Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

For calendar year 2024, or tax year beginning 07-01-2024 , and ending 06-30-2025

Name of foundation
BUILD HEALTH INTERNATIONAL INC

A Employer identification number
46-4300024

Number and street (or P.O. box number if mail is not delivered to street address)
100 CUMMINGS CENTER 120B

Room/suite

B Telephone number (see instructions)
(508) 808-0284

City or town, state or province, country, and ZIP or foreign postal code
BEVERLY, MA 01915

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 8,632,065

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	15,553,782			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	56,822	56,822	56,822	
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	3,551	0	3,551	
	12	**Total.** Add lines 1 through 11	15,614,155	56,822	60,373	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	4,035	0	0	0
	14	Other employee salaries and wages	759,102	0	0	0
	15	Pension plans, employee benefits	137,672	0	0	0
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	192,353	0	0	0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	56,842	0	47,216	
	20	Occupancy	670,804	0	0	0
	21	Travel, conferences, and meetings	179,860	0	0	0
	22	Printing and publications				
	23	Other expenses (attach schedule)	14,570,307	0	8,846	0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	16,570,975	0	56,062	0
	25	Contributions, gifts, grants paid	10,000			10,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	16,580,975	0	56,062	10,000
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-966,820			
	b	**Net investment income** (if negative, enter -0-)		56,822		
	c	**Adjusted net income** (if negative, enter -0-)			4,311	

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	2,280,590	1,330,635	1,330,635
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 765,037			
		Less: allowance for doubtful accounts ▶	559,472	765,037	765,037
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	4,968,155	5,433,272	5,433,272
	14	Land, buildings, and equipment: basis ▶ 475,737			
		Less: accumulated depreciation (attach schedule) ▶ 323,251	146,903	152,486	152,486
	15	Other assets (describe ▶)	1,217,592	950,635	950,635
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	9,172,712	8,632,065	8,632,065
Liabilities	17	Accounts payable and accrued expenses	226,855	120,632	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)	2,842,753	2,897,293	
	23	**Total liabilities**(add lines 17 through 22)	3,069,608	3,017,925	
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here** ▶ ☑ **and complete lines 24, 25, 29 and 30.**			
	24	Net assets without donor restrictions	3,135,553	1,812,352	
	25	Net assets with donor restrictions	2,967,551	3,801,788	
		Foundations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 26 through 30.**			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	6,103,104	5,614,140	
	30	**Total liabilities and net assets/fund balances** (see instructions)	9,172,712	8,632,065	

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,103,104
2	Enter amount from Part I, line 27a	2	-966,820
3	Other increases not included in line 2 (itemize) ▶	3	477,856
4	Add lines 1, 2, and 3	4	5,614,140
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	5,614,140

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b)	1	790
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	790
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	790
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	22
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	812
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2025 estimated tax** ▶ **Refunded** ▶	11	

Part VI-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		No
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the taxable year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10	Yes	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.BUILDHEALTHINTERNATIONAL.ORG	13	Yes	
14	The books are in care of ▶ BUILD HEALTH INTERNATIONAL INC Telephone no. ▶ (978) 338-9002 Located at ▶ 100 CUMMINGS CENTER 120B BEVERLY MA ZIP+4 ▶ 01915			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16		No

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)		No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)		No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
c	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024?	1d		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	2a		No
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		No
b	If "Yes," did it have excess business holdings in 2024 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2024.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		No
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		No
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		No
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
c	Organizations relying on a current notice regarding disaster assistance check ▶ ☐			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	5d		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	8		No

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

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
JAMES ANSARA 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	PRESIDENT 40.00	4,035	0	0
KAREN ANSARA 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
PATRICIA MESERVEY 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
BOB BROUDO 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
HARRY DUMAY 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	TREASURER / CONTROLLER 1.00	0	0	0
MARK MICHALOWSKI 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
JENNIFER ALIBER 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
REGAN MARSH 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
HERBY DUVERNE 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
ANDREW DEFRANZA 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0
PHILIP CHUKWUKA ONYEBUJOH 100 CUMMINGS CENTER NO 120B BEVERLY, MA 01915	DIRECTOR 1.00	0	0	0

