternative test—enter:						
<b>(1)</b> Value of all assets . . . . .						
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)						
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . . . . .	253,801	172,568	127,511	131,487	685,367	
<b>c</b> "Support" alternative test—enter:						
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .						
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .						
<b>(3)</b> Largest amount of support from an exempt organization						
<b>(4)</b> Gross investment income						

**Part XIV 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 XIV** **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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . . ▶ <b>3a</b>				15,154
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . . ▶ <b>3b</b>				0





<b>Form 990PF Part VII Line 1 - List all officers, directors, trustees, foundation managers and their compensation</b>				
<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> 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				
PATRICIA MESERVEY	DIRECTOR 1.00	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				
HARRY DUMAY	TREASURER / CONTROLLER 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
JEAN SHIA	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
JENNIFER ALIBER	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
REGAN MARSH	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				
HERBY DUVERNE	DIRECTOR 1.00	0	0	0
100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915				

**Form 990PF Part XIV 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)				
<b>a</b> <i>Paid during the year</i>				
PARTNERS IN HEALTH 888 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215				5,000
SAINT ROCK HAITI FOUNDATION 372 GRANITE AVE 1 MILTON, MA 02186				2,500
BOSNOMA 290 CONGRESS ST SUITE 200 BOSTON, MA 02210				7,500
<b>Total . . . . .</b> ▶ <b>3a</b>				15,154

**Form 990PF Part XIV 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)				
<i>a Paid during the year</i>				
PAN-MASS CHALLENGE 77 4TH AVENUE NEEDHAM, MA 02494				
<b>Total . . . . . ▶ 3a</b>			15,154	

TO PAN-MASS CHALLENGE FOR DAVID WILSON

154



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

# TY 2021 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	25,911	96.000000000000	7,403	0	7,403	33,314
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2019-07-01	8,028	2,008	96.000000000000	1,004	0	1,004	3,012

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

## TY 2021 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	22,545	SL	5.000000000000	1,329	0	1,329	
EXCAVATOR	2016-08-15	50,290	49,452	SL	5.000000000000	838	0	838	
BOX TRUCK (2016 IZUZU)	2016-07-01	47,970	47,970	SL	5.000000000000	0	0	0	
HONDA CRV	2016-07-18	5,000	4,917	SL	5.000000000000	83	0	83	
NISSAN PATROL	2016-08-09	10,000	9,831	SL	5.000000000000	169	0	169	
LANDCRUISER	2017-01-03	33,601	30,240	SL	5.000000000000	3,361	0	3,361	
LIFTGATE FOR BOX TRUCK	2018-06-20	6,265	4,386	SL	5.000000000000	1,253	0	1,253	
HILUX CAPITAL REPAIR	2019-08-06	6,456	2,080	SL	5.000000000000	1,291	0	1,291	
HILUX CAPITAL REPAIR	2020-08-13	5,355	982	SL	5.000000000000	1,071	0	1,071	
HILUX CAPITAL REPAIR	2021-01-20	9,312	776	SL	5.000000000000	1,862	0	1,862	
TELEHANDLER	2021-03-01	37,059	2,471	SL	5.000000000000	7,412	0	7,412	
TOYOTA LAND CRUISER	2021-04-13	39,400	1,970	SL	5.000000000000	7,880	0	7,880	
mitsubishi forklift	2021-04-21	6,250	208	SL	5.000000000000	1,250	0	1,250	

**TY 2021 Investments - Other Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
INVESTMENTS	AT COST	6,314,988	6,314,988

**TY 2021 Land, Etc.  
Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
INTERNATIONAL TRUCK	23,874	23,874	0	
EXCAVATOR	50,290	50,290	0	
BOX TRUCK (2016 ISUZU)	47,970	47,970	0	
HONDA CRV	5,000	5,000	0	
NISSAN PATROL	10,000	10,000	0	
LANDCRUISER	33,601	33,601	0	
LIFTGATE FOR BOX TRUCK	6,265	5,639	626	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	59,226	33,314	25,912	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	8,028	3,012	5,016	
HILUX CAPITAL REPAIR	6,456	3,371	3,085	
HILUX CAPITAL REPAIR	5,355	2,053	3,302	
HILUX CAPITAL REPAIR	9,312	2,638	6,674	
TELEHANDLER	37,059	9,883	27,176	
TOYOTA LAND CRUISER	39,400	9,850	29,550	
MITSUBISHI FORKLIFT	6,250	1,458	4,792	

**TY 2021 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	18,775	31,975	31,975
ACCRUED REVENUE	73,224	192,842	192,842

**TY 2021 Other Decreases Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

<b>Description</b>	<b>Amount</b>
UNREALIZED LOSSES	837,710

**TY 2021 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	10,344,330	0	0	0
FACILITIES & EQUIPMENT	337,797	0	0	0
WAREHOUSE	664,414	0	0	0
FUNDRAISING	350,053	0	0	0
AMORTIZATION	8,407	0	8,407	0

