Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Department of the Treasury Internal Revenue Service

AF	or the	= 2016 calendar year, or tax year beginning JUN 1, 2016 and	enaing M	AY 31, 2017	
B C a	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre chang	e BENEVOLENT HEALTHCARE FOUNDATION			
	Name Chang	e Doing business as PROJECT C.U.R.E.		84-156	8566
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		200	303-79	2-0729
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	71,572,743.
	Amen return	CENTENNIAL, CO 80112		H(a) Is this a group re	eturn
	Applic	F Name and address of principal officer. Douglas unceson		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙΤ	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: VWW.PROJECTCURE.ORG		H(c) Group exemptio	n number 🕨
ΚF	orm o	organization: 🗴 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1987	A State of legal domicile: CO
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SOLICI	T, COLLEC	CT & DISTRIBUTE	
anc		MEDICAL EQUIPMENT & SUPPLIES TO THE WORLD'S NEEDIEST COUNTRI	ES.		
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
		Number of independent voting members of the governing body (Part VI, line 1b)		8	
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		45	
iviti		Total number of volunteers (estimate if necessary)		15030	
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			-434.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-434.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		63,641,937.	71,337,288.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		207,756.	6,732.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-57,076.	-95,662.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		63,792,617.	71,248,358.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,069,655.	2,396,883.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,770,546.	70,797,577.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		63,840,201.	73,194,460.
	19	Revenue less expenses. Subtract line 18 from line 12		-47,584.	-1,946,102.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3alaı		Total assets (Part X, line 16)		55,801,457.	53,644,617.
et A: nd E		Total liabilities (Part X, line 26)		6,407,146.	6,196,408.
-		Net assets or fund balances. Subtract line 21 from line 20		49,394,311.	47,448,209.
Pa	nrt II	Signature Block			

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

	Signature of officer	Date
Sign	Signature of officer	Date
Here	W DOUGLAS JACKSON, CEO & PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	
Paid	DORI J. EGGETT	018 ^{if} self-employed P00645252
Preparer	Firm's name EKS&H LLLP	Firm's EIN 🕨 46-1497033
Use Only	Firm's address 🕒 8181 E. TUFTS AVENUE, SUITE 600	
	DENVER, CO 80237-2579	Phone no.303-740-9400
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
632001 11-1	11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2016)

Form	990 (2016) BENEVOLEN	T HEALTHCARE FOUNDATION	84-156	8566 Page 2
Pa	rt III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		
1	Briefly describe the organization's miss			
		5 TO IDENTIFY, SOLICIT, COLLECT,		
		AND SERVICES ACCORDING TO THE IM	PERATIVE	
	NEEDS OF THE WORLD.			
2		nificant program services during the year	which were not listed on the	
				Yes X No
	If "Yes," describe these new services of			
3		, or make significant changes in how it cor	nducts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		ervice accomplishments for each of its thre		
		ations are required to report the amount o	f grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program servi			
4a		71,710,346. including grants of \$)
		AND SUPPLIES TO THOSE WHO NEED	· · · · · · · · · · · · · · · · · · ·	
		AVERAGE OF OVER 3 FORTY FOOT CAR	GO	
	CONTAINERS ARE SHIPPED WEEKLY	•		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
44	Other program services (Describe in S	chedule ()		
-+u)
4e	(Expenses \$ Total program service expenses	including grants of \$ 71,710,346.) (Revenue \$]
-+0	יסנמו איסטימוז אפו אוכב פאאפוואפא ►	, , , , , , , , , , , , , , , , , , , ,		Form 990 (2016)
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<u>Form 9</u>90 (2016)

Form	990 (2016) BENEVOLENT HEALTHCARE FOUNDATION 84-1568566		Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

	990 (2016) BENEVOLENT HEALTHCARE FOUNDATION 84-156856	6	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

BENEVOLENT HEALTHCARE FOUNDATION

632004 11-11-16

84-1568566

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Sheddel 0 cortains a response or note to any line in the Part V Vest No a Enter the number or popoted in Box 3 of Form 1008. Enter 0. If not applicable 1a 27 b Enter the number of popose reported in Ims 1a. Enter 0. If not applicable 1a 27 B Enter the number of employees reported in Form W3. Transmitta of Wage and Tax Statements. 2a 4 B Enter the number of employees reported in Form W3. Transmitta of Wage and Tax Statements. 2a 4 B Enter the number of employees reported in Form W3. Transmitta of Wage and Tax Statements. 2a 4 A May time during the calendar year. df Wo; To kine Statements. 2a 4 4 B If Heart on the Is and 2a is greater than 250, your may be request to child the year? 3a 2b X B If Yes; 'has it field a Form 905. Tor the year? If Yo; 'to kine state scoont, or other financial accounts or other famical accounts or other famical accounts of fillin greateness for filling clusters. 4a X B If Yes; 'to in the Great or cluster W was or it Apret to a prohibite tax statement. 5a X B If Yes; 'to in the organization have and the closely account. 5a X B If Yes; 'to in the organization have and		990 (2016) BENEVOLENT HEALTHCARE FOUNDATION 84-1568566		Р	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 40- if not applicable 11 21 10 20 1a Enter the number of Forms W-2G included in line 1a. Enter 40- if not applicable 10	Par				
1a Enter the number exported in Box 3 of Form 1086. Enter 0 ⁻¹ in clasplicable 13 27 b Enter the number of forms W260 included in into a Enter 0 ⁻¹ in clasplicable 10 × 2a Enter the number of exportable partments to vendors and reportable gamming (gambling) winnings to prize winners? 10 × 2a Enter the number of exportable number of exployable withherbiding rules for reportable partments. 2a x 2a Enter the number of exployable metal dubies gammatianto file all required indexial employment tax returns? 2b x Note. If the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a x 3b x 3b 14 at a xin the the sum of ines 1a, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign ocurity (such as a bank account, securities account, or other financial account)? 3a x 10 11 * ys.'' has it filed a form 900.7 for this ysen? If 'No,' to is a party to a prohibit dat xsen? 5a x 5a x 5a x 5a x 5a x 5a x 5a x 5a x 5a <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Enroms W2G included in line 1a. Enter 0-4 incl applicable 10				Yes	No
c Did the organization comply with backup withholding uses for reportable gamment to vendors and reportable gamming Image: Complex Statements, the statement, the statement statement, the statement statement, the statement statement statement, the statement statement statement, the statement statement statement, the statement statement statement statement statement statement, the statement statement statement statement, the statement statement statement statement statement statement statement, the statement statement, the statement stateme	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
gambling wrinings to prize wriners? 1c X 2a Ends the number of employes reported on from W3. Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return 1d 4s b it at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X b it at least one is reported on line 2a, did the organization hear envirole to +FM (see instructions) 3a X b it's the site of SOT 900 For this year! Note. If the site of SOT 900 For this year! 3a X di the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X di t'Yes," enter the name of the foreign ocurth; Clo Clo as bank account; securities account, or other authority over, a financial account; for DAR). 5a X 5a was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 6a 0 bots the organization naive a calculable acharbasic contributions? 5a X 6b 0 cos sho organization naive a calculable acharbasic contributions? 5a X 6b 0 cos sho organization naive activable acharbasic contributions? 5a X 6c 11 Yes," tokica	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year onling with or within the year covered by this return. 2a 45 b if at least on is enored on in ea, did the arguination fiel all required leaves all employment tax returns? 2b X Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-//le (see instructions) 3a X a Dd the cognization have unreaded business greas incore of 31 (door or med during the year? 3a X b if Yes, 'has if field a form 990-T for this year? If 'No,'' to Ine 30, provide an exploration in Schedule O 3b X d At any time the nume of the foreign country (such as a bark account, securities account, or other financial account)? 4a X b if Yes,'' to line 5a or 5b, did the organization have an interest in, or a signature or other authority over, a financial account)? 5a X 6a Dod any itaxibib party notify the organization have interest in, or a signature or other authority over, a financial account)? 5a X 6a Dod any itaxibib party notify the organization have an interest in, or a signature or other authority over, a financial account)? 5a X c if Yes,'' to line 5a or 5b, did the organization have an explores statement that such contributions or gifts 5a X b if Yes,'' did the organization have exploration in ade	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tied for the calendary year ending with or within the year covered by this return 2a 45 b if at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b X Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 10 If Yee, 1 has tilled a Ferm BOD Tor this year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; over, a financial account is a toring ocurry. 4a X b If Yee, 1 has and 2a is greater than 250, you may be required to a chardbod over, a financial account is a toring ocurry. 5a X 5a be instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than 510,000, and did the organization solid any complexity in the organization that it was or is a party to a prohibited tax shater transaction? 5a X 6a Dees the organization have annual gross receipts that are normally greater than 510,000, and did the organization solid any contributions that were not tax doductible contributions and party for groods and service provided to the pare? 7a X 7b If Yees, 'did the organization toilt, de doror of the value of the organization service agreater that set or ontract? 7a X 7b If Yees, 'did the organization nolity the doror of the value of the organization service		(gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it field a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," has it field a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," that the name of the fording country (such as a bark account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization have annual gross receives that are normally greater than \$100,000, and did the organization file organization near employ to a prohibited tas shelt rature tax year? 5a X 5a Was the organization near employ resolution on express statement that such contributions or gifts were not tax deductible as charitable contributions? 5b X 5a Ves, "id the organization near employ resolution on express statement that such contributions or gifts were not tax deductible as charitable contributions? 5b X 5a Ves, "id the organization nearewere strate adductible as charitable contributions? <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a 3a 3b 3a 3b 3a 3a<		filed for the calendar year ending with or within the year covered by this return 2a 45			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit 1"Yes," has if field a Form 990-Tor this year? If Wo," to line 3b, provide an explanation in Schedulo O 4a X bit 1"Yes," that field a Form 990-Tor this year? If Wo," to line 3b, provide an explanation in Schedulo O 4a X bit 1"Yes," that the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account in the foreign country. Image: the comparisation approximation approximation paper with a schelter thransaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X c If "Yes," to line 5a or 5b, did the organization file form B686-T? 5b X c If Yes, 'to line 5a or 5b, did the organization field with werey solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a X b If 'Yes, 't did the organization neity were displace of tangible personal property for which it was required to the payor? 7a X f If 'Yes, 't did the organization neity were approximation approx	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
	C 14-	Enter the amount of reserves on hand [130]	14-		x
					<u> </u>
Form 990 (2016)	<u>u</u>	יו דפי, המאור ווופט מדטוחו דבט נט דפוטרג נוופש אמיוופווגא יו דיט, איטיטפ מד פאומומנטר ווו שטופטעופ ט		990	(2016)

