### \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047 6 Open to Public

Department of the Treasury Internal Revenue Service

▶ 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. Inspection A For the 2016 calendar year, or tax year beginning

<b>B</b> 0	Check if	C Name of organization		D Employer identific	cation number					
а	pplicabl									
	Addre chang	e   ONE HEART WORLD-WIDE								
	Name chang	Doing business as		20-0	443243					
	Initial return	,	Room/suite	!						
	Final return			(415						
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 1,977,679.						
	Amen	SAN FRANCISCO, CA 34110		H(a) Is this a group return						
	Applic tion pendir	F Name and address of principal officer: ANDENE SAMEN		for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	┥,	list. (see instructions)					
		te: NONEHEARTWORLD-WIDE.ORG	1	H(c) Group exemptio						
		organization: X Corporation	L Year	of formation: 2004 N	1 State of legal domicile: UT					
Pä	art I	Summary	OD C 3 NT	TO A MITONI CDEA	шьс у					
Governance		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ NETWORK OF SAFETY TO PREVENT THE MAJORIT	Y OF I	BIRTHING REL	ATED DEATHS					
ern	2	Check this box  if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as						
Š				3	10					
	I	Number of independent voting members of the governing body (Part VI, line 1b)			9					
ijes		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5					
Activities &		Total number of volunteers (estimate if necessary)			14					
Ä		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	·····							
Revenue		Contributions and grants (Dort VIII line 1h)		Prior Year 4 , 472 , 258 •	Current Year 1,967,746.					
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.					
Ver	I	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,472,258.	1,967,746.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ś	1			614,304.	781,238.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)		2,414.	0.					
ф	b	Total fundraising expenses (Part IX, column (D), line 25) > 52,1	91.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,549,908.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,166,626.						
	19	Revenue less expenses. Subtract line 18 from line 12		1,305,632.	-179,270.					
s or			В	eginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,464,913.	2,309,063.					
nd As	21	Total liabilities (Part X, line 26)		19,572.	42,992.					
		Net assets or fund balances. Subtract line 21 from line 20		2,445,341.	2,266,071.					
	art II	Signature Block			of the second and the first factor					
		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of wl			y knowledge and beller, it is					
uue,	, correc	is, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii prepare	I lias ally kilowieuge.						
Sigi		Signature of officer		I Date						
əıyı Her		ARLENE SAMEN, PRESIDENT								
iici	C	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	i	MARK C FURNISS, CPA		if self-employe	P00242966					
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN	45-0250958					
Use	Only	Firm's address 5 TRIAD CENTER STE 600								
		SALT LAKE CITY, UT 84180-1128		Phone no.80	1-532-2200					
<u>Ma</u> y	/ the If	RS discuss this return with the preparer shown above? (see instructions)		······································	X Yes No					

Pai	Check if School ule O centains a response or note to apply line in this Bort III
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE ORGANIZATION CREATES A NETWORK OF SAFETY TO PREVENT THE MAJORITY
	OF BIRTHING RELATED DEATHS THAT OCCUR IN THE DEVELOPING REGIONS OF THE
	WORLD SERVED BY THE ORGANIZATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,971,279 • including grants of \$) (Revenue \$)
	NETWORK OF SAFETY: WORK WITH LOCAL COMMUNITIES AND LOCAL HEALTH
	PROVIDERS TO DEVELOP A NETWORK OF SAFETY AROUND MOTHERS AND INFANTS, BY
	RAISING AWARENESS, TEACHING GOOD PRACTICES, AND DISTRIBUTING ESSENTIAL
	MEDICAL SUPPLIES TO PUT AN END TO EASILY PREVENTABLE PREGNANCY AND
	DELIVERY RELATED DEATHS AND ENSURE THAT MOTHERS AND INFANTS SURVIVE PREGNANCY, CHILDBIRTH AND THE FIRST MONTHS OF LIFE.
	PREGNANCY, CHILDBIRTH AND THE FIRST MONTHS OF LIFE.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
TIJ.	(Code) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,971,279.
	Form <b>990</b> (2016)

# Form 990 (2016) ONE HEART WORLD-WIDE Part 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
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	X	
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		X
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		X
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111	-25	
124	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	
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			Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х

Form **990** (2016)

## Form 990 (2016) ONE HEART WORLD-WI Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			l
	Schedule J	23		X
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			l
	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		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			l
	Schedule L, Part I	25b		X
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,"			l
	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			l
	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):			<b> </b>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	28c		X
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			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<del>                                     </del>
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	X	<u> </u>

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming					
	(gambling) winnings to prize winners?			1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	5					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country: ► <u>NEPAL</u>							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction 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	action	?	5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did to	he org	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a 7b	X			
	o If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	 I <b>.</b> .	 I	7с		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	12	7e		Х		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			7h				
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а Бу п	i <del>c</del>	8				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
	Did the appropriate appropriation makes a distribution to a depart depart department of a propriation and appropriate appropriation and appropriate ap			9b				
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				v		
				14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е O		14b	000	(0040)		
				rorm	<b>330</b>	(2016)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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   10			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	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 reached at the			
•	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 Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	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 Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records:			
	ARLENE SAMEN - (415) 379-4762			
	1818 PACHECO STREET SAN FRANCISCO CA 9/116			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

(A)	(B)	l		((	C)			(D)	(E)	(F)
Name and Title	Average	Position			ion		Reportable	Reportable	Estimated	
	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation from related	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) ARLENE SAMEN	40.00								_	
PRESIDENT		Х		Х				125,000.	0.	18,811
(2) JAY BLUMENKOPF	1.00									
CHAIR		Х		Х				0.	0.	0
(3) DR MICHAEL DRAPER	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(4) MEIHONG XU	1.00									
SECRETARY		Х		Х				0.	0.	0
(5) DR TIM DYE	1.00									
MEDICAL REVIEW BOARD CHAIR		Х		Х				0.	0.	0
(6) GREG JACOBSON	1.00									
DIRECTOR		Х						0.	0.	0
(7) JILL SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(8) DEANNA BYCK	1.00									
DIRECTOR		Х						0.	0.	0
(9) AYELET BARON	1.00									
DIRECTOR		Х						0.	0.	0
(10) DR ALAN GREENE	1.00									
DIRECTOR		Х						0.	0.	0 .
		$\vdash$	_	$\vdash$	_					