**TY 2021 Other Liabilities Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ACCRUED PAYROLL	76,162	135,634
DEFERRED REVENUE	0	1,042,628



**TY 2021 Other Professional Fees Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FINANCIAL SERVICES	45,000	0	0	0
COMPUTER CONSULTANTS	3,645	0	0	0
FUNDRAISING CONSULTANTS	82,590	0	0	0
LEGAL FEES	100	0	0	0
ACCOUNTING SERVICES	6,435	0	0	0

**TY 2021 Substantial Contributors  
Schedule****Name:** BUILD HEALTH INTERNATIONAL INC**EIN:** 46-4300024**Substantial Contributors Schedule**

<b>Name</b>	<b>Address</b>
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

**Schedule B**  
**(Form 990)**  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2021**

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 33<sup>1</sup>/<sub>3</sub>% 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
--	--

<b>Part II Noncash Property</b>			
(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
<u>1</u>	PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	\$ 5,854,091	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	WK KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	\$ 1,692,907	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	\$ 45,751	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	HEALTH EQUITY INTERNATIONAL 40 GLEN AVE NEWTON, MA 02459	\$ 554,088	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	SAINT ROCK HAITI FOUNDATION 371 GRANITE AVE 1 MILTON, MA 02186	\$ 36,956	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	AFRICAN CENTRE OF EXCELLENCE FOR GENOMICS OF INFECTIOUS DISE REDEEMERS UNIVERSITY , EDE NI	\$ 345,530	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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>	AFRICAN MISSION HEALTHCARE <hr/> PO BOX 8598 <hr/> PUEBLO, CO 81008	<hr/> \$ 286,558	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	CUMMINGS FOUNDATION INC <hr/> 200 W CUMMINGS PARK <hr/> WOBURN, MA 01801	<hr/> \$ 35,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	CURE INTERNATIONAL <hr/> 70 IONIA AVE SW SUITE 200 <hr/> GRAND RAPIDS, MI 49503	<hr/> \$ 961,426	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	DAK FOUNDATION <hr/> 48B EGERTON STREET <hr/> SILVERWATER NSW, AS	<hr/> \$ 73,683	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	DANITA'S CHILDREN <hr/> PO BOX 23270 <hr/> NASHVILLE, TN 37202	<hr/> \$ 52,324	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	HAITI MEDICAL MISSION OF WISCONSIN (HMMW) <hr/> 125 15TH AVE <hr/> BARABOO, WI 53913	<hr/> \$ 67,869	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)



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13	IMPACT ASSETS INC	\$ 100,700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	4340 EAST WEST HIGHWAY SUITE 210		
	BETHESDA, MD 20814		
14	OPERATION SMILE	\$ 23,017	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	3641 FACULTY BOULEVARD		
	VIRGINIA BEACH, VA 23453		
15	WORLD HOPE INTERNATIONAL	\$ 142,327	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1330 BRADDOCK PL 301		
	ALEXANDRIA, VA 22314		
16	121 CONSULTING	\$ 206,199	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	333 SE 2ND AVE 20TH FL		
	MIAMI, FL 33131		
17	ALLIANCE FOR INTERNATIONAL MEDICAL ACTION	\$ 80,870	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	ROUTE DE LAROPORT RUE NG 96		
	DAKAR, SG		
18	ANDEAN HEALTH & DEVELOPMENT	\$ 17,588	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	ALUMNI HALL 1100 DELAPLAINE CT		
	ALUMNI, WI 53715		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BILL & MELINDA GATES FOUNDATION	\$ 2,700,050	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	1300 I ST NW		
	WASHINGTON, DC 20005		
20	BUILD HEALTH INTERNATIONAL	\$ 796,264	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	100 CUMMINGS CENTER 120B		
	BEVERLY, MA 01915		
21	HOPE HEALTH ACTION	\$ 13,513	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	25 CONEY HILL RD		
	WEST WICKHAM, BR4 9BU UK		
22	INSTITUTE BRENDA STAFFORD	\$ 6,885	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	35 RUE TOUSSAINT LOUVERTURE		
	LES CAYES, HA		
23	MERCY SHIPS	\$ 35,279	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	PO BOX 2020		
	GARDEN VALLEY, TX 75771		
24	PATH	\$ 14,770	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	2201 WESTLAKE AVENUE SUITE 200		
	SEATTLE, WA 98121		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>	SKOLL FOUNDATION <hr/> 250 UNIVERSITY AVE SUITE 200 <hr/> PAULO ALTO, CA 94301	<hr/> \$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>26</u>	THE GLOBAL FUND <hr/> GLOBAL HEALTH CAMPUS CHEMIN DU POMM <hr/> GENEVA, SZ	<hr/> \$ 453,042	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>27</u>	WORLD HEALTH ORGANIZATION <hr/> AVENUE APPIA 20 <hr/> GENEVA, 1211 SZ	<hr/> \$ 24,900	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)