632005 11-11-16

Form	990 (2016) BENEVOLENT HEALTHCARE FOUNDATION		84	-1568566	;	Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th				a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See i	instructio	<i>ns.</i>			
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
					_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			9		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
-	Enter the number of voting members included in line 1a, above, who are independent	1b	l		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			r		v	
•	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other person?		-		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		x
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		x
6	Did the organization have members or stockholders?				6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
74	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			•	74		
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-			8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	-					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing t	ne form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X X	
14	Did the organization have a written document retention and destruction policy?				14	^	
15	Did the process for determining compensation of the following persons include a review and approva	ai by ir	naepenae	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				150	x	
	The organization's CEO, Executive Director, or top management official				15a	X	
U	Other officers or key employees of the organization				15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
104	taxable entity during the year?				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-	011			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{ m AZ}$, TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Sect	ion 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.		·				
	Own website X Another's website X Upon request Other (explain	in Scl	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest	policy, an	d finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd record	s: 🕨			
	THE ORGANIZATION - 303-792-0729						
	10377 E GEDDES AVENUE, SUITE 200, CENTENNIAL, CO 80112						
632000	5 11-11-16				Form	990	(2016)
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Form 990 (2	2016) BENEVOLENT HEALTHCARE FOUNDATION	84-1568566	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0		•		(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) W DOUGLAS JACKSON	60.00									
CEO & PRESIDENT		Х		Х				192,162.	0.	15,973.
(2) JAMES W JACKSON	10.00									
FOUNDER		х						0.	0.	0.
(3) BILL PAULS	1.00									
CHAIRMAN		х		х				0.	0.	0.
(4) RICHARD CAMPBELL	1.00									
DIRECTOR		х						0.	0.	0.
(5) BRUCE SCHROFFEL	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BRAD LIDGE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHARLIE FOTE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) THOMAS MALLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CINDY MCCAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GEORGE ROBERGE	50.00									
SENIOR VICE PRESIDENT				Х				167,235.	0.	26,176.

632007 11-11-16

Form 990 (2016)

2016.05030 BENEVOLENT HEALTHCARE FOUND 6425-001

Form 990 (2016) BENEVOLENT F									84-156	8566		Р	age 8			
Part VII Section A. Officers, Directors, Tru		ploy	/ees		d Hi C)	ghe	st C				1					
(A) Name and title	(B) Average hours per week	Average hours per (do not c box, unles			Average hours per do box, week				is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fi org an	npensa rom th janizat d relat anizat	ie tion ted			
		_														
		_														
1b Sub-total c Total from continuation sheets to Part V								359,397.		0. 0.		42	,149. 0.			
d Total (add lines 1b and 1c)								359,397.		0.		42	,149.			
2 Total number of individuals (including but compensation from the organization ►	not limited to th	nose	liste	ed a	bove	e) wł	no r	received more than \$100	,000 of reportab	le			2			
3 Did the organization list any former office	r director or tri	isto	o ka		nnlo		or	highest companyated a	mplovee on			Yes	No			
line 1a? If "Yes," complete Schedule J for											3		x			
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•							-	-		4	x				
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," con								•			5		x			
Section B. Independent Contractors						-										
 Complete this table for your five highest c the organization. Report compensation fo 	-									npens	ation	from				
(A) Name and busines				<u></u>				(B) Description of s		С) Compe	C) Insatic	n			
HENKELMAN & ASSOCIATES LLC 9055 W CORNELL PL, LAKEWOOD, CO 8022	27							ACCOUNTING & HUMAN	RESOURCES			107	,260.			
	.,								REBOOKCED			107	,200.			
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se lis 1	stec	d above) who received n	nore than							
*												000	0016)			

632008 11-11-16

Form **990** (2016)

