Form 990

Return of Organization Exempt From Income Tax

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	or the 20		lar year, or tax year begin	nina	07-01	, 2018, and end	ding	06-3	30 ,2019	
250		0 100	THE PROPERTY OF TAXABLE PARTY OF TAXABLE						Employer identification no.	
	heck if appl			TI DOLDDAND II					6-1844856	
_		ess change Doing business as								
7		me change							(917)310-3684	
=	nitial return				nostal code			G	Gross receipts	
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return New York, NY 10028							\$ 516,182		
7			F Name and address of principa		Musilikare		H(a) Is this a group	eturn for s		
_ A	oplication pending		1562 First Avenue 205-7351, New York, NY 10028							
			501(c)(3)						st. (see instructions)	
	ax-exempt						H(c) Group exemption number			
	Vebsite:	percent		ociation Other	1	Year of formation: 20				
-	orm of orga			ociation	1-	Total of Toffinations.				
Pa		Summary Briefly describe the organization's mission or most significant activities: Health Builders is a non-profit whose vision								
Governance	1 8	is that all people should have access to high quality healthcare, allowing them to live								
	1	s that all people should have access to high quality healthcare, allowing them to live lealthy and prosperous lives. It utilizes business management principles to strengthen								
ern	health systems and build healthy communities in Rwanda. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.									
300								3	8	
			voting members of the gove					4	8	
Activities &			independent voting member					5		
			er of individuals employed in					6		
Act			er of volunteers (estimate if					7a		
			ated business revenue from					7b		
	b N	Net unrelate	ed business taxable income	from Form 990-1, lin	e 36	· · · · · · · · · · · ·	Prior Year	7.0	Current Year	
				41.5		 	1,713,500,5	,062	516,175	
4			ns and grants (Part VIII, line				1000			
nue		-	ervice revenue (Part VIII, lin					,802		
Revenue			income (Part VIII, column (20		
ď			nue (Part VIII, column (A), li				544	004	F16 100	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						,884	516,182	
	3 10000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
	100000000000000000000000000000000000000	Benefits paid to or for members (Part IX, column (A), line 4)					510 027		254 420	
Expenses			, other compensation, employee benefits (Part IX, column (A), lines 5-10)			519,037		254,402		
		Professional fundraising fees (Part IX, column (A), line 11e)								
		Total fundraising expenses (Part IX, column (D), line 25) ▶ 36,880						450.060		
Ê		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					459,063			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								
		Revenue less expenses. Subtract line 18 from line 12							The second of the second	
Net Assets or Fund Balances						-	Beginning of Curren		End of Year	
	20		s (Part X, line 16)				GENTO	,314		
	21		ties (Part X, line 26)			the state of the s		,428	A STATE OF THE STA	
			or fund balances. Subtrac	line 21 from line 20			309	,886	24,237	
	rt II		ure Block							
Und	er penalties	s of perjury, I d	leclare that I have examined this ret beclaration of preparer (other than o	urn, including accompanying	schedules and statements	, and to the best of my k any knowledge.	nowledge and belief,	tis		
- II GG	, correct, ar	id complete. D	reciaration or proparer (earler trians		1101	,				
	1	Michel Musilikare Thus. Will							ecember 11, 2014	
Sig	n	Signat	ture of officer	3				Date		
He	re	Mic	hel Musilikare, C	ountry Directo	r					
		Туре	or print name and title							
		Print/Type p	preparer's name	Preparer's signature		Date	Check] if F	PTIN	
Paid		Steven	Ketcham CPA			12-04-2019	self-employ	ed	P01439801	
Preparer		Firm's name ► Ketcham & Associates LLC					Firm's EIN ▶			
	e Only	Firm's address ▶ 202 Mountain Avenue					Phone no.			
		Westfield NJ 07090					908-232-4618			
May	the IRS	discuss th	is return with the preparer s		structions)				🛚 Yes 🗌 No	
. +164)	1110 1110	200000 111	The property							