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
JOSE OMAR HERNANDEZ 100 CUMMINGS CENTER NO 120H BEVERLY,MA 01915	SR DIRECTOR OF ENGIN 40.00	190,953	31,635	0
SARAH SCEERY VOUKIDES 100 CUMMINGS CENTER NO 120H BEVERLY,MA 01915	SENIOR DEVELOPMENT D 40.00	160,354	29,196	0
GERARD GEORGES 100 CUMMINGS CENTER NO 120H BEVERLY,MA 01915	DIRECTOR OF ARCHITEC 40.00	164,049	22,914	0
ANDREW WILSON 100 CUMMINGS CENTER NO 120H BEVERLY,MA 01915	CHIEF DEVELOPMENT OF 40.00	180,500	0	0
ERIC BUCKLEY 100 CUMMINGS CENTER NO 120H BEVERLY,MA 01915	SENIOR STRUCTURAL EN 40.00	158,822	4,044	0
Total number of other employees paid over $50,000 ▶				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶

0

Part VIII- Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DEVELOPING AND BUILDING HEALTH CARE INFRASTRUCTURE IN IMPOVERVISHED COUNTRIES AND PROMOTING INTERNATIONAL DEVELOPMENT AND PHILANTHROPY.	13,869,121
2	
3	
4	

Part VIII- Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 . . . . . ▶	0

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	5,179,814
b	Average of monthly cash balances		1b	2,740,706
c	Fair market value of all other assets (see instructions)		1c	1,018,429
d	**Total** (add lines 1a, b, and c)		1d	8,938,949
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	8,938,949
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)		4	134,084
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3		5	8,804,865
6	**Minimum investment return.** Enter 5% (0.05) of line 5		6	440,243

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☑ and do not complete this part.)

1	Minimum investment return from Part IX, line 6		1	
2a	Tax on investment income for 2024 from Part V, line 5	2a		
b	Income tax for 2024. (This does not include the tax from Part V.)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1		7	

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	10,000
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4	4	10,000

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

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				0
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only.			0	
b Total for prior years: 20 ___ , 20___ , 20___		0		
3 Excess distributions carryover, if any, to 2024:				
a From 2019.				
b From 2020.				
c From 2021. 15,154				
d From 2022.				
e From 2023.				
f **Total** of lines 3a through e	15,154			
4 Qualifying distributions for 2024 from Part XI, line 4: ▶ $ _____				
a Applied to 2023, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2024 distributable amount				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2024. *(If an amount appears in column (d), the same amount must be shown in column (a).)*	0			0
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	15,154			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2025.** Subtract lines 7 and 8 from line 6a	15,154			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021 15,154				
c Excess from 2022. . . .				
d Excess from 2023				
e Excess from 2024				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling . . . . . ▶ 2013-12-12

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	4,311	0	186,921	168,832	360,064
b 85% (0.85) of line 2a	3,664	0	158,883	143,507	306,054
c Qualifying distributions from Part XI, line 4 for each year listed	10,000	10,352	5,175	15,154	40,681
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	10,000	10,352	5,175	15,154	40,681
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . .	293,495	200,657	137,461	253,801	885,414
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE VILLAGE PARTNERS PO BOX 26055 MINNEAPOLIS,MN 55426			DONATION TO SUPPORT COMMUNITY LEAD PROGRAMMING, EDUCATION AND ECONOMIC DEVELOPMENT	10,000
Total . . . . . ▶ **3a**				10,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					56,822
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME					3,551
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		0	60,373
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	60,373

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
4	DIVIDENDS AND INTEREST EARNED FROM THE INVESTMENT IN SECURITIES

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

▶ Signature of officer or trustee — Date 2025-11-17 — ▶ Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶☐	PTIN
EDWARD J CALLAHAN CPA		2025-11-17		P00314334