Seempt function Dubletees Promise 1 A Foddrated campaigns 1a Provide and the provide of	Form §				RE FOUNDATION			84-1568566	Page 9
Total revenue Total revenue Durinated exempt function prevenue Durinated prevenue Durinated prevenue <thd< td=""><td>Part</td><td>t VII</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thd<>	Part	t VII							
Total revenue Total revenue Direction of the second of t			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
Business Code All other program service revenue Business Code All other program service revenue g Total. Add lines 1a-11d Investment income (including adividends, interest, and other similar amounts) Investment income (including dividends, interest, and other similar amounts) Investment income (including dividends, interest, and other similar amounts) Investment income (including dividends, interest, and other similar amounts) Investment income (including dividends, interest, and other similar amounts) Interest income or (loss) Interest i							Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code Business Code All other program service revenue All other service All other s	nts	1 a	Federated campaigns	1a					
Business Code Business Code All other program service revenue All other revenue All other	Gra	b	Membership dues	1b					
Business Code Business Code All other program service revenue All other service revenue	Am (584,736.				
Business Code Business Code All other program service revenue All other reve	ar la	d	Related organizations	1d					
Business Code Business Code All other program service revenue All other reve	ini ini	е	Government grants (contribut	ions) 1e	1,118,606.				
Business Code Business Code All other program service revenue All other reve	S	f	All other contributions, gifts, gran	ts, and					
Business Code Business Code All other program service revenue All other reve	the		similar amounts not included abov	ve 1f	69,633,946.				
Business Code Business Code All other program service revenue All other service revenue		g	Noncash contributions included in lines	1a-1f: \$	63,325,724.				
Business Code Business Code a b	a C				►	71,337,288.			
a Cottole program service revenue a Truestment income (including dividends, interest, and other similar amounts) b 2, 284. c 3 2, 284. 2 4 Income from investment of tax exempt bond proceeds 5 Royalties 2, 284. 2 6 a Gross rents (i) Real (ii) Personal 142, 649. 2 244. 2 6 a Gross rents (i) Real (ii) Personal 142, 649. 4 4 6 A Gross amount from sales of cost or other basis and sales expenses (i) Securities (i) Other assets other than inventory 39, 877. b Less: cost or other basis and sales expenses									
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and the program service revenue g Total: Add lines 22? 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents 142, 649. b Less: rental expenses 62, 284. 7 a Gross mult from sales of 63 a Gross rents 142, 649. b Less: cost or other basis and sales expenses 35, 429. c Gain or (loss) b Less: cost or other basis and sales expenses 35, 429. c Gain or (loss) b Less: cost or other basis and sales expenses 35, 429. c Gain or (loss) b Less: cost or other basis and sales expenses 59, 645. 206, 201. b Less: cost or other basis and sales expenses b Less: cost or other basis and sales expenses b Less: cost or other basis and allowances b Less: cost of goods sold c Net income r(loss) from sales of inventory b Less: cost of goods sold c Net income r(loss) from sales of inventory b Less: cost of goods sold c Net income r(loss) from sales of inventory c Net income r(loss) from sales of inventory b Less: cost of goods sold c Net income r(loss) from sales of inventory c Net income r(loss) from sales of inventory </td <td>۳ ۲</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	۳ ۲								
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c Rental income or (loss) 59,894. 59,894. -434. 60 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other -434. 60 3 a sales expenses 35,429. -434. 60 c Gain or (loss) 4,448. 4 4 d Net gain or (loss) 4,448. 4 4 a gross income from fundraising events (not including \$				82,755.					
d Net rental income or (loss) 59,894. -434. 60 7 a Gross amount from sales of assets other than inventory 39,877. 39,877. 39,877. b Less: cost or other basis and sales expenses 35,429. 4,448. 44 d Net gain or (loss) 4,448. 44 4 d Net gain or (loss) 4,448. 448. 4 a Gross income from fundraising events (not including \$584,736. of contributions reported on line 1c). See 50,645. 206,201. c Net income or (loss) from fundraising events -155,556. -155. 9 a Gross income from gaming activities. See -155,556. -155. 9 a Gross income from gaming activities. See -155,556. -155. 9 a Gross income from gaming activities. See -155,556. -155. 9 a Gross income from gaming activities. See -155,556. -155. 9 a Gross income from gaming activities. See -155,556. -155. 9 a Less: direct expenses - - - 0 a Gross alse of inventory, less returns and allowances - - - 0 Less: cost of goods sold - - - - c All tother revenue									
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 35, 429. 4,448. 4 c Gain or (loss) 4,448. 4 4 d Net gain or (loss) 4,448. 4 d Net gain or (loss) 584,736. of contributions reported on line 1c). See Part IV, line 18 50,645. 206,201. s Gross income from gaming activities. See Part IV, line 19 a 50,645. 206,201. b Less: direct expenses b -155,556. -155 10 a Gross alse of inventory, less returns and allowances a a a b Less: cost of goods sold b - - - f a dilowances a - - - - a dallowances a - - - - - m d allowances a - - - - - - - a dil other revenue - - - - - - - - - - - - - - - - -				· · · ·		59,894.		-434.	60,328
assets other than inventory 39,877. 1 b Less: cost or other basis and sales expenses 35,429. 4 c Gain or (loss) 4,448. 4 d Net gain or (loss) 4,448. 4 d Net gain or (loss) 584,736. of contributions reported on line 10. See Part IV, line 18 4 4 b Less: direct expenses b 206,201. - c Net income or (loss) from fundraising events not expenses -155,556. -155 9 a Gross income from gaming activities. See Part IV, line 19 - - b Less: cirect expenses b - - b Less: cost or gloss of sold - - - o Ross sales of inventory, less returns and allowances a - - b Less: cost of goods sold - - - - Miscellaneous Revenue Business Code - - - 11 a						· ·			
b Less: cost or other basis and sales expenses 35, 429. c Gain or (loss) 4, 448. d Net gain or (loss) 4, 448. d Net gain or (loss) 4, 448. d Net gain or (loss) 4, 448. d Re gross income from fundraising events (not including \$584, 736. of contributions reported on line 1c). See Part IV, line 18 4 b Less: direct expenses b c Net income or (loss) from fundraising events -155, 556. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold > miscellaneous Revenue Business Code 11 a		-							
and sales expenses 35, 429, 4, 448, 448, 4		b	5						
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d Net gain or (loss) ▲ 4,448. ▲ 4 8 a Gross income from fundraising events (not including \$S44,736. of contributions reported on line 1c). See Part IV, line 18 ▲ 50,645. ▲ 50,645. b Less: direct expenses b 206,201. ▲ -155,556. -155 9 a Gross income from gaming activities. See Part IV, line 19 ▲ 4 ▲ 4 ▲ 4 ▲ 4 b Less: direct expenses b ▲ 4 ▲ 4 ▲ 4 ▲ 4 10 a Gross sales of inventory, less returns and allowances a ▲ 4 ▲ 4 ▲ 4 10 a Gross sold ▶ ▲ 4 ▲ 4 ▲ 4 ▲ 4 11 a ▲ 10 ther revenue ■ 10 a		с							
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c Net income or (loss) from fundraising events -155,556. -155 9 a Gross income from gaming activities. See Part IV, line 19 a -155 b Less: direct expenses b -155 c Net income or (loss) from gaming activities -155 10 a Gross sales of inventory, less returns and allowances a -155 b Less: cost of goods sold b -155 Miscellaneous Revenue Business Code -155 11 a	۳,				50 645				
c Net income or (loss) from fundraising events -155,556. -155 9 a Gross income from gaming activities. See Part IV, line 19 a -155 b Less: direct expenses b -155 c Net income or (loss) from gaming activities -155 10 a Gross sales of inventory, less returns and allowances a -155 b Less: cost of goods sold b -155 Miscellaneous Revenue Business Code -155 11 a	her	h							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	δļ					-155 556			-155,556
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a						100,000.			100,000
b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		a g							
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and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a									
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a		iv a							
c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d > Y1, 248, 358. 0. -434. -88		h							
Miscellaneous Revenue Business Code Image: Code Image									
11 a		U							
b		11 a							
c									
d All other revenue									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 71,248,358. 0. -88		-	All other revenue		<u>├</u> ───┼				
12 Total revenue. See instructions. ▶ 71,248,358. 0. -434. -88									
			Total revenue. See instructions		····· 5	71,248,358.	0.	-434.	-88,496
					F			-	Form 990 (2016