20-0443243

(A)	Section A. Officers, Directors, Trustees, Key Employees, and Highest C (A) (B) (C)							(D)	(E)	(F)			
Name and title	Average	5 ' L						Reportable	Reportable			mate	d
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation			ount c	
	week	-	cer ar	nd a d	directo	or/trus	tee)	from	from related		0	ther	
	(list any	rector						the	organizations		comp		
	hours for related	or di	- R			ated		organization	(W-2/1099-MISC	)		m the	
	organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)			•	nizati relate	
	below	lual tr	tional		ploye	yee	_				orgar		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				o, gu,	···Lucio	
		┢	┢		<u> </u>	1 0	_			_			
		1											
		1											
		1											
1b Sub-total							ightharpoons	125,000.		) •	18	, 81	
c Total from continuation sheets to Part \	II, Section A						ightharpoons	0.		) •			0.
d Total (add lines 1b and 1c)								125,000.		).	18	,81	11.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportable				
compensation from the organization												- 1	1
												Yes	No
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on	- 1			77
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s													37
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or	•				•			ted organization or indivi	idual for services				v
rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest c	-	-							•	ensa	ation fro	om	
the organization. Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	ritnir I		year.		(0)		
(A) Name and busines	s address	NI	INC	7				<b>(B)</b> Description of s	services	C	(C) ompen		1
Traine and saemee	3 444,000	147	2141				$\dashv$	- Decemplian or a	.0171000		ompon.	- Cation	
							$\dashv$						
							$\dashv$						
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	l ster	d above) who received m	nore than				
\$100,000 of compensation from the organ				J 10		0	3.00		.5.5 (1)(4)				
\$ 100,000 of compensation from the organ						-					- orm 0	00	

orn	n 990 (		EART WOR	LD-WIDE			20-0443	3243 Page 9
Pa	rt VII							
		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e is, and 1/e 1f 1, 1a-1f: \$	14,358. 953,388.	1,967,746.			
Program Service Revenue	2 a b c d	All other program service reve  Total. Add lines 2a-2f	nue	Business Code				
Other Revenue	c d 7 a b c d 8 a b c 9 a b c 10 a b	Investment income (including other similar amounts) Income from investment of tax Royalties  Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ 14,3 contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	(i) Real  (i) Securities  (i) Securities  g events (not 58 • of 1c). See  a b draising events etivities. See  a b draising activities returns  a b s of inventory e	(ii) Personal  (ii) Other  9,933.  9,933.	0.			
	c d	All other revenue						

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.

1,967,746.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

20011	Check if Schedule O contains a respon			, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21				
0	Grants and other assistance to domestic				
2					
_	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,	1/2 011	127 121	10 456	6 224
_	trustees, and key employees	143,811.	127,121.	10,456.	6,234.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E00 076	F20 CC7	42 402	25 026
7	Other salaries and wages	598,076.	528,667.	43,483.	25,926.
8	Pension plan accruals and contributions (include	7	C 71 A		200
	section 401(k) and 403(b) employer contributions)	7,595. 1,337.	6,714.	552.	329.
9	Other employee benefits	1,337.	1,182.	97.	58.
10	Payroll taxes	30,419.	26,888.	2,212.	1,319.
11	Fees for services (non-employees):				
	Management				
	Legal	10 105	16 005	1 240	
	Accounting	18,425.	16,287.	1,340.	798.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 055	4 400		
	column (A) amount, list line 11g expenses on Sch O.)	1,277.	1,129.	93.	55.
12	Advertising and promotion	100 115		10.010	
13	Office expenses	106,115.	87,073.	19,042.	
14	Information technology	6,623.	5,854.	482.	287.
15	Royalties	4= 040			
16	Occupancy	47,868.	42,313.	3,480.	2,075.
17	Travel	218,403.	190,523.	14,765.	13,115.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,994.	2,647.	218.	129.
23	Insurance	9,511.	5,018.	4,493.	
24	Other expenses. Itemize expenses not covered				
	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.)	4=6	4=-		
а	MEDICAL SUPPLIES	459,322.	459,322.		
b	EDUCATION AND TRAINING	413,070.	413,070.		
С	COMPUTER AND WEBSITE	41,753.	36,907.	3,036.	1,810.
d	MEDICAL AID AND ASSISTA	20,449.	20,449.		
е	All other expenses	19,968.	115.	19,797.	56.
25	Total functional expenses. Add lines 1 through 24e	2,147,016.	1,971,279.	123,546.	52,191.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
63201	0 11-11-16				Form <b>990</b> (2016)

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or no	te to any line in t	his Part X	·····		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			661,097.	1	556,184.
	2	Savings and temporary cash investments			1,742,124.	2	1,742,997.
	3	Pledges and grants receivable, net			50,000.	3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated employees.	Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), a	nd contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) vol	untary			
ध		employees' beneficiary organizations (see instr)	. Complete Part I	I of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
۱ ۴	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	1,826.	9	3,010		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	50,851.			
	b	Less: accumulated depreciation	10b	43,979.	9,866.	10c	6,872
	11	Investments - publicly traded securities		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				15	
	16	Total assets. Add lines 1 through 15 (must equ	2,464,913.	16	2,309,063		
	17	Accounts payable and accrued expenses	19,572.	17	42,992		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Sched	ule D		21	
es	22	Loans and other payables to current and forme	r officers, directo	rs, trustees,			
Liabilities		key employees, highest compensated employee	•				
jab		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Comple	te Part X of			
		Schedule D			10 570	25	40.000
	26				19,572.	26	42,992.
		Organizations that follow SFAS 117 (ASC 958		► 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			1 011 010		2 240 060
au	27	Unrestricted net assets			1,811,912. 633,429.	27	2,240,068. 26,003.
Ва	28	Temporarily restricted net assets		·····	033,449.	28	40,003
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (A	NSC 958), check	nere 🕨 📖			
S O		and complete lines 30 through 34.					
Set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			2 115 211	32	2 266 071
_	33	Total net assets or fund balances			2,445,341.	33	2,266,071.
	34	Total liabilities and net assets/fund balances			2,464,913.	34	2,309,063.

_							
Pa	rt XI Reconciliation of Net Assets						
	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	1,96	7 <u>,7</u>	<u>46.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,14	7,0	16.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-17				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2						
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	2,26	6,0	71.		
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	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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	e audit,					
	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 Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization ONE HEART WORLD-WIDE 20-0443243 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	676,953.	1073583.	1544751.	4515258.	1967746.	9778291.
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	676,953.	1073583.	1544751.	4515258.	1967746.	9778291.
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)						2057907.
_6	Public support. Subtract line 5 from line 4.						7720384.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	676,953.	1073583.	1544751.	4515258.	1967746.	9778291.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						9778291.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	236,953.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here	<u>-</u>				<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2016 (					14	78.95 %
15	Public support percentage from 2015					15	81.32 %
16a	33 1/3% support test - 2016. If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the "fac			-	•	_	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	ū				•	
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶Ш

## 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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</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									
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
٠	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
/ 6	, ,								
,	3 received from disqualified persons 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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	·	( ) 0040	(1) 0040	( ) 004.4	( 1) 0045	( ) 0040	(0 T		
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total		
	Amounts from line 6  Gross income from interest,								
10	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
t	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	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	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,		
	check this box and stop here						<u></u> ▶∟		
	ction C. Computation of Publ								
15	Public support percentage for 2016 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	%		
	Public support percentage from 2015					16	%		
Se	ction D. Computation of Inve	stment Incom	e Percentage						
17	Investment income percentage for 20	<b>)16</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%		
18						18	%		
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not		
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	▶□		
ŀ	33 1/3% support tests - 2015. If the						and		
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

## 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.)

	Yes	No
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m 990 or 99	JU-EZ	2016

Veal   No   Part   Part   No   Part   Part   No   Part   Part   No   Part   P	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization?  b A Amily member of a person described in (i) above?  c A 35% controlled entity of a person described in (i) or (b) above?!  Yes' to a, b, or c, provide detail in Part Vi.  11c  Section B. Type I Supporting Organizations  1 Did the directors, frustees, 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 "I'V" describe in Part V In own the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization derives the supported organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year.  1 Did the directors, trustees, or membership of one or more supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization's directors or subsets were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees during the tax year.  1 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part V In organization operated, supporting Organizations.  Section C. Type II Supporting Organizations.  Section G. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees of the supported organization's powering documents in effect on the same persons that controlled or managed the supported organization's activities and the supported organization's powering documents in effect on the date on indication, to the extent not provided a go		, c c (senimos)		Yes	No
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b A family member of a person described in (a) above?  A 33% controlled entity of a person described in (a) to (b) above?If "Yes" to a, b, or c, provide detail in Part VI.  1 Did the directors, hustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organizations derectors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove dectors or trustees are all times during the tax year.  2 Did the organization operated for the benefit of any appointed organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, and apported organization other than the supported organization of the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization or the supported organization or the supported organization or the supported organization organization organization organization organization organization	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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Section C. Type II Supporting Organizations    Yes   No		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
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).  Section D. All Type III Supporting Organizations  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?  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 in Part VI how the organization maintained a close and continuous working relationshy with the supported organization(s).  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 supported organizations by law to the method that the organization used to satisfy the Integral Part Test during the yea@se Instructions).  3 Cection E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea@se Instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  C The organization is the parent of each of its supported organizations. Part VI the reasons f		supervised, or controlled the supporting organization.	2		
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<ul> <li>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.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2	-	<b>∠</b> D		
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

Pai	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 o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	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)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	ne organization is responsive	e	
	(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			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) 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:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	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:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information Devide the evaluations required by Datill English Datill English 17- and 75- Datill English
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

ONE HEART WORLD-WIDE 20-0443243

Organization type (check one):

Filers of:	Section:				
Form 990 or 990-E	Z X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	Con(c)(c) tanable private realisation				
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
X For an organized sections any one of	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, tota	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, con is checke purpose.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### ONE HEART WORLD-WIDE 20-0443243 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Person **Payroll** 300,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 300,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Person **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a)

No.

6

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

**Total contributions** 

300,000.

Type of contribution

Name, address, and ZIP + 4

Part I	art I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
7		\$145,438.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\ \\$	Person Payroll Noncash (Complete Part II for				

Employer identification number

## ONE HEART WORLD-WIDE

20-0443243

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(-)			
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
	-16	Schodule P (Form	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number ONE HEART WORLD-WIDE 20-0443243 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-0443243

_	ONE HEART WORLD-WIDE		20-0443243						
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fund	s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line 6.								
		(a) Donor advised funds	(b) Funds and other accounts						
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 writing	that the assets held in donor advi	sed funds						
	are the organization's property, subject to the organization's exclus								
6	Did the organization inform all grantees, donors, and donor advisors								
·	for charitable purposes and not for the benefit of the donor or dono	• •	•						
	impermissible private benefit? Yes No								
Pa									
1	Purpose(s) of conservation easements held by the organization (che	· ·	1 4111, 1110 7.						
•	Preservation of land for public use (e.g., recreation or education)		corically important land area						
	Protection of natural habitat	· —	tified historic structure						
	Preservation of open space	Freservation of a cer	tilled Historic structure						
•	·		-f						
2	Complete lines 2a through 2d if the organization held a qualified con	nservation contribution in the form							
	day of the tax year.		Held at the End of the Tax Year						
	Total acreage restricted by conservation easements								
	Number of conservation easements on a certified historic structure								
d	Number of conservation easements included in (c) acquired after 8/	,							
	listed in the National Register								
3	Number of conservation easements modified, transferred, released	extinguished, or terminated by th	e organization during the tax						
	year ▶								
4	Number of states where property subject to conservation easemen								
5	Does the organization have a written policy regarding the periodic n								
_	violations, and enforcement of the conservation easements it holds								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year						
_									
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conserva	ation easements during the year						
•		f. H	M-1/41/D1/3						
8	Does each conservation easement reported on line 2(d) above satis	•							
0	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation eas	·							
	include, if applicable, the text of the footnote to the organization's fi	nanciai statements that describes	the organization's accounting for						
Pai	conservation easements.  † III   Organizations Maintaining Collections of Art,	Historical Treasures or C	ther Similar Assets						
· u	Complete if the organization answered "Yes" on Form 990, F	·	Arier Girmai Addeto.						
12	If the organization elected, as permitted under SFAS 116 (ASC 958)		mont and balance shoot works of art						
Ia	historical treasures, or other similar assets held for public exhibition								
	the text of the footnote to its financial statements that describes the		ance of public service, provide, in rait XIII,						
h	If the organization elected, as permitted under SFAS 116 (ASC 958)		t and balance sheet works of art, historical						
b		•	·						
	treasures, or other similar assets held for public exhibition, education	in, or research in furtherance of po	iblic service, provide the following amounts						
	relating to these items:		<b>•</b> •						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .						
^									
2	If the organization received or held works of art, historical treasures		ai gain, provide						
_	the following amounts required to be reported under SFAS 116 (AS		<b>•</b> •						
a	Revenue included on Form 990, Part VIII, line 1								