Firm's name ▶ E J CALLAHAN & ASSOCIATES LLC — Firm's EIN ▶46-4547996

Firm's address ▶ ONE PLEASURE ISLAND ROAD SUITE 2A WAKEFIELD, MA 01880 — Phone no. (617) 974-7697

Additional Data

Return to Form

Software ID:

Software Version:

Form 990PF - Special Condition Description:

Special Condition Description

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

Name of the organization	Employer identification number
BUILD HEALTH INTERNATIONAL INC	46-4300024

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	$ 6,187,961	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	WK KELLOGG FOUNDATION ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	$ 12,759	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	HEALTH EQUITY INTERNATIONAL 40 GLEN AVE NEWTON, MA 02459	$ 360,374	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
4	AFRICAN MISSION HEALTHCARE PO BOX 8598 PUEBLO, CO 81008	$ 131,870	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5	CUMMINGS FOUNDATION INC 200 W CUMMINGS PARK WOBURN, MA 01801	$ 35,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
6	HAITI MEDICAL MISSION OF WISCONSIN (HMMW) 125 15TH AVE BARABOO, WI 53913	$ 10,905	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IMPACT ASSETS INC 4340 EAST WEST HIGHWAY SUITE 210 BETHESDA, MD 20814	$ 500,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
8	WORLD HOPE INTERNATIONAL 1330 BRADDOCK PL 301 ALEXANDRIA, VA 22314	$ 4,741	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
9	MERCY SHIPS PO BOX 2020 GARDEN VALLEY, TX 75771	$ 226,992	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
10	PATH 2201 WESTLAKE AVENUE SUITE 200 SEATTLE, WA 98121	$ 992	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
11	THE GLOBAL FUND GLOBAL HEALTH CAMPUS CHEMIN DU POMM GENEVA, SZ	$ 4,419,711	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
12	IMPACT CARES FOUNDATION 3215 STECK AVE SUITE 101 AUSTIN, TX 78757	$ 96,156	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	HOPITAL ALBERT SCHWEITZER PO BOX 110091 PITTSBURGH, PA 15232	$ 47,001	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
14	PAROLE ET ACTION RUE ACADIA 10 DELMAS 75 PORTAUPRINCE, HA	$ 268,381	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
15	THE LEO PROJECT PO BOX 454 CHILMARK, MA 02535	$ 9,995	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
16	UNICEF OCEANVEJ 10-12 COPENHAGEN, DA	$ 172,039	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
17	WAGNER FOUNDATION 485 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	$ 200,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
18	AFRICAN CENTRE OF EXCELLENCE FOR GENOMICS OF INFECTIOUS DISEASE REDEEMERS UNIVERSITY EDE, NI	$ 337,190	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ADARA DEVELOPMENT 117 HARRINGTON ST THE ROCKS NSW, AS	$ 173	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
20	AFRICAN CHILDREN'S HEALTHCARE FUND PO BOX 141 FORTSON, GA 31808	$ 167,437	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
21	ANSEYE POU AYITI IMPASSE DELMAS 49A DELMAS, HA	$ 11,732	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
22	CURE INTERNATIONAL PO BOX 207 NEW CUMBERLAND, PA 17070	$ 15,086	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
23	HOLY NAME MEDICAL CENTER 718 TEANECK ROAD TEANECK, NJ 07666	$ 1,431	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
24	MALAMULO ADVENTIST HOSPITAL PRIVATE BAG 2 MAKAWASA, MI	$ 5,526	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MEDECINS SANS FRONTIERES 140 ROUTE DE FERNEY GENEVA, SZ	$ 12,232	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
26	NEURO HOPE AFRICA FOUNDATION ARUSHA ARUSHA, TZ	$ 12,915	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
27	ONDA HEALTH PURULHA BAJA VERAPAZ, GT	$ 26,205	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
28	RESURGE INTERNATIONAL 756 N PASTORIA AVE SUNNYVALE, CA 94085	$ 5,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
29	SKOLL FOUNDATION 250 UNIVERSITY AVE SUITE 200 PALO ALTO, CA 94301	$ 900,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
30	SELAH CLINIC AND COMMUNITY CENTER KISIITA TOWN COUNCIL KISIITA, UG	$ 13,651	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization: BUILD HEALTH INTERNATIONAL INC
Employer identification number: 46-4300024