632009 11-11-16

BENEVOLENT HEALTHCARE FOUNDATION

Page 10

D-	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	388,062.	265,740.	61,161.	61,16
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,735,995.	950,670.	120,240.	665,08
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	137,590.	75,582.	7,545.	54,46
10	Payroll taxes	135,236.	78,926.	5,760.	50,55
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	44,373.	26,994.	3,476.	13,90
d					· · ·
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,138.		1,138.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
3	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	184,407.	25,805.		158,60
13	Office expenses	27,858.	9,459.	1,846.	16,55
14	Information technology	20,780.	8,520.	3,740.	8,52
15	Royalties	, ,	, ,	, .	,
16	Occupancy	842,123.	768,401.	59,828.	13,89
17	Travel	489,776.	439,595.	7,560.	42,62
18	Payments of travel or entertainment expenses	, .	, ,	, .	,
10	for any federal, state, or local public officials				
19		5,061.	2,406.		2,65
20		-,	_,		_,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	179,917.	156,503.	7,143.	16,27
23		48,276.	39,768.	6,977.	1,53
23 24	Other expenses. Itemize expenses not covered			• ,• ,• ,•	-,
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONATED MEDICAL EQUIP	66,719,747.	66,719,747.		
b	SHIPPING	1,568,771.	1,568,771.		
c	MEDICAL SUPPLIES PURCH	276,226.	276,226.		
d	OPERATING SUPPLIES	119,561.	109,153.	827.	9,58
	All other expenses	269,563.	188,080.	25,157.	56,32
е 25	Total functional expenses. Add lines 1 through 24e	73,194,460.	71,710,346.	312,398.	1,171,71
25 26	Joint costs. Complete this line only if the organization	,1,1,100.	, _ , , _ 0 , 3 = 0 .		-,-,-,/-
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

632010 11-11-16

 $13200115 \ 138837 \ 6425-00$

10 2016.05030 BENEVOLENT HEALTHCARE FOUND 6425-001

Form **990** (2016)

632011 11-11-16

 $13200115\ 138837\ 6425-00$

		Check if Schedule O contains a response or n			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			370,582.	1	426,990.
	2	Savings and temporary cash investments			1,344,466.	2	2,653,115.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			367,700.	4	267,620.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compen	sated er	nployees. Complete			
						5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of se					
ŝ		employees' beneficiary organizations (see inst				6	
set	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			47,378,090.	8	44,075,650.
	9				85,435.	9	157,865.
		Land, buildings, and equipment: cost or other			,	-	, , , , , , , , , , , , , , , , , , , ,
		basis. Complete Part VI of Schedule D		8,465,104.			
	b	Less: accumulated depreciation		2,401,727.	6,199,609.	10c	6,063,377.
	11	Investments - publicly traded securities			12,011.	11	
	12	Investments - other securities. See Part IV, line			, ,	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			43,564.	15	0.
	16	Total assets. Add lines 1 through 15 (must eq			55,801,457.	16	53,644,617.
	17	Accounts payable and accrued expenses	407,869.	17	469,374.		
	18	Grants payable and aborded expenses				18	
	19	Deferred revenue	32,851.	19	46,451.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		- Coste a de la D		21	
<i>(</i> 0	22	Loans and other payables to current and form				21	
Liabilities	22	key employees, highest compensated employe					
ilidi						22	
Lia	00	-			5,966,426.		5,680,583.
	23 24	Secured mortgages and notes payable to unre-	5,500,420.	23 24	5,000,505.		
	24 25	Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p		24			
	25						
		parties, and other liabilities not included on line Schedule D				25	
	26				6,407,146.		6,196,408.
	20	Organizations that follow SFAS 117 (ASC 95		k horo X and	0,107,110.	20	0,150,100.
s		complete lines 27 through 29, and lines 33 a					
ice:	27				49,292,583.	27	46,017,216.
alar	28	Unrestricted net assets Temporarily restricted net assets			101,728.	28	1,430,993.
Ä	20 29	B H H H H H H H			101,720.	20	1,100,550.
ŭ	23	Organizations that do not follow SFAS 117 (23	
Ē		and complete lines 30 through 34.	A3C 95				
ŝ	20	Capital stock or trust principal, or current fund				30	
sei	30 21	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31 22					31	
Net	32 32	Retained earnings, endowment, accumulated			49,394,311.	32	47,448,209.
	33 24	Total net assets or fund balances			<u>49,394,311.</u> 55,801,457.	33 34	53,644,617.
	34	Total liabilities and net assets/fund balances			55,001, 1 57.	34	Form 990 (2016)

BENEVOLENT HEALTHCARE FOUNDATION

Check if Schedule O contains a response or note to any line in this Part X

84-1568566

Page **11**

Form 990 (2016)
Part X Balance Sheet

Form	990 (2016) BENEVOLENT HEALTHCARE FOUNDATION	84-1568566		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	71	, 248	,358.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	,194	,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,946	,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	,394	,311.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	47	,448	,209.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				l I
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2016)

632012 11-11-16

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2016	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury

Interr	a Rev	enue Service	Informati	ion about Schedule A	A (Form 990 or 990-EZ) and	its instruct	ions is at W	/ww.irs.gov/fo	orm990.	Inspection
Nan	ne of	the organization	n						Employer	identification number
		Desserte		LENT HEALTHCAR						4-1568566
	irt I				(All organizations must c				S.	
	orga	-			: (For lines 1 through 12, o	-				
1					tion of churches describe			1)(A)(i).		
2					(Attach Schedule E (Forr					
3					ganization described in s					
4		A medical rese	arch organiz	ation operated in c	onjunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:								
5		An organizatior	n operated fo	or the benefit of a c	college or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state	e, or local gov	vernment or goverr	nmental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organizatior	n that norma	Illy receives a subst	tantial part of its support	from a gov	rernmental	unit or from	the general	public described in
		section 170(b)	(1)(A)(vi). (C	omplete Part II.)						
8		A community to	rust describe	ed in section 170(b	b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural	research org	ganization describe	d in section 170(b)(1)(A)	(ix) operat	ed in conju	unction with a	ι land-grant	college
		or university or	a non-land-g	grant college of agr	iculture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	e or
		university:								
10		An organizatior	n that norma	ally receives: (1) mo	re than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	nd gross receipts from
		activities relate	d to its exen	npt functions - subj	ect to certain exceptions	, and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment
		income and un	related busir	ness taxable incom	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 50								
11					isively to test for public sa					
12		An organizatior	n organized a	and operated exclu	isively for the benefit of, t	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly s	supported or	ganizations describ	oed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box in
	_	_lines 12a throu	gh 12d that	describes the type	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A sup	porting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving
		the supporte	d organizatio	on(s) the power to r	regularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organization.	You must o	complete Part IV, S	Sections A and B.					
b					ed or controlled in connec					
		control or ma	anagement o	of the supporting or	ganization vested in the s	same perso	ons that co	ontrol or man	age the sup	ported
	_	·		•	, Sections A and C.					
C	: L		-		ng organization operated				ally integrate	ed with,
	_	its supported	lorganizatio	n(s) (see instructior	ns). You must complete	Part IV, Se	ections A,	D, and E.		
C					porting organization ope					
			,	0 0	nization generally must sa	5		•	d an attent	iveness
	_				omplete Part IV, Section					
e					a written determination fro			а Туре I, Туре	II, Type III	
		-	-		ionally integrated support	ing organi	zation.			
		ter the number of	••	•						
<u>g</u>	Pro			<u> </u>	ted organization(s).	(iv) Is the ora	anization listed	(u) Amount o	f manatan i	(ui) Amount of other
		(i) Name of support organization	lea	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see i	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
						1	1			

