

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

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

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PIVOT WORKS INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 800 BOYLSTON STREET SUITE 300 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02199 F Name and address of principal officer: TARA LOYD C/O DIVISION OF GLOBAL HEALTH EQUITY, 75 FRA	D Employer identification number 46-3075530 E Telephone number 607-280-8594 G Gross receipts \$ 3,722,220. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PIVOTWORKS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2013 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PIVOT'S MISSION IS BASED ON A FUNDAMENTAL BELIEF IN THE WORTH OF ALL PEOPLE AND A MORAL 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		2,782,541.	3,721,369.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-3,027.	851.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,349.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,780,863.	3,722,220.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		910,173.	1,477,816.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 357,211.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,412,792.	2,282,417.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,322,965.	3,760,233.
19 Revenue less expenses. Subtract line 18 from line 12		457,898.	-38,013.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,918,704.	2,048,314.
21 Total liabilities (Part X, line 26)		134,686.	272,963.
22 Net assets or fund balances. Subtract line 21 from line 20		1,784,018.	1,775,351.

Part II Signature Block

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

Sign Here	Signature of officer TARA LOYD, CO-CHIEF EXECUTIVE OFFICER Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name JOHN A. TYLER	Preparer's signature	Date Check <input type="checkbox"/> if self-employed PTIN P01308083
	Firm's name ▶ TYLER LYNCH, P.C. Firm's address ▶ 186 ALEWIFE BROOK PARKWAY STE 200 CAMBRIDGE, MA 02138-1134	Firm's EIN ▶ 04-2596940	Phone no. (617) 354-3814

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PIVOT'S MISSION IS BASED ON A FUNDAMENTAL BELIEF IN THE WORTH OF ALL PEOPLE AND A MORAL RESPONSIBILITY TO ADDRESS THE NEEDS OF THE DESTITUTE. THE GOAL IS TO CREATE A MODEL SYSTEM OF UNIVERSAL ACCESS TO QUALITY HEALTH CARE FOR MADAGASCAR VIA COMPREHENSIVE HEALTH SYSTEM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 \$ 2,855,044. including grants of \$) (Revenue \$) PIVOT WORKS, INC. HAS A MAJOR PROGRAM WHICH IS THE MADAGASCAR PROGRAM. IN MADAGASCAR, PIVOT COMBINES A MORAL AGENDA OF RIGHTS-BASED HEALTH CARE WITH THE PRACTICAL GOALS OF HEALTH SYSTEM STRENGTHENING (HSS) AT THREE CRITICAL LEVELS OF THE HEALTH SYSTEM: COMMUNITY HEALTH WORKERS, HEALTH CENTERS, AND DISTRICT HOSPITALS. SUBSTANTIAL RESOURCES ARE DEDICATED TO STRENGTHENING AND MAINTAINING ESSENTIAL HEALTH SYSTEM INFRASTRUCTURE, SUCH AS MEDICAL FACILITIES, EQUIPMENT, PERSONNEL, AMBULANCES, AND DISPENSARIES.

4b (Code:) (Expenses \$ 267,347. including grants of \$) (Revenue \$) THE RESEARCH PROGRAM FOCUSES ON MEASURING THE DISEASE BURDEN IN THE POPULATION OUTSIDE OF THE HEALTH FACILITIES. IN SOME INSTANCES, THE RESEARCH EFFORTS ARE ALSO DIRECTED TO BASIC SCIENCE QUESTIONS THAT HAVE LONG-TERM POTENTIAL TO CONTRIBUTE TO A BASIC UNDERSTANDING OF UNDERLYING CAUSES OF POVERTY AND DISEASE.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,122,391.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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

Section 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 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.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
b	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?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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: **NANCY FERGUSON - 607-280-8594**
800 BOYLSTON STREET, SUITE 300, BOSTON, MA 02199