Sche	dule D (Form 990) 2016 ONE HEAR	T WORLD-W	IDE				20	-04	43243	Page	· 2
_	t III Organizations Maintaining Co			torical Tr	easures.	or Other					_
3	Using the organization's acquisition, accessio										_
_	(check all that apply):	,	,								
а	Public exhibition	c	ı 🗆	l oan or exc	change progr	ams					
b	Scholarly research	6			nango progn						
C	Preservation for future generations	•	,								_
4	Provide a description of the organization's col	loctions and oxplai	in how th	ov further t	ho organizati	ion's ovemn	t nurnoso	in Darl	· VIII		
								III Faii	L AIII.		
5	During the year, did the organization solicit or		-		•				7 🗸 -		
Dai	to be sold to raise funds rather than to be main								」Yes	<u> </u>	lo
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	on answered	"Yes" on Fo	orm 990, Pa	aπ IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributio	ns or other as	ssets not inc	cluded				
	on Form 990, Part X?								Yes		lo
b	If "Yes," explain the arrangement in Part XIII a										
	, ,	•	3						Amount		
С	Beginning balance						1c		7 41110 54111		_
	Additions during the year						1d				_
e	Distributions during the year						1e				_
f							1f				—
	Ending balance								Yes		lo
								🖵		≓"	Ю
Pai	If "Yes," explain the arrangement in Part XIII. ( TV Endowment Funds. Complete if										_
ı u.	Endownient Lando: Complete in	(a) Current year		rior year	(c) Two yea		Three years	hack	(e) Four ye	nare had	
4.	Deginning of year balance	(a) Current year	(D) F	nor year	(C) TWO yea	15 Dack (u)	Tillee years	5 Dack	(e) i oui ye	sais bac	<u>,r</u>
	Beginning of year balance										_
b	Contributions										
C	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 curre	ent year end baland	ce (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administe	ered for the	organizatio	on			
	by:								Y	es N	0
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										_
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	ired on S	Schedule R?	)				3b		_
4	Describe in Part XIII the intended uses of the										_
	t VI Land, Buildings, and Equipme										_
	Complete if the organization answered		0, Part I\	/, line 11a. \$	See Form 990	0, Part X, lin	e 10.				
	Description of property	(a) Cost or c			t or other		ımulated		(d) Book v	/alue	_
	= =====================================	basis (investr			(other)		ciation		,_,,		
	Land	<del>-</del>	-7		, ,						_
	Buildings										_

Schedule D (Form 990) 2016

6,872.

6,872.

43,979.

**e** Other .....

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

50,851.

Schedule D	(Form 990) 2016	ONE HEART	MOKID MID	15	20	
Part VII	Investments	- Other Securities.				

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y 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)		
(6)		
(7)		

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

(8) (9)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

Sch	edule D (Form 990) 2016 OI	IE HEART	WORLD-WIDE		20-	0443243	Page	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other so	ıpport per audi	ted financial statements		1	2,165	,537	

	1 0				
1	Total revenue, gains, and other support per audited financial statements			1	2,165,537.
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	197,791.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	197,791.
3	Subtract line 2e from line 1			3	1,967,746.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_	Total revenue Add lines 2 and 40 (This must equal Form 900 Part Lline 12)			5	1 967 746.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,344,80/		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	197,791.		
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	197,791.
3	Subtract line 2e from line 1			3	2,147,016.
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			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,147,016.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A UTAH NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS

Part XIII   Supplemental Information (continued)
NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T)
WITH THE IRS.
THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED.

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

**Employer identification number** 

ONE HEART WORLD					20-04432	
		ctivities Ou	tside the United States. Comple	ete if the organi	zation answered '	'Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
the grantees engionity is	or the grants or a	assistance, and	the selection chiefla used to award the	e grants or assis	stance? L	res INO
	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and ot	her assistance ou	tside the
United States.						
			an be duplicated if additional space is a		ity listed in (d)	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) gram service, specific type s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	3	45	PROGRAM SERVICES	MATERNAL AN	D NEWBORN	2,146,115.
					_ 11111201111	2,110,113.
NORTH AMERICA	1	5	DDOGDAM GEDUTGEG	MADEDNAT AND	D NEWBODN	200 625
NORTH AMERICA	1	5	PROGRAM SERVICES	MATERNAL AN	D NEWBORN	208,625
3 a Sub-total	4	50				2,354,740.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	4	50				2 354 740.
and 3D)	1 4	ı 50				4 3 3 3 4 7 4

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

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any									
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			recognized as charities by the					•	
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Solution to the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

Part III 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 a	dditional space is neede	d.	_				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_							

## Schedule F (Form 990) 2016 Part IV Foreign Forms

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? If "Yes," 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)	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? If "Yes," 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)	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Page 5

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:
THE ORGANIZATION MAINTAINS DOCUMENTATION OF ANY AWARDS MADE AND MAINTAINS
CONTACT WITH RECIPIENTS TO ENSURE THAT THE INTENT OF GRANT AWARDS IS
BEING CARRIED OUT. UNLESS IMPRACTICAL, RECIPIENTS ARE EXPECTED TO
PROVIDE DOCUMENTATION OF HOW FUNDS WERE EXPENDED.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ONE HEART WORLD-WIDE

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

Employer identification number 20-0443243

Schedule G (Form 990 or 990-EZ) 2016

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed to compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total  3 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.							

	I L	of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			AUCTION	(ayant typa)	(total number)	col. <b>(c)</b> )
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,291.			24,291.
	2	Less: Contributions	14,358.			14,358.
	3	Gross income (line 1 minus line 2)	9,933.			9,933.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	638.			638.
ect Ex	7	Food and beverages	4,984.			4,984.
ä	8	Entertainment				
	9	Other direct expenses	4,311.			4,311.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	9,933.
Pa		Net income summary. Subtract line 10 from I <b>III Gaming.</b> Complete if the organization		2000 Part IV line 10 or		0.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fart IV, line 19, Of	reported more than	
		· · · · · · · · · · · · · · · · · · ·	(a) Dingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
0	Г"	star the state(a) in which the evacuitation cond	uoto gomina optivition			
		iter the state(s) in which the organization condi the organization licensed to conduct gaming a		states?		Yes No
		"No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		( year?	L Yes No
ū	11	"Yes," explain:				
	_					

Sch	edule G (Form 990 or 990-EZ) 2016 ONE HEART WORLD-WIDE	0-04	43	243	Page 3
	Does the organization conduct gaming activities with nonmembers?	_		Yes	No
	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?	C		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility	1	3a		%
	o An outside facility	<u>1</u> :	3b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	С		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
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:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
	organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines	s 9,	9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				

Schedule G (Form 990 or 990-EZ)	ONE HEART WORLD-WIDE	20-0443243 Page 4
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Info	ormation (continued)	<u> </u>
	,	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

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

Open to Public Inspection

**Employer identification number** Name of the organization 20-0443243 ONE HEART WORLD-WIDE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT OCCUR IN THE DEVELOPING REGIONS OF THE WORLD SERVED BY THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT IS SENT TO THE PRESIDENT FOR APPROVAL BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD MEMBERS AND OFFICERS NEED TO FILL OUT A CONFLICT OF INTEREST STATEMENT TO SEE IF THERE ARE ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY LOOKING AT NATIONAL AVERAGE SALARIES FOR SIMILAR ORGANIZATIONS. ONCE DETERMINED, COMPENSATION AMOUNTS ARE SENT TO THE BOARD FOR THEIR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

and ending

OMB No. 1545-2195

Attachment Sequence No. 175

Department of the Treasury Internal Revenue Service

Attach to your tax return.