Total

Schedule A (Form 990 or 990-EZ) 2016 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 13

2016.05030 BENEVOLENT HEALTHCARE FOUND 6425-001

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	54,272,111.	59,160,396.	58,827,611.	63,641,937.	71,337,288.	307,239,343.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	54,272,111.	59,160,396.	58,827,611.	63,641,937.	71,337,288.	307,239,343.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						307,239,343.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	54,272,111.	59,160,396.	58,827,611.	63,641,937.	71,337,288.	307,239,343.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	217,066.	218,031.	231,952.	80,386.	144,933.	892,368.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					-434.	-434.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			35,427.	17,954.		53,381.
11	Total support. Add lines 7 through 10						308,184,658.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,495,809.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.69 %
	Public support percentage from 2015					15	99.66 %
16 a	33 1/3% support test - 2016. If the c	•					
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th	e "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explair	in Part VI how the	;
	organization meets the "facts-and-circ			•	, v		▶∐
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organ	ization,
check this box and stop here						>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2016 (ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2015					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2015. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			>
632023 09-21-16			15	Sch	edule A (Form 99	90 or 990-EZ) 2016

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2016

10a

10b

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Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b 🔟 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С 2 Activities Test. Answer (a) and (b) below. No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b Schedule A (Form 990 or 990-EZ) 2016 632025 09-21-16 17

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Schedule A (Form 990 or 990-EZ) 2016 BENE	VOLENT HEALTHCARE FOUNDATION
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Sche	dule A (Form 990 or 990-EZ) 2016 BENEVOLENT HEALTHCARE FOUNDATION			84-1568566 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov. 20, 1970 (explain	in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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_	t V Type III Non-Functionally Integrated 509			4-1508500 Page /
	ion D - Distributions		amzations (continuea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		Garrent real
2	Amounts paid to perform activity that directly furthers exemption			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	15	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	2	
•	(provide details in Part VI). See instructions		-	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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	Form 990 or 990-EZ) 2016 BENEVOLENT HEALTHCARE FOUNDATION	84-1568566	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; Pa	n C, art V,
32028 09-21-	6 Sch	edule A (Form 990 or 990	EZ) 20
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Department of the Treasury Internal Revenue Service

(Form	990)	
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 Supplemental Financial Statements

 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

 ▶ Attach to Form 990.

 ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name	e of the organization BENEVOLENT HEALTHCARE FOUND				Employer identification number 84-1568566
Par			r Other Similar Fund		
Par			or Other Similar Fund	IS OF AC	Counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds	(h) Funds and other accounts
	T	(a) D		u)	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	•			
•	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
Par	impermissible private benefit? t II Conservation Easements. Complete if the org				
1				, i aitiv, i	
	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or e		Preservation of a his	storically i	moortant land area
	Protection of natural habitat	sucction	Preservation of a ce		
	Preservation of open space			runea mo	
2	Complete lines 2a through 2d if the organization held a qualit	fied conserva	ation contribution in the form	n of a cor	servation easement on the last
-	day of the tax year.			Г	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b					2b
c	Number of conservation easements on a certified historic str				2c
d	Number of conservation easements included in (c) acquired				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re			ne organiz	zation during the tax
	year ►	,		U	5
4	Number of states where property subject to conservation ea	sement is loc	ated		
5	Does the organization have a written policy regarding the per	riodic monito	ring, inspection, handling of	f	
	violations, and enforcement of the conservation easements in	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of v	violations, and enforcing co	nservatio	n easements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violati	ions, and enforcing conserv	ation eas	ements during the year
	►\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the	requirements of section 17	0(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	on easement	ts in its revenue and expens	se statem	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financia	al statements that describe	s the orga	anization's accounting for
D	conservation easements.			0.11	· · · · · · · · · · · · · · · · · · ·
Par	t III Organizations Maintaining Collections o	-		Jther S	imilar Assets.
4.	Complete if the organization answered "Yes" on Form				d beleve a star structure of sut
Ia	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public ext	-			
	the text of the footnote to its financial statements that descri			ance or p	ublic service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (AS			nt and ha	lance sheet works of art historical
D	treasures, or other similar assets held for public exhibition, et				
	relating to these items:		esearch in furtherance of p		ice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					► \$
2	If the organization received or held works of art, historical tre				
-	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1				► \$
	Assets included in Form 990, Part X				► \$
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 2016
	1 08-29-16				

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Sche	dule D (Form 990) 2016 BENEVOLENT	HEALTHCARE FOUN	IDATION	1			8	4-15685	66	Pa	age 2		
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)			
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant u	use of its	collectio	n item	5		
	(check all that apply):												
а	Public exhibition	d			hange progra	ams							
b	Scholarly research	e		Other									
С	5												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5													
De								L	Yes		No		
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or				
			diam (fau			+ +	in altrala al						
1a	Is the organization an agent, trustee, custodi		-						Yes] No		
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fe	llowing	·····				L	lites		No		
U		and complete the lo	nowing	lable.					Amoun				
~	Beginning balance						1c		Amoun	·			
	Additions during the year												
	Distributions during the year												
f	Ending balance												
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21. for	escrow or cu	ustodial acco	ount liabil	ity?		Yes		No		
	If "Yes," explain the arrangement in Part XIII.]		
Pa	rt V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line 1							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back		
1a	Beginning of year balance												
b	Contributions												
с	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:								
а	Board designated or quasi-endowment		_%										
b	Permanent endowment	%											
с	Temporarily restricted endowment	%											
_	The percentages on lines 2a, 2b, and 2c sho	-											
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for th	ne organiz	ation	г				
	by:									Yes	No		
	(i) unrelated organizations								3a(i)				
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tiona listad as requi											
U A	Describe in Part XIII the intended uses of the								3b				
Pa	t VI Land, Buildings, and Equipm		JWITHEIT	iunus.									
	Complete if the organization answere) Part I	/ line 11a S	See Form 990) Part X	line 10						
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Boo	k valur			
		basis (investr		. ,	(other)		preciation	ŭ	(4) 200	(value			
1a	Land				,178,000.				1	,178,	000.		
	Buildings				, 640,103.		1,948,	834.		<u>, 6</u> 91,			
	Leasehold improvements									,			
	Equipment				249,714.		179,	483.		70,	231.		
	Other				397,287.		273,	410.		123,	877.		
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)				6	,063,	377.		