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	TERREWODE WOMAN'S FUND 2293 ALDER ST EUGENE, OR 97405	$ 40,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
32	WINGS OF HOPE GLOBAL COOPERATIVE 10760 FREDERICK ROAD ELLICOTT CITY, MD 21042	$ 8,516	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
33	WORLD HEALTH ORGANIZATION BLOCK 3510 JALAN TEKNOKRAT 6 CYBERJAYA, MY	$ 51,018	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
34	UNOPS PO BOX 60197 ADDIS ABABA, ET	$ 50,998	☑ 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.)

Name of organization
BUILD HEALTH INTERNATIONAL INC

Employer identification number
46-4300024

Part II **Noncash Property** (see instructions). Use duplicate copies of Part 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

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

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

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

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

Name of organization
BUILD HEALTH INTERNATIONAL INC

Employer identification number
46-4300024

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2018-06-15	59,226	48,120	96.000000000000	7,403	0	7,403	55,523
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2019-07-01	8,028	5,020	96.000000000000	1,004	0	1,004	6,024
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	2022-07-08	3,513	878	96.000000000000	439	0	439	1,317

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

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
INTERNATIONAL TRUCK	2016-10-15	23,874	23,874	SL	5.000000000000	0	0	0	
EXCAVATOR	2016-08-15	50,290	50,290	SL	5.000000000000	0	0	0	
BOX TRUCK (2016 IZUZU)	2016-07-01	47,970	47,970	SL	5.000000000000	0	0	0	
NISSAN PATROL	2016-08-09	10,000	10,000	SL	5.000000000000	0	0	0	
LANDCRUISER	2017-01-03	33,601	33,601	SL	5.000000000000	0	0	0	
LIFTGATE FOR BOX TRUCK	2018-06-20	6,265	6,265	SL	5.000000000000	0	0	0	
HILUX CAPITAL REPAIR	2019-08-06	6,456	5,953	SL	5.000000000000	108	0	108	
HILUX CAPITAL REPAIR	2020-08-13	5,355	4,195	SL	5.000000000000	1,071	0	1,071	
HILUX CAPITAL REPAIR	2021-01-20	9,312	6,362	SL	5.000000000000	1,862	0	1,862	
TELEHANDLER	2021-03-01	37,059	24,707	SL	5.000000000000	0	0	0	
TOYOTA LAND CRUISER	2021-04-13	39,400	25,610	SL	5.000000000000	7,880	0	7,880	
MITSUBISHI FORKLIFT	2021-04-21	6,250	3,958	SL	5.000000000000	1,250	0	1,250	
WAREHOUSE EQUIPMENT	2023-03-02	9,440	2,517	SL	5.000000000000	1,888	0	1,888	
SL FIELD QUIPMENT	2023-01-01	2,313	694	SL	5.000000000000	463	0	463	
LEEGA DIESEL CONCRETE MIXER PUMP	2024-02-01	11,768	981	SL	5.000000000000	2,354	0	2,354	
LEEGA DIESEL CONCRETE MIXER PUMP	2024-02-01	11,233	936	SL	5.000000000000	2,247	0	2,247	
LUTON CONCRETE MIXER	2023-09-01	29,262	4,877	SL	5.000000000000	5,852	0	5,852	
SL FIELD QUIPMENT - ADDITIONS	2023-07-01	41,447	8,289	SL	5.000000000000	8,289	0	8,289	
HAITI HILUX - CAPITAL REPAIR #4	2024-09-30	11,786		SL	5.000000000000	1,768	0	1,768	
TELEHANDLER: 2015 JLG G12-55A S/N 0160065481	2024-08-13	49,500		SL	5.000000000000	9,075	0	9,075	
GRINDING MACHINE RAM JALLOH INV C33	2024-07-03	15,543		SL	5.000000000000	3,109	0	3,109	