For calendar year 2016 or tax year beginning

If you have attached continuation statements, check here X**Number of continuation statements** Name(s) shown on return TIN ONE HEART WORLD-WIDE 20-0443243 Type of filer **b** Partnership **c** Corporation Trust a Specified individual If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) Part I Foreign Deposit and Custodial Accounts Summary Number of Deposit Accounts (reported in Part V) 250,353. Maximum Value of All Deposit Accounts \$ Number of Custodial Accounts (reported in Part V) 3 Maximum Value of All Custodial Accounts \_\_\_\_\_\_\_ X No Were any foreign deposit or custodial accounts closed during the tax year? Yes Part II Other Foreign Assets Summary Number of Foreign Assets (reported in Part VI) Maximum Value of All Assets (reported in Part VI) X No Were any foreign assets acquired or sold during the tax year? Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on form or schedule (e) Schedule and line (a) Asset Category (b) Tax item (d) Form and line 1 Foreign Deposit and 1a Interest \$ **Custodial Accounts** 1b Dividends \$ \$ 1c Royalties 1d Other income \$ 1e Gains (losses) \$ 1f Deductions \$ 1g Credits \$ \$ 2 Other Foreign Assets 2a Interest 2b Dividends \$ 2c Royalties \$ 2d Other income \$ 2e Gains (losses) \$ 2f Deductions \$ \$ 2g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 5. Number of Forms 8865 4. Number of Forms 8621 Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions). Type of account X Deposit 2 Account number or other designation 0310217500630 Account closed during tax year Check all that apply Account opened during tax year Account jointly owned with spouse No tax item reported in Part III with respect to this asset 125,829.Maximum value of account during tax year ..... Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 5 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which account (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. is maintained convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service 1.000000000 US TREASURY EXHCANGE RATE

U.S., DOLLAR

Pa	art V	<b>Detailed Information for Ea</b>	ch Foreign Deposit and Co	ıstodial A	ccount Included in the Pa	rt I Summary			
		(see instructions) (continued)				_			
7a		of financial institution in which accou BIL BANK	nt is maintained	<b>b</b> Glob	oal Intermediary Identification Num	ber (GIIN) (Optional)			
8	Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  NEW ROAD BRANCH								
9		town, state or province, and country	(including postal code) NEPAL						
Pá	art VI	Detailed Information for Ea	ach "Other Foreign Asset"	Included	in the Part II Summary (see	e instructions)			
		more than one asset to report in Part			•	,			
1		ption of asset			number or other designation				
3	Comp	ete all that apply. See instructions fo	r reporting of multiple acquisition o	r disposition	dates.				
a		sset acquired during tax year, if appl							
		sset disposed of during tax year, if a							
c		Check if asset jointly owned with sp			x item reported in Part III with resp	ect to this asset			
4	Maxim	um value of asset during tax year (ch			·				
a		\$0 - \$50,000 <b>b</b> \$50,0		100,001 - \$1	50,000 <b>d</b> \$150,00	1 - \$200,000			
e	e If more	than \$200,000, list value			\$				
5		u use a foreign currency exchange ra				Yes No			
6	If you	answered "Yes" to line 5, complete a	ll that apply.						
	<b>(a)</b> Fo	reign currency in which asset is	(b) Foreign currency exchange ra	te used to	(c) Source of exchange rate use	ed if not from U.S.			
	denon	ninated	convert to U.S. dollars		Treasury Department's Bureau o	of the Fiscal Service			
7	If asse	t reported on line 1 is stock of a forei	gn entity or an interest in a foreign	entity, enter	the following information for the as	sset.			
а	Name	of foreign entity		<b>b</b> GIIN	l (Optional)				
С	Type o	f foreign entity (1)	Partnership (2)	Corporation	<b>(3)</b> Trust	(4) Estate			
d	Mailing	address of foreign entity. Number, s	street, and room or suite no.						
е	City or	town, state or province, and country	(including postal code)						
8	If asset	reported on line 1 is not stock of a fo	oreign entity or an interest in a fore	gn entity, ent	ter the following information for the	e asset.			
	Note. If	this asset has more than one issuer	or counterparty, attach a continua	tion statemer	nt with the same information for ea	ch additional issuer			
		terparty (see instructions).							
а	Name	of issuer or counterparty							
	Check	if information is for	Issuer Counterparty						
b		f issuer or counterparty							
	<b>(1)</b> [	Individual (2)	Partnership (3)	Corporation	(4) Trust	(5) Estate			
			<b>_</b>						
С	Check	if issuer or counterparty is a	U.S. person Forei	gn person					
d	Mailin	g address of issuer or counterparty. N	Number, street, and room or suite r	0.					
	-0"	*	Construction of a state of the						
е	City or	town, state or province, and country	(including postal code)						

Pá	art V Foreign Deposit and Custod	lial Accounts (see instruction	ns)							
		Custodial		2 Account number or other designation						
_	0301017500183									
3	3 Check all that apply <b>a</b> Account opened during tax year <b>b</b> Account closed during tax year									
	c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset									
4	Maximum value of account during tax year									
5	Did you use a foreign currency exchange ra	ate to convert the value of the acco	ount into L	J.S. dollars? X Yes No						
6	If you answered "Yes" to line 5, complete a	ll that apply.		1						
	(1) Foreign currency in which account	(2) Foreign currency exchange ra	ate used to	1						
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service						
	NEPAL, RUPEE	108.700000000	- 1 -	US TREASURY EXHCANGE RATE						
7a	Name of financial institution in which accou	int is maintained	b (	Global Intermediary Identification Number (GIIN) (Optional)						
	NABIL BANK									
8	Mailing address of financial institution in wh	nich account is maintained. Numbe	er, street, a	and room or suite no.						
	NEW ROAD BRANCH									
9	City or town, province or state, and country	(including postal code)								
	KATHMANDU									
	NEPAL									
1	Type of account X Deposit	Custodial		2 Account number or other designation 006002014049101						
3	Check all that apply a X Account op	ened during tax year <b>b</b>	Account o	closed during tax year						
_	,	, ,		m reported in Part III with respect to this asset						
4	Maximum value of account during tax year									
5	Did you use a foreign currency exchange ra									
6	If you answered "Yes" to line 5, complete a									
_	(1) Foreign currency in which account	(2) Foreign currency exchange ra	ate used to	o (3) Source of exchange rate used if not from U.S.						
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service						
	NEPAL, RUPEE	108.70000000		US TREASURY EXHCANGE RATE						
7a	Name of financial institution in which accou	int is maintained	<b>b</b> (	Global Intermediary Identification Number (GIIN) (Optional)						
	JANATA BANK LTD.									
8	Mailing address of financial institution in wh	nich account is maintained. Numbe	er, street, a	and room or suite no.						
	PO BOX 23600									
_										
9	City or town, province or state, and country <b>KATHMANDU</b>	(including postal code)								
	NEPAL									
1	77	Custodial	Т	2 Account number or other designation						
_				103000699501						
3				closed during tax year						
	c Account joir	ntly owned with spouse <b>d</b>	No tax ite	m reported in Part III with respect to this asset						
4	Maximum value of account during tax year									
_5_	Did you use a foreign currency exchange ra		ount into L	J.S. dollars? X Yes No						
6	If you answered "Yes" to line 5, complete a									
	(1) Foreign currency in which account	(2) Foreign currency exchange ra	ate used to	1, ,						
	is maintained	convert to U.S. dollars 108.70000000		Treasury Department's Bureau of the Fiscal Service						
	NEPAL, RUPEE		<del></del>	US TREASURY EXHCANGE RATE						
/a	Name of financial institution in which accou	int is maintained	b (	Global Intermediary Identification Number (GIIN) (Optional)						
	RASTRIYA BANIJYA									
8	Mailing address of financial institution in wh	nich account is maintained. Numbe	er, street, a	and room or suite no.						
	BISHAL BAZAAR, NEW RO	<b>Z</b> D								
_	·									
9	City or town, province or state, and country <b>KATHMANDU</b>	(including postal code)								
	NEPAL									