Schedule D (Form 990) 2016

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84-1568566 Page 3

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

►

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(6) (7) (8) (9)

(1) (2) (3) (4) (5) (6) (7) (8) (9)

Part X

(2) (3) (4) (5) (6) (7) (8) (9)

1.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

(1) Federal income taxes

Part IX Other Assets.

(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(a) Description of liability

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛄

Schedule D (Form 990) 2016

(b) Book value

Sche	edule D (Form 990) 2016 BENEVOLENT HEALTHCARE FOUNDATION			84-1568566	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	71,531,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	284,719.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	284,719.
3	Subtract line 2e from line 1			3	71,247,220.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,138.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,138.
_5				5	71,248,358.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	73,478,041.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	284,719.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	284,719.
3	Subtract line 2e from line 1			3	73,193,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,138.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,138.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	73,194,460.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	nd 2b; Part V, line	4; Part X, line 2	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional inform	ation.		

PART X, LINE 2:

THE ORGANIZATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO

REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS

TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE

BEEN RECOGNIZED AS OF MAY 31, 2017 AND 2016. IF INCURRED, INTEREST AND

PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD

ASSESSED AS MANAGEMENT AND GENERAL EXPENSES. NO INTEREST OR PENALTIES HAVE

BEEN ASSESSED AS OF MAY 31, 2017 AND 2016.

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Schedule D (Form 990) 2016

 $13200115 \ 138837 \ 6425-00$

632055 08-29-16		Schedule D (Form 990) 2016

 $13200115 \ 138837 \ 6425-00$

SCHEDULE F (Form 990)	a tes 15, or 16.	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	orm990.	Open to Public Inspection	
Name of the organizat	Employer identification number		
BENEVOLENT HEALTH	ICARE FOUNDATION	84-156856	6
Part I Genera	Il Information on Activities Outside the United States. Complete if the organ	nization answe	red "Yes" on
Form 990), Part IV, line 14b.		
1 For grantmake	s. Does the organization maintain records to substantiate the amount of its grants and other	assistance,	
the grantees' eli	gibility for the grants or assistance, and the selection criteria used to award the grants or ass	istance?	X Yes No

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	Independent	gram services, investments, grants to	describe specific type	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND		9			
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,			PROGRAM SERVICES	SHIP MED. CONTAINERS	6,343,367.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,					
CAMBODIA,			PROGRAM SERVICES	SHIP MED. CONTAINERS	1,555,825.
EUROPE (INCLUDING					
ICELAND & GREENLAND)					
- ALBANIA, ANDORRA,					
AUSTRIA, BELGIUM			PROGRAM SERVICES	SHIP MED. CONTAINERS	1,418,272.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,					
DJIBOUTI, EGYPT,			PROGRAM SERVICES	SHIP MED. CONTAINERS	692,050.
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT NOT THE UNITED					
STATES			PROGRAM SERVICES	SHIP MED. CONTAINERS	4,901,354.
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,			PROGRAM SERVICES	SHIP MED. CONTAINERS	1,861,497.
SOUTH AMERICA -					
ARGENTINA, BOLIVIA,					
BRAZIL, CHILE,					
COLUMBIA, ECUADOR,			PROGRAM SERVICES	SHIP MED. CONTAINERS	1,044,078.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,			PROGRAM SERVICES	SHIP MED. CONTAINERS	739,085.
3 a Sub-total	0	0			18,555,528.
b Total from continuation					
sheets to Part I	C	0			43,744,279.
c Totals (add lines 3a					
and 3b)	0	0			62,299,807.

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

Schedule F (Form 990) 2016

632071 09-21-16

² For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

³ Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	BENEVOLENT H			84-156856	6 Page 1					
Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
SUB-SAHARAN AFRICA -										
ANGOLA, BENIN,										
BOTSWANA, BURKINA										
FASO,			PROGRAM SERVICES	SHIP MED. CONTAINERS	43,744,279.					
Totals					43,744,279.					
	1				, , - ·					

632181 04-01-16

	tion (i) Method of sh valuation (book, FMV, se appraisal, other)				
	(h) Description of noncash assistance				
	(g) Amount of noncash assistance				
	(f) Manner of cash disbursement				-
eeded.	(e) Amount of cash grant				
ated if additional space is needed.	(d) Purpose of grant				
recipient who received more than \$5,000. Part II can be duplicated if	(c) Region				-
ceived more than \$5,0	(b) IRS code section and EIN (if applicable)				
recipient who rec	1 (a) Name of organization				- - - - - - - - - - - - - - - - - - -

632072 09-21-16

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2016
	IV, line 16.	(g) Description of noncash assistance					Schedt
84-1568566	on Form 990, Part	(f) Amount of noncash assistance					
84-	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
	ites. Complete if	(d) Amount of cash grant					
RE FOUNDATION	e the United St a d.	c) Number of recipients					
BENEVOLENT HEALTHCARE FOUNDATION	:e to Individuals Outsid dditional space is neede	(b) Region					
Schedule F (Form 990) 2016 BE	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

632073 09-21-16

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2016

632074 09-21-16

84-1568566

Page 4

 Part V
 Supplemental Information

 Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROJECT C.U.R.E. ENSURES GRANT FUNDS AND OTHER ASSISTANCE ARE USED AS

INTENDED THROUGH THE FOLLOWING MONITORING PROCEDURES:

1. RECIPIENT FACILITIES ARE REQUESTED TO COMPLETE A WEB-BASED IMPACT

EVALUATION SURVEY AFTER RECEIPT OF THEIR CARGO SHIPMENT.

2. WHEN FUNDING IS AVAILABLE, A PROJECT C.U.R.E. REPRESENTATIVE IS SENT

TO THE RECIPIENT FACILITY TO MONITOR AND EVALUATE THE EQUIPMENT AND

SUPPLIES SENT.

3. MANY OF PROJECT C.U.R.E.'S GRANT PARTNERS HAVE A LOCAL PRESENCE, SO

THEY WILL PROVIDE ADDITIONAL OVERSIGHT AND EVALUATION OF THE IMPACT OF

THE GOODS DELIVERED.