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW BONDS EXECUTIVE COMMITTEE MEMBER	25.00	X		X				0.	0.	0.
(2) MICHAEL RICH EXECUTIVE COMMITTEE MEMBER	5.00	X						0.	0.	0.
(3) TARA LOYD CO-CHIEF EXECUTIVE OFFICER	32.00	X		X			16,385.	0.	0.	0.
(4) JAMES HERRNSTEIN BOARD CHAIR, EXECUTIVE COMMITTEE MEM	2.00	X						0.	0.	0.
(5) ROBIN HERRNSTEIN EXECUTIVE COMMITTEE MEMBER, DEVELOPM	2.00	X						0.	0.	0.
(6) PATRICIA WRIGHT BOARD MEMBER	0.50	X						0.	0.	0.
(7) PAUL FARMER BOARD MEMBER	0.50	X						0.	0.	0.
(8) CASSIA VAN DER HOOF HOLSTEIN BOARD MEMBER	0.50	X						0.	0.	0.
(9) MANU PRAKASH- JOINED DEC 2016 BOARD MEMBER	0.50	X						0.	0.	0.
(10) VINCENT DELLAPIETRA BOARD MEMBER	0.50	X						0.	0.	0.
(11) STEPHEN DELLAPIETRA BOARD MEMBER	0.50	X						0.	0.	0.
(12) BOB HOWER DEVELOPMENT COMMITTEE	1.00	X						0.	0.	0.
(13) ED NORTON DEVELOPMENT COMMITTEE CHAIR	1.00	X						0.	0.	0.
(14) BENJAMIN ANDRIAMIHAJA BOARD MEMBER	21.00	X					45,000.	0.	0.	0.
(15) TOM GILLESPIE BOARD MEMBER	0.50	X					0.	0.	0.	0.
(16) LARA HALL MEDICAL DIRECTOR	40.00			X			80,000.	0.	0.	0.
(17) ROBERT CUNNINGHAM CHIEF DEVELOPMENT DIRECTOR	40.00			X			92,050.	0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,721,369.				
	g Noncash contributions included in lines 1a-1f: \$		355,773.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			851.	851.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.				3,722,220.	851.	0.	0.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	311,435.	214,470.	4,915.	92,050.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	900,699.	817,118.	17,677.	65,904.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	265,682.	179,974.	57,069.	28,639.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	158,566.	89,931.	25,685.	42,950.
b Legal				
c Accounting	14,013.		14,013.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	152,419.	67,873.	56,512.	28,034.
12 Advertising and promotion				
13 Office expenses	183,678.	136,007.	9,318.	38,353.
14 Information technology	10,583.	10,293.		290.
15 Royalties				
16 Occupancy	94,200.	80,719.	11,004.	2,477.
17 Travel	226,677.	136,159.	56,872.	33,646.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,518.	6,445.	10,868.	14,205.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	98,900.	98,511.	389.	
23 Insurance	5,920.	398.	5,522.	
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 O.)				
a REFERRAL MEDICAL EXPENS	228,967.	228,967.		
b PROGRAM SUPPLIES AND MA	223,208.	223,208.		
c RESEARCH GRANT EXPENSE	186,328.	186,328.		
d VEHICLE EXPENSES	183,111.	183,111.		
e All other expenses SEE SCH O	484,329.	462,879.	10,787.	10,663.
25 Total functional expenses. Add lines 1 through 24e	3,760,233.	3,122,391.	280,631.	357,211.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,545,520.	1	1,566,731.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	9,568.	7	8,539.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	70,017.	9	110,925.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 461,885.		
	b Less: accumulated depreciation	10b 318,513.	221,725.	10c 143,372.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	100,259.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	71,874.	15	118,488.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,918,704.	16	2,048,314.	
Liabilities	17 Accounts payable and accrued expenses	8,954.	17	81,802.
	18 Grants payable		18	27,041.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	125,732.	25	164,120.
	26 Total liabilities. Add lines 17 through 25	134,686.	26	272,963.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,784,018.	27	1,775,351.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,784,018.	33	1,775,351.	
34 Total liabilities and net assets/fund balances	1,918,704.	34	2,048,314.	

Part 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	3,722,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,760,233.
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,784,018.
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	29,345.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,775,350.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		471,200.	2606376.	2782541.	3772754.	9632871.
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		471,200.	2606376.	2782541.	3772754.	9632871.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						9632871.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		471,200.	2606376.	2782541.	3772754.	9632871.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5,430.	851.	6,281.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				5,430.	851.	6,281.
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.)		471,200.	2606376.	2787971.	3773605.	9639152.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.93 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.91 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.07 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.09 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (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	

Section 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 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization PIVOT WORKS INC. Employer identification number 46-3075530

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		430,446.	301,588.	128,858.
e Other		31,439.	16,925.	14,514.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				143,372.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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) PHARMACY AND VEHICLE SUPPLIES	101,244.
(2) DUE FROM CENTRE HOSPITALIER UNIVERSITAIRE	17,244.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	118,488.