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	5,433,272	5,433,272

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
INTERNATIONAL TRUCK	23,874	23,874	0	
EXCAVATOR	50,290	50,290	0	
BOX TRUCK (2016 IZUZU)	47,970	47,970	0	
NISSAN PATROL	10,000	10,000	0	
LIFTGATE FOR BOX TRUCK	6,265	6,265	0	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	59,226	55,523	3,703	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	8,028	6,024	2,004	
HILUX CAPITAL REPAIR	6,456	6,061	395	
HILUX CAPITAL REPAIR	5,355	5,266	89	
HILUX CAPITAL REPAIR	9,312	8,224	1,088	
TOYOTA LAND CRUISER	39,400	33,490	5,910	
MITSUBISHI FORKLIFT	6,250	5,208	1,042	
LEASEHOLD IMPROVEMENTS (OFFICE BUILDOUT)	3,513	1,317	2,196	
WAREHOUSE EQUIPMENT	9,440	4,405	5,035	
SL FIELD QUIPMENT	2,313	1,157	1,156	
LEEGA DIESEL CONCRETE MIXER PUMP	11,768	3,335	8,433	
LEEGA DIESEL CONCRETE MIXER PUMP	11,233	3,183	8,050	
LUTON CONCRETE MIXER	29,262	10,729	18,533	
SL FIELD QUIPMENT - ADDITIONS	41,447	16,578	24,869	
HAITI HILUX - CAPITAL REPAIR #4	11,786	1,768	10,018	
TELEHANDLER: 2015 JLG G12-55A S/N 0160065481	49,500	9,075	40,425	
GRINDING MACHINE RAM JALLOH INV C33	15,543	3,109	12,434	

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSIT	71,876	100,906	100,906
OPERATING LEASE, RIGHT OF USE ASSET	1,145,716	849,729	849,729

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BUILDING MATERIALS AND VENDORS	6,883,270	0	0	0
SALARIES, WAGESM AND BENEFITS - HEALTH CARE INFRASTRUCTURE	4,027,865	0	0	0
SALARIES, WAGESM AND BENEFITS - FUNDRAISING	513,992	0	0	0
PROGRAM LOGISTICS	2,178,870	0	0	0
OFFICE EXPENSES	421,588	0	0	0
FUNDRAISING EVENTS	6,156	0	0	0
OTHER OPERATING COSTS	506,217	0	0	0
LOSS ON DISPOSAL OF FIXED ASSETS	5,558	0	0	0
OTHER EXPENSE	17,945	0	0	0
AMORTIZATION	8,846	0	8,846	0

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	3,551		3,551

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description	Amount
UNREALIZED GAINS	408,293
FOREIGN CURRENCY TRANSLATION ADJUSTMENT	69,563

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Description	Beginning of Year - Book Value	End of Year - Book Value
ACCRUED PAYROLL	17,199	37,798
DEFERRED REVENUE	1,593,726	1,915,542
OPERATING LEASE LIABILITIES	1,231,828	943,953

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FINANCIAL SERVICES	169,172	0	0	0
ACCOUNTING SERVICES	6,413	0	0	0
FUNDRAISING CONSULTANTS	16,768	0	0	0

TY 2024 IRS 990 e-File Render

Name: BUILD HEALTH INTERNATIONAL INC

EIN: 46-4300024

Name	Address
PARTNERS IN HEALTH	888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215
ST BONIFACE HAITI FOUNDATION	383 ELLIOT STREET DOOR G SUITE 100 NEWTOWN UPPER FALLS, MA 02464
WK KELLOGG FOUNDATION	ONE MICHIGAN AVENUE EAST BATTLE CREEK, MI 490174012
HAITI PROJECTS	335 WATER STREET HANOVER, MA 02339