Schedule F (Form 990) 2016

Supplemental Information Regarding Fundraising or Gaming Activities Complete the organization answerd "Yes" on Form 990-E7. Unit He 71, 56, er 19, 601 Determined on a finance Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and Schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and schedule (Form 200 er 190 E2) and its instructions is at www.rk.gen/formation Information and schedule (Form 200 er 190 E1) and Information Information and schedule and the information and generation and g	SCHEDULE G	ontal Information Bogardina	Eup	draid	ing or Coming /	1 oti	vition	OMB No. 1545-0047
Attach to Form 990 or Form 990-FZ. Momentation about Stended Gram 990 or 990-FZ and its instructions is at www.in.gov/form690. Name of the organization BENEVOLENY TEAL/TRICABE FORMATION BENEVOLENY Fundrational documents Beneview of the organization raised funds through any of the following activities. Check all that apply. Beneview of the organization raised funds through any of the following activities. Check all that apply. Beneview of the organization raised funds through any of the following activities. Check all that apply. Beneview of the organization and agreement with any individual (including officers, trustees, or key employee listed in Component the professional funds/tailing services? De If "Yes," list the 10 biplest paid individual or entities (fundratiser) porsument to agreements under which the fundratiser to be componented at least 50.00 by the organization. Or entity (fundratiser) Or entit	(Form 990 or 990-EZ) Complete if the	ne organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, o			2016
Name of the organization	Department of the Treasury	Attach to Form 990) or Fo	rm 99	0-EZ.			
BENEFORCERT FIRMUTECARE FORMATION Part IN Control (194, 156866 Part I) Indexist of complete it the organization naised funds through any of the following activities. Check all that apply. all disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotation disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotations disclotation disclotations disclotations disclotations disclotations disclotation disclotat	Information	about Schedule G (Form 990 or 990-EZ) and its	s instru	uctions is at WWW.irs.g	gov/fe		•
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations	-	HEALTHCARE FOUNDATION						
Mail solicitations Solicitation of one-government grants G Phone solicitations G Phone solicitations G Solicitation of one-government grants G Phone solicitations G Solicitation of government grants G			ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-I	EZ filers are not
(i) Name and address of individual or entity (fundraiser) (ii) Activity Archaiser, is considered by the fundraiser is the fundraiser is considered by the fundrai	 a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid incomparison 	e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
Total Image: Control of the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	.,	(ii) Activity	have c	ustody htrol of		tò (o	or retained by fundraiser	to (or retained by)
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			Yes	No				
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total							
Like For Paperwork Poduction Act Nation son the Instructions for Form 000 or 000 E7	3 List all states in which the organizat	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration
LUA. For Paparwork Poduction Act Nation son the Instructions for Form 000 or 000 E7								
LUA For Paperwork Poduction Act Nation son the Instructions for Form 000 or 000 E7								
LUA For Paperwork Poduction Act Nation son the Instructions for Form 900 or 900 E7								
LUA For Paparwork Poduction Act Nation son the Instructions for Form 900 or 900 E7								
LUA For Paparwork Poduction Act Nation son the Instructions for Form 900 or 900 E7								
UA For Panarwork Poduction Act Nation son the Instructions for Form 900 or 900 E7								
THA FOLEADERWORK REQUEUON ACLINUTCE, SEE THE INSTRUCTIONS TO FORM MAD OF MADERY. SCHOOLE G FORM MAD AF MADERY PATHA	HA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or	990-1	EZ.	Sche	dule G (Form	990 or 990-F7) 2016

632081 09-12-16

84-1568566 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT	HIGH ROLLER EVENT	3	(add col. (a) through
ē		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	338,455.	139,534.	157,392.	635,381
	2 Less: Contributions	322,910.	118,534.	143,292.	584,736
	3 Gross income (line 1 minus line 2)	15,545.	21,000.	14,100.	50,645
	4 Cash prizes				
	5 Noncash prizes				
Uirect Expenses	6 Rent/facility costs	48,000.	13,834.	22,616.	84,450
rect Ey	7 Food and beverages	51,398.	21,982.		73,380
_	8 Entertainment		7,091.	1,379.	8,470
	9 Other direct expenses		19,033.	8,609.	39,901
1	10 Direct expense summary. Add lines 4 throug	206,201			
1	11 Net income summary. Subtract line 10 from				-155,556
Par	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
e		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)					
Reve	1	Gross revenue									
es	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	└── Yes% └── No	Yes%	Yes%						
	7	Direct expense summary. Add lines 2 through	15 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>						
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 										
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain: Yes										
6320	82 09	9-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016					

<u>S</u> cł	nedule G (Form 990 or 990-EZ) 2016 BENEVOLENT HEALTHCARE FOUNDATION 8-	4-156856	6	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13	a	%
	o An outside facility		5	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	-		
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour of gaming revenue retained by the third party ▶ \$	t		
¢	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		-	
	retain the state gaming license?		Yes	└── No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
D	organization's own exempt activities during the tax year s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III linnon	0 h 1	0h 15h
Fa	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	τ III, IInes s	9, 90, 1	UD, 15D,
6320	N83 09-12-16 Schedule G	(Form 990) or 99	D-EZ) 2016
	34			

632084 04-01-16		Schedule G (Form 990 or 990-EZ)
	35	

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	<u> </u>
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,
Depa	rtment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo		Inspe		
Nan	ne of the organizatio		Employer ide		on nu	mber
De		BENEVOLENT HEALTHCARE FOUNDATION	84-1568	3566		
Pa	rt I Question	s Regarding Compensation			<u> </u>	<u> </u>
		inter han den National and in the second deal and a faile of the state of the second second second second second			Yes	No
та		iate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for con					
		cation and gross-up payments				
		spending account Personal services (such as, maid, chauffe	ur, chet)			
L	If any of the haves	on line to are checked, did the organization follow a written nation resorting non-				
U		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2				ai		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and once					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant Compensation survey or study				
		ther organizations X Approval by the board or compensation of the server of study	committee			
			Johnnittee			
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•		elated organization:				
а		ce payment or change-of-control payment?		4a		х
b		pecive payment from, a supplemental nonqualified retirement plan?				x
		ceive payment from, an equity-based compensation arrangement?				x
_		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····,	······································				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the					
а	e			. 5a		х
		zation?				х
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the i	net earnings of:				
а	The organization?			. 6a		х
b	Any related organiz	zation?		6b		х
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		. 7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		х
9		lid the organization also follow the rebuttable presumption procedure described in				
_		n 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990) 2016

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Schedule J (Form 990) 2016 BENEVOLEN	I TN2	BENEVOLENT HEALTHCARE FOUNDATI	IDATION		84-1568566			Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	lploy	rees, and Highest (Compensated Emp	loyees. Use duplica	tte copies if additional	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	e rep rm 9	orted on Schedule 90, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fr	om related organizatior	ns, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	d ind	ividual must equal t	he total amount of F	orm 990, Part VII, S	iection A, line 1a, appli	cable column (D) and (E) amounts for that inc	lividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	ouner deterred compensation	Deneurs	(n)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) W DOUGLAS JACKSON	9	192,162.	.0	• 0	.0	15,973.	208,135.	0.
		0	.0		.0	•0	•0	.0
(2) GEORGE ROBERGE	Ξ	167,235.	•0	•0	.0	26,176.	193,411.	.0
SENIOR VICE PRESIDENT		•0	•0	.0	•0	.0	•0	•0
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ē							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2016 BENEVOLENT HEALTHCARE FOUNDATION Dart III Sundamental Information		Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	iy additional information.	
	Schedule J (Form 990) 2016	0) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public Inspection

Name of the organization

Information about Schedule M	(Form 990) and its instructions is at www.irs.gov/for	rm990.
	F	mnlov

Employer identification number 84-1568566

BENEVOLENT	HEALTHCARE	FOUNDATION	

Par	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art			,,,,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	23,417.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (MEDICAL EQUIP))	Х	164,668	, ,				
26	Other (C.U.R.E. KITS)	Х	0	1,002,500.	FMV			
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
							/es	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			-				
	exempt purposes for the entire holding period?	•				30a		X
	If "Yes," describe the arrangement in Part II.			¢				
31	Does the organization have a gift acceptance p	-	-	-		31		X
32a	Does the organization hire or use third parties of		-					v
						32a		X
	If "Yes," describe in Part II.			- ferruhleh est () t	- los -l			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a) is che	CKEO,			
	describe in Part II.	4 h a 1 m a tru i a		•	Sebadula M	(Farm 0		0046)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

632141 08-23-16

13200115 138837 6425-00

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

32142 08-23-16	Schedule M (Form 990) (201
200115 138837 6425-00	2016.05030 BENEVOLENT HEALTHCARE FOUND 6425-001