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) EXPENSE RESERVES	164,120.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	164,120.

2. 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

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 support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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:

FOR THE YEAR ENDED DECEMBER 31, 2015, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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) 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)
		MADAGASCAR	THE GRANT WAS AWARDED TO FUND "INTEGRATING SCIENCE AND HEALTH SYSTEM STRENGTHENING	95,939.	WIRE TRANSFER	0.		
		MADAGASCAR	THE GRANT WAS AWARDED TO A BRANCH OF THE MADAGASCAR MINISTRY OF HEALTH FOR A STUDY	9,273.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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 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 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 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 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 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 No

Part V Supplemental Information

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

PART I, LINE 3, COLUMN (E):

REGION: MADAGASCAR

(E) SPECIFIC TYPES OF SERVICES IN REGION: PIVOT COMBINES A MORAL AGENDA OF RIGHTS-BASED HEALTH CARE WITH THE PRACTICAL GOALS OF HEALTH SYSTEM STRENGTHENING (HSS) AT THREE CRITICAL LEVELS OF THE HEALTH SYSTEM: COMMUNITY HEALTH WORKERS, HEALTH CENTERS, AND DISTRICT HOSPITALS. SUBSTANTIAL RESOURCES ARE DEDICATED TO STRENGTHENING AND MAINTAINING ESSENTIAL HEALTH SYSTEM INFRASTRUCTURE, SUCH AS MEDICAL FACILITIES, EQUIPMENT, PERSONNEL, AMBULANCES, AND DISPENSARIES.

BASELINE IS A RESEARCH PROGRAM THAT FOCUSES ON MEASURING THE DISEASE BURDEN IN THE POPULATION OUTSIDE OF THE HEALTH FACILITIES. IN SOME INSTANCES, THE RESEARCH EFFORTS ARE ALSO DIRECTED TO BASIC SCIENCE QUESTIONS THAT HAVE LONG-TERM POTENTIAL TO CONTRIBUTE TO A BASIC UNDERSTANDING OF UNDERLYING CAUSES OF POVERTY AND DISEASE.

PART II, COLUMN (D):

REGION: MADAGASCAR

(D) PURPOSE OF GRANT: THE GRANT WAS AWARDED TO FUND "INTEGRATING SCIENCE AND HEALTH SYSTEM STRENGTHENING IN RURAL MADAGASCAR: A PROSPECTIVE COHORT STUDY"

REGION: MADAGASCAR

(D) PURPOSE OF GRANT: THE GRANT WAS AWARDED TO A BRANCH OF THE MADAGASCAR MINISTRY OF HEALTH FOR A STUDY ON THE PREVALENCE RATE OF LYMPHATIC FILARIASIS IN OUR DISTRICT AND THE SURROUNDING AREA, AND TO EXAMINE THE EFFICACY OF DIAGNOSIS AND TREATMENT METHODS IN FIGHTING THE DISEASE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PIVOT WORKS INC.

Employer identification number

46-3075530

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990 PART VII QUESTION 5

IN 2015 AND PART OF 2016, TARA LOYD, MICHAEL RICH AND ROBERT CUNNINGHAM WERE EMPLOYEES OF BRIGHAM AND WOMEN'S HOSPITAL (BWH) AND PERFORMED SERVICES FOR PIVOT WORKS, INC. BWH PAYROLL WAS REIMBURSED BY PIVOT WORKS, INC IN 2016. DURING 2016, THEY BECAME EMPLOYEES OF PIVOT WORKS, INC.

IN 2015 MATTHEW BONDS WAS AN EMPLOYEE OF HARVARD MEDICAL SCHOOL (HMS). HIS HMS PAYROLL WAS REIMBURSED BY PIVOT WORKS, INC. FOR SERVICES RENDERED.