				20-0443243
Pa	art V Foreign Deposit and Custod	ial Accounts (see instructions)	)	
		Custodial	2	Account number or other designation 460000038CA
3	Check all that apply a X Account ope	ened during tax year 🛚 b 🔙 Acc	ount clos	ed during tax year
	c Account join	itly owned with spouse 🛮 d 📖 No t	tax item r	eported in Part III with respect to this asset
4	Maximum value of account during tax year			
_5_	Did you use a foreign currency exchange ra	te to convert the value of the account	into U.S.	dollars? X Yes No
6	If you answered "Yes" to line 5, complete al			
	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	ised to	(3) Source of exchange rate used if not from U.S.
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service
	NEPAL, RUPEE	108.70000000		US TREASURY EXHCANGE RATE
<i>r</i> a	Name of financial institution in which account CITIZEN BANK	nt is maintained	<b>b</b> Glor	oal Intermediary Identification Number (GIIN) (Optional)
_		ich account is maintained Number at	root ond	room or quite no
8	Mailing address of financial institution in wh  BANK ROAD MUNICIPALIT	·	reet, and	room or suite no.
9	City or town, province or state, and country			
	BHOJPUR NEPAL	,		
1	Type of account Deposit	Custodial	2	Account number or other designation
3				ed during tax year
_	-	•		eported in Part III with respect to this asset
<u>4</u> 5	Maximum value of account during tax year  Did you use a foreign currency exchange ra			
6	If you answered "Yes" to line 5, complete al		1110 0.0.	dollars: Les Live
Ť	(1) Foreign currency in which account	(2) Foreign currency exchange rate u	sed to	(3) Source of exchange rate used if not from U.S.
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the Fiscal Service
7a	Name of financial institution in which accou	nt is maintained	<b>b</b> Glob	oal Intermediary Identification Number (GIIN) (Optional)
8	Mailing address of financial institution in wh	ich account is maintained. Number, st	reet, and	room or suite no.
9	City or town, province or state, and country	(including postal code)		
1	Type of account Deposit	Custodial	2	Account number or other designation
3				ed during tax year eported in Part III with respect to this asset
4	Maximum value of account during tax year	•		\$
5	Did you use a foreign currency exchange ra		into U.S.	dollars? Yes No
6	If you answered "Yes" to line 5, complete al	ll that apply.		
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate usernvert to U.S. dollars	ised to	(3) Source of exchange rate used if not from U.S.  Treasury Department's Bureau of the Fiscal Service
7a	Name of financial institution in which accou	nt is maintained	<b>b</b> Glob	pal Intermediary Identification Number (GIIN) (Optional)
8	Mailing address of financial institution in wh	ich account is maintained. Number, st	reet, and	room or suite no.
9	City or town, province or state, and country	(including postal code)		

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

#### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must u	se Form 7004 to request an extension of time to file income	e tax retur	ns.					
				Enter file	er's identifying ı	number		
Type o	Name of exempt organization or other filer, see instruc	Employe	r identification no	umber (EIN) or				
print	ONE HEART WORLD-WIDE		20-0443	243				
File by the	Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.	Social se	curity number (S			
filing your return. Se								
instructio	City, town or post office, state, and ZIP code. For a for SAN FRANCISCO, CA 94116	oreign add	ress, see instructions.					
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227	10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 9	90-T (trust other than above)	06	Form 8870			12		
Tele If the	books are in the care of honore No. (415) 379-4762  e organization does not have an office or place of business	s in the Ur	Fax No. ▶ited States, check this box			<b>▶</b> □		
	s is for a Group Return, enter the organization's four digit (	1			-	-		
box 🕨			ch a list with the names and EINs of					
	request an automatic 6-month extension of time until			the exem	npt organization	return		
fo	or the organization named above. The extension is for the o	organizatio	on's return for:					
•	$\mathbf{X}$ calendar year $2016$ or							
	tax year beginning	, an	d ending					
2 If	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period							
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720, $$	or 6069,	enter the tentative tax, less any			_		
<u>n</u>	onrefundable credits. See instructions.			3a	\$	0.		
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					^			
<u>e</u>	stimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.		
	alance due. Subtract line 3b from line 3a. Include your pa	•	• • •			0		
b	y using EFTPS (Electronic Federal Tax Payment System). S	See instru	ctions.	3c	\$	0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