84-1568566

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No 1545-0047

Open to Public

Inspection

84-1568566

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BENEVOLENT HEALTHCARE FOUNDATION

FORM 990, PART VI, SECTION A, LINE 2:

W. DOUGLAS JACKSON AND JAMES W. JACKSON HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS EMAILED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE

FINALIZING

FORM 990, PART VI, SECTION B, LINE 12C:

WRITTEN DISCLOSURE IS REQUIRED TO BE SUBMITTED ANNUALLY,

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SET THE COMPENSATION LEVEL OF ALL OFFICERS OF THE

CORPORATION - CONSIDERATIONS INCLUDE THE BOARD MEMBERS' PERSONAL

EXPERIENCE/EXPERTISE FOR COMPENSATION PACKAGES OF SIMILARLY SIZED

ORGANIZATIONS, AS WELL AS INFORMATION PROVIDED FROM THE COLORADO

ASSOCIATION OF NON PROFITS BI-ANNUAL SALARY SURVEY REPORT.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE AVAILABLE THROUGH THE COLORADO SECRETARY OF

STATE. FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE COLORADO SECRETARY OF

STATE, GUIDESTAR, AND CHARITY NAVIGATOR. THE CONFLICT OF INTEREST POLICY IS

AVAILABLE UPON WRITTEN REQUEST.

13200115 138837 6425-00

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

Schedule O (Form 990 or 990-EZ) (2016)

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2016.05030 BENEVOLENT HEALTHCARE FOUND 6425-001

SCHEDULE R (Form 990) Completion (Form 1900) Completion (Form 1900) Completion (Formal Revenue Service Completion (Formal Revenue Service Completion (Formal Revenue Service Completion (Formal Revenue Service Completion (Format Revenue Service (Format Revenue Service (Format Revenue Service (Form	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or Mathematical Structure of the form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	anizations and Unrelated Partnerships ion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. dule R (Form 990) and its instructions is at <i>www.ins.gov/form990</i> .	rtnerships ine 33, 34, 35b, 3 : www.irs.gov/fom	6, or 37. 1990.		OMB No. 1545-0047 2016 Open to Public Inspection
ation BENEVOLENT HEALT	FOUNDATION				Employer identi 84-1568566	Employer identification number 84-1568566
Part I Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	me End-of-year assets		(f) Direct controlling entity
BENEVOLENT HEALTHCARE FOUNDATION OF DENVER, LLC, 10377 E GEDDES AVENUE, SUITE 200, CENTENNIAL, CO 80112	TO HOLD OWNERSHIP OF FACILITY IN CENTENNIAL CO & TO PROTECT THE ASSET	COLORADO			BENEVOLEN FOUNDATIC 0.C.U.R.E.	BENEVOLENT HEALTHCARE FOUNDATION DBA PROJECT C.U.R.E.
BENEVOLENT HEALTHCARE FOUNDATION OF NASHVILLE, LLC, 10377 E GEDDES AVENUE, SUITE 200, CENTENNIAL, CO 80112	TO HOLD OWNERSHIP OF THE FACILITY IN NASHVILLE TN & TO PROTECT THE ASSET	COLORADO		.0	BENEVOLEN FOUNDATIC 0.C.U.R.E.	BENEVOLENT HEALTHCARE FOUNDATION DBA PROJECT C.U.R.E.
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions. Complete if the organization an	Iswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-	exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Bection 512(b)(13) controlled entity?
				501(c)(3))		Kes No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule	Schedule R (Form 990) 2016

632161 09-06-16 LHA

Schedule R (Form 990) 2016 BENEVOLENT HEALTHCARE FOUNDATION Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	E FOUNDATI ile as a Partn e tax year.	ом ership. Complete if	the organiza	Complete if the organization answered "	"Yes" on Form 9	90, Part IV, li	ne 34 becau	84-1568566 on Form 990, Part IV, line 34 because it had one or more related	68566 r more rela	Page 2 ed
(a) (b) (b) Name, address, and EIN Primary activity of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (k) General or Percentage managing partner? Yes No
Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	le as a Corpo uring the tax		omplete if the	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	Iswered "Yes" o	on Form 990,	Part IV, line	34 because it h	ad one or	more related
(a) Name, address, and EIN of related organization	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp. S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	d Section Section 512(b)(13) controlled entity? Yes No
			43			_	-	Sche	edule R (F	Schedule R (Form 990) 2016

FOUNDATION
HEALTHCARE
BENEVOLENT
0) 2016
(Form 99
Schedule R

84-1568566

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		-	1a
b Gift, grant, or capital contribution to related organization(s)				ę
c Gift. grant. or capital contribution from related organization(s)				10
				1d
				1e
f Dividends from related organization(s)			-	Ħ
				1g
				4
				=
j Lease of facilities, equipment, or other assets to related organization(s)				1
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)		-	11
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			4
o Sharing of paid employees with related organization(s)			-	10
nses			-	
				- ;
			-	Þ
r Other transfer of cash or property to related organization(s)			F	÷
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete th	nis line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ved
(1)				
(2)				
(3)				
(4)				
(5)				
(b) 632.163 09-06-16	44		Schedule R (F	Schedule R (Form 990) 2016

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(e) (f) (g) (f) (g) (f) (g) (f) (g) (f) (g) ((e) (f) (g) (f) (g) (f) Amail patimus outionsi outionsi outionsi Share of share of total Disprov. Code V-UBI commanyary and of year Code V-UBI commanyary outionsi and of year Code V-UBI commanyary outionsi and of year Code V-UBI commanyary outionsi and of year Code V-UBI commanyary outionsi and of year Ves No (form 1065) Ves No Income assets Ves No (form 1065) Income assets Income Income	(e) (f) (g) (f) (g) (f) Amail patrinstations outpoints Share of solutions Disprovin- solutions Disprovin- solutions	(e) (f) (f) (f) (f) Patter of approximation (0000 V-UB) Share of stranging (0000 V-UB) Share of stranging (0000 V-UB) Disprove and of veat and of veat and of veat and of veat assets (f) (f) (f) Ves <no< td=""> No (form 1065) Ves<no< td=""> (form 1065) Ves<no< td=""> Income assets assets Income Income Income Income assets Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income Income</no<></no<></no<>	(e) (f) (g) (h) (g) (h) (h) Antimation Share of attain Share of attain Share of attain Share of attain Otion (h) (h) Yes No No No No No (h) (h) (h) Yes No No No No No (h) (h) (h) Yes No No No No No (h) (h) (h) Yes No No No No No (h) (h) (h) Yes No No No (h) (h) (h) (h) No No No (h) (h) (h) (h) No No No (h) (h) (h) No No No (h) (h) (h) No No (h) (h) (h) <th>on for each e ation. See inst</th> <th>ntity taxed as a partnersh tructions regarding exclu</th> <th>ip through which i sion for certain inv</th> <th>the organization conduc estment partnerships.</th> <th>cted more</th> <th>than five percen</th> <th>t of its activities (n</th> <th>neasured</th> <th>by total assets o</th> <th>r gross</th> <th>revenue)</th>	on for each e ation. See inst	ntity taxed as a partnersh tructions regarding exclu	ip through which i sion for certain inv	the organization conduc estment partnerships.	cted more	than five percen	t of its activities (n	neasured	by total assets o	r gross	revenue)
					Z	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) r Percentage ownership
								1							
									_			_			

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	sponses to questions on S				
32165 09-06-16				Schedule F	R (Form 990) 20
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