TAXABLE YEAR **2016** 

## California Exempt Organization Annual Information Return

628941 11-30-16 FORM

199

Ca	lendar Year	2016 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yyy	уу)		
С	orporation/Or	ganization name			Cali	fornia corp	oration n	umber
0	NE HE	ART WORLD-WIDE				3417	298	
Α	dditional infor	mation. See instructions.			FE			
						20-0	443	243
		(suite or room)				PMB no.		
_		ACHECO STREET						
	ity				State	ZIP code	_	
_		ANCISCO	T		CA	9411		
F	oreign country	, name	Foreign province/state/coun	ity		Foreign p	ostal cod	Je
_ A	First Retu	ırn	Yes X No J I	f exempt under R&TC	Section 237	N1d has i	he ora	anization
В	Amended	l Return •		engaged in political acti			_	
C	IRC Secti	on 4947(a)(1) trust	Yes X No K I					701g? • Yes X No
D		rmation Return?		f "Yes," enter the gross				
	•	Dissolved Surrendered (Withdrawn) Me		f organization is exemp	-			
	Enter date:	(mm/dd/yyyy) •	a	and meets the filing fee	exception, o	check box	. No fili	ng
Ε	Check ac	counting method: (1) Cash (2) X Accrual	(3) Other f	ee is required.				• X
F		eturn filed? (1) ● 🔲 990⊤(2) ● 🔲 990-PF (3) ●	Sch H (990) M I	s the organization a Lir	mited Liabilit	ty Compa	ny?	• Yes <b>X</b> No
		Other 990 series		Did the organization file				
G	Is this a g	group filing? See instructions	Yes X No r	eport taxable income?				
Н		ganization in a group exemption		s the organization und	,			
	If "Yes," w	hat is the parent's name?		RS audited in a prior y				
_				s a federal Form 1023/				Yes X No
ı		rganization have any changes to its guidelines	[	Date filed with IRS				
÷		ted to the FTB? See instructions • [		ione D and C				
_	Part I						1	9,933.00
		<ol> <li>Gross sales or receipts from other sources.</li> <li>Gross dues and assessments from member</li> </ol>	re and affiliates	0			2	00
		2 Gross contributions gifts grants and simil	ar amounts received		Ѕтмт	1 •	3	1,967,746.00
	Receipts	Gross contributions, gifts, grants, and simil Total gross receipts for filing requirement test. Add This line must be completed. If the result is less that	line 1 through line 3.	uction B		•	4	1,977,679.00
	and	5 Cost of goods sold	in 400,000, see denoral instit	• 5		00		= 7 = 1 + 7 = 1 = 1 00
F	Revenues	<ul><li>5 Cost of goods sold</li><li>6 Cost or other basis, and sales expenses of a</li></ul>	assets sold	• 6		00		
		7 Total costs. Add line 5 and line 6	***************************************				7	00
		8 Total gross income. Subtract line 7 from lin		•	8	1,977,679.00		
		9 Total expenses and disbursements. From S	Side 2, Part II, line 18			•	9	2,156,949.00
_'	Expenses	10 Excess of receipts over expenses and disbu			10	-179,270. <sub>00</sub>		
						•	11	00
							12	00
		13 Payment balance. If line 11 is more than lin					13	00
F	iling Fee	14 Use tax balance. If line 12 is more than line					14	00
		15 Filing fee \$10 or \$25. See General Instruction					15	N/A 00
		16 Penalties and Interest. See General Instruct			16	00		
		17 Balance due. Add line 12, line 15, and line Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (o	this return, including accomp	anying schedules and state	ements, and to	the best o	17 rmy kno	owledge and belief,
Si		it is true, correct, and complete. Declaration of preparer (o				ny knowled	ge.	
He	ere	Signature of officer	Title	ESIDENT	Date			Telephone
		of officer P		Date	Check	if		● PTIN
		Preparer's signature				nployed ►		P00242966
Pa	ıid	Firm's name					一	• FEIN
	eparer's	(or yours, if self-					ļ	45-0250958
	e Only	employed) 5 TRIAD CENTER S	TE 600				一	● Telephone
_		and address SALT LAKE CITY,	UT 84180-11	28				801-532-2200
		May the FTB discuss this return with the prepare	No					

#### ONE HEART WORLD-WIDE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	business act	ivities. See instr	uctions		•	1		9,933.00
		2	Interest					•	2		00
		3	Dividends					•	3		00
Receip	ts							•	4		00
from		5	Gross royalties					•	5		00
Other		6	Gross amount received from sa	le of assets (	See Instructions	3)		•	6		00
Source	s	7							7		00
		8	Total gross sales or receipts fro			-			8		9,933.00
		9	Contributions, gifts, grants, and	ı sımılar amo	unts paid			•	10		00
		10	Disbursements to or for member	tore and true	etone		SEE STA	 ΤΕΜΕΝΤ 2 •	11		143,811.00
		11 12	Compensation of officers, direct	iors, and iru:	31662		DEE DIA		12		598,076.00
Expens			Other salaries and wages Interest						13		00
and			Taxes						14		30,419.00
Disbur	se-		Rents						15		47,868.00
ments	`	16	Depreciation and depletion (See	e instructions	;)			•	16		2,994.00
		17	Other Expenses and Disbursem	ents	/		SEE STA	TEMENT 3 •	17	1	,333,781.00
		18	Total expenses and disburseme	ents. Add line	9 through line	17. Enter	here and on Side 1, P	art I, line 9	18	2	,156,949.00
Sche	dul				Beginning o				of tax		
Assets					(a)		(b)	(c)			(d)
<b>1</b> Ca							2,403,221.			•	2,299,181.
			receivable							•	
			ceivable							•	
										•	
			state government obligations							•	
			in other bonds							•	
			in stock							•	
8 Mc	_	-								•	
			nents		50,851			50,85	:1	•	
IU a	Debi	accii	le assets mulated depreciation	(	40,985.	)	9,866.				6,872.
11 La					10,000	1	3,000.	45,515	• /	•	0,0721
	her a	ssets	STMT 4				51,826.			•	3,010.
13 To	ital a	ssets					2,464,913.				2,309,063.
			et worth				, , , , , , , , , , , , , , , , , , , ,				, ,
			yable				19,572.			•	42,992.
			s, gifts, or grants payable							•	
			otes payable							•	
<b>17</b> Mo	ortga	ges p	ayable							•	
<b>18</b> Otl	her li	abiliti	es								
<b>19</b> Ca	pital	stock	or principal fund							•	
			tal surplus. Attach reconciliation							•	
			nings or income fund				2,445,341.			•	2,266,071.
			ies and net worth				2,464,913.				2,309,063.
Sche	edul	e IV					o 12 column (d) is los	oc than \$50,000			
1 Na	t inc	omo =	Do not complete this scho		-179,2						
			per books	······   -		4 / 0 •	7 Income recorded not included in th			•	
			ne tax pital losses over capital gains				8 Deductions in thi				
			recorded on books this year					ome this year		•	
			corded on books this year not	·····			9 Total. Add line 7			۲	
			this return	•			10 Net income per r				
			ne 1 through line 5		-179,2	270.	Subtract line 9 fr				-179,270.
				· · · · · ·							<u> </u>

FORM 199	CASH CONTRIBUTIONS NCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
DIRECT RELIEF INTERNATIONAL	27 S. LA PATERA LANE SANTA BARBARA, CA 93117	04/18/16	100,000.	
MULAGO FOUNDATION	2435 POLK ST STE 21 SAN FRANCISCO, CA 94109	12/20/16	300,000.	
JASMINE SOCIAL INVESTMENTS	PO BOX 58-125 WHITBY NEW ZEALAND 5245	06/27/16	300,000.	
NOVO FOUNDATION	535 5TH AVE 33RD FL NEW YORK, NY 10017	02/09/16	75,000.	
ANNONYMOUS	1818 PACHECO STREET SAN FRANCISCO, CA 94116	08/02/16	150,000.	
PARTNERS IN EQUITY	P.O. BOX 1366 HAWKSBURCH AUSTRALIA 3142	10/31/16	300,000.	
THANKYOU	LEVEL 4, 108-112 LANGRIDGE STREET COLLINGWOOD, VC, AUSTRALIA 3066	11/30/16	145,438.	
VITOL INC	2925 RICHMOND AVE HOUSTON, TX 77098	06/01/16	60,000.	
TOTAL INCLUDED ON LINE 3			1,430,438.	

FORM 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ARLENE SAMEN 1818 PACHECO STREET SAN FRANCISCO, CA 94116	PRESIDENT 40.00	143,811.
JAY BLUMENKOPF 1818 PACHECO STREET SAN FRANCISCO, CA 94116	CHAIR 1.00	0.
DR MICHAEL DRAPER 1818 PACHECO STREET SAN FRANCISCO, CA 94116	VICE PRESIDENT 1.00	0.
MEIHONG XU 1818 PACHECO STREET SAN FRANCISCO, CA 94116	SECRETARY 1.00	0.
DR TIM DYE 1818 PACHECO STREET SAN FRANCISCO, CA 94116	MEDICAL REVIEW BOARD CHAIR 1.00	0.
GREG JACOBSON 1818 PACHECO STREET SAN FRANCISCO, CA 94116	DIRECTOR 1.00	0.
JILL SMITH 1818 PACHECO STREET SAN FRANCISCO, CA 94116	DIRECTOR 1.00	0.
DEANNA BYCK 1818 PACHECO STREET SAN FRANCISCO, CA 94116	DIRECTOR 1.00	0.
AYELET BARON 1818 PACHECO STREET SAN FRANCISCO, CA 94116	DIRECTOR 1.00	0.
DR ALAN GREENE 1818 PACHECO STREET SAN FRANCISCO, CA 94116	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		143,811.

FORM 199	OTHER	EXPENSES		STATEMENT	3
DESCRIPTION				AMOUNT	
MEDICAL SUPPLIES				459,3	
EDUCATION AND TRAINING				413,0	
COMPUTER AND WEBSITE				41,7	
MEDICAL AID AND ASSISTA DIRECT EXPENSES OF FUNDRAISING	EMENIA C			20,4 9,9	
PENSION PLAN CONTRIBUTIONS	FAFMIS			7,5	
OTHER EMPLOYEE BENEFITS				1,3	
ACCOUNTING FEES				18,4	
OTHER PROFESSIONAL FEES				1,2	77.
OFFICE EXPENSES				106,1	
INFORMATION TECHNOLOGY				6,6	
TRAVEL				218,4	
INSURANCE ALL OTHER EXPENSES				9,5 19,9	
ALL OTHER EXTENDED					
TOTAL TO FORM 199, PART II, LIN	IE 17			1,333,7	81.
FORM 199	OTHER	ASSETS		STATEMENT	
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVABLE			50,000.		0.
PREPAID EXPENSES AND DEFERRED C	HARGES		1,826.	3,0	
MOMAL TO HORM 100 GOVERNMENT	T TME 10			2.0	1.0
TOTAL TO FORM 199, SCHEDULE L,	LINE 12		51,826.	3,0	
					<u> </u>
FORM 199	FUND E	BALANCES		STATEMENT	5 
DESCRIPTION			BEG. OF YEAR	END OF YEA	AR
UNRESTRICTED ASSETS			1,811,912.	2,240,0	6.8
TEMPORARILY RESTRICTED ASSETS			633,429.	26,0	
TOTAL TO FORM 199, SCHEDULE L,	LINE 21		2,445,341.	2,266,0	71.

Date Accepted

TAXABLE YEAR

# California a-file Deturn Authorization for

**FORM** 

20	016 Exempt Organizations	OI	8453-EO
Exempt O	Organization name		Identifying number
ONE	HEART WORLD-WIDE		20-0443243
Part I	Electronic Return Information (whole dollars only)		
<b>1</b> To	otal gross receipts (Form 199, line 4)		1 1,977,679. <sub>00</sub>
	otal gross income (Form 199, line 8)		2 1,977,679.00
<b>3</b> To	otal expenses and disbursements (Form 199, line 9)		3 2,156,949.00
Part II	Settle Your Account Electronically for Taxable Year 2016		
4	Electronic funds withdrawal 4a Amount 4b Wit	thdrawal date (mm/dd/y	ууу)
Part III	Banking Information (Have you verified the exempt organization's banking informati	ion?)	
<b>5</b> Rou	outing number		
<b>6</b> Acc	count number 7 Type of ac	count: L Checking	Savings
Part IV			
I authori on line 4	rize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I 4a.	I authorize an electronic fui	nds withdrawal for the amount listed
a balance organiza statemer	nia electronic return. To the best of my knowledge and belief, the exempt organization's return is true ce due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely pay ration will remain liable for the fee liability and all applicable interest and penalties. I authorize the exerents be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the procest d, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the PRESIDE.	ment of the exempt organi mpt organization return and ssing of the exempt organi e delay.	zation's fee liability, the exempt d accompanying schedules and
Here	Signature of officer Date Title		
Part V	Declaration of Electronic Return Originator (ERO) and Paid Preparer.		
I declare am only accurate provided 1345, 20 the exem I declare	re that I have reviewed the above exempt organization's return and that the entries on form FTB 8453 by an intermediate service provider, I understand that I am not responsible for reviewing the exempt of the reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8 and the organization officer with a copy of all forms and information that I will file with the FTB, and I have off the Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for <b>four</b> year mpt organization return is filed, whichever is later, and I will make a copy available to the FTB upon refer that I have examined the above exempt organization's return and accompanying schedules and statement of the recomplete. I make this declaration based on all information of which I have knowledge.	rganization's return. I decla 3453-EO before transmittin ave followed all other requi ars from the due date of the equest. If I am also the paic	are, however, that form FTB 8453-EO g this return to the FTB; I have rements described in FTB Pub. return or <b>four</b> years from the date I preparer, under penalties of perjury,
ERO	ERO's- signature	Check if also paid if self-employ	
Must	if a off a marla ( a d)	•	FEIN 45-0250958
Sign	if self-employed) and address 5 TRIAD CENTER STE 600		
	ς ατ. π. τ. ακεριοτήν τι π		7IR code 8/1180-1128

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid** Paid preparer's signature **Preparer** Firm's name (or yours Must if self-employed) and address Sign

EIDE BAILLY LLP 5 TRIAD CENTER STE 600

SALT LAKE CITY, UT

Check if self-employed

Paid preparer's PTIN P00242966 45-0250958

ZIP code 84180-1128

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016