THE REIMBURSEMENT OF THE ABOVE PERSONNEL'S PAYROLL BY PIVOT WORKS, INC. (BWH OR HMS) WAS REFLECTED AS OUTSIDE CONTRACT SERVICE EXPENSE AND INCLUDED IN 11A OR 11G OF THE STATEMENT OF FUNCTIONAL EXPENSES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **PIVOT WORKS INC.** Employer identification number **46-3075530**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	6	255,514.	FMV AT TRANSFER
10	Securities - Closely held stock	X	6	100,259.	THIRD PARTY VALUATIO
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

PIVOT WORKS INC.

Employer identification number

46-3075530

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBILITY TO ADDRESS THE NEEDS OF THE DESTITUTE. THE GOAL IS TO
CREATE A MODEL SYSTEM OF UNIVERSAL ACCESS TO QUALITY HEALTH CARE FOR
THE RURAL POOR OF MADAGASCAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGTHENING IN A REGION NEAR RANOMAFANA NATIONAL PARK. PIVOT WILL
TAKE A HIGHLY RIGOROUS APPROACH, CAREFULLY MEASURING COSTS AND IMPACTS,
ENGAGING IN RELEVANT SCIENTIFIC RESEARCH, AND CONTINUOUSLY EVALUATING
THE EFFECTIVENESS OF ITS METHODS. IN DOING SO, PIVOT STRIVES TO FURTHER
THE UNDERSTANDING OF HOW TO EFFECTIVELY BREAK CYCLES OF POVERTY AND
DISEASE.

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

JAMES HERRNSTEIN (DIRECTOR) AND ROBIN HERRNSTEIN (DIRECTOR) ARE HUSBAND AND
WIFE.

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

THE RETURN IS REVIEWED BY THE GOVERNING BODY.

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

THE STAFF AND RELATED PERSONNEL OF PIVOT WORKS INC. ARE REQUIRED TO
SELF-DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST. WHEN SUCH AN ISSUE ARISES,
IT WILL BE BROUGHT UP TO OFFICER'S ATTENTION AND TO BOARD MEETING FOR
DISCUSSION. ANY NECESSARY ACTIONS ILLUSTRATED ON THE CONFLICT OF INTEREST
POLICY OF PIVOT WORK INC. WILL BE TAKEN.

Name of the organization

PIVOT WORKS INC.

Employer identification number

46-3075530

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

PIVOT WORKS INC. DEVELOPED ITS COMPENSATION SCALE VIA RESOURCES PROVIDED BY THIRD PARTY HR SERVICE COMPANY, AS WELL AS DISCUSSION AMONG ITS GOVERNING BOARD MEMBERS. CEO, OFFICERS AND EMPLOYEES WERE PAID BASED ON THEIR EXPERIENCE AND EDUCATION QUALIFICATIONS.

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

THE GOVERNING DOCUMENTS OF PIVOT WORKS, INC. ARE AVAILABLE TO THE PUBLIC THROUGH THE MASSACHUSETTS SECRETARY OF STATE'S OFFICE AND THE CHARITIES DIVISION OF THE ATTORNEY GENERAL OF MASSACHUSETTS. THE CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

PAYROLL TAX:

PROGRAM SERVICE EXPENSES	158,115.
MANAGEMENT AND GENERAL EXPENSES	6,756.
FUNDRAISING EXPENSES	10,574.
TOTAL EXPENSES	175,445.

SOCIAL CARE FOR PATIENTS:

PROGRAM SERVICE EXPENSES	96,704.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	96,704.

RECRUITMENT AND TRAINING:

PROGRAM SERVICE EXPENSES	59,373.
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Name of the organization PIVOT WORKS INC.	Employer identification number 46-3075530
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MANAGEMENT AND GENERAL EXPENSES	4,031.
FUNDRAISING EXPENSES	29.
TOTAL EXPENSES	63,433.

RENOVATION EXPENSE:

PROGRAM SERVICE EXPENSES	55,141.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,141.

PIVOT DONATION:

PROGRAM SERVICE EXPENSES	47,136.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,136.

HOUSING AND RELOCATION:

PROGRAM SERVICE EXPENSES	31,811.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	31,811.

EMERGENCY FUND RESERVE:

PROGRAM SERVICE EXPENSES	12,357.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,357.

Name of the organization PIVOT WORKS INC.	Employer identification number 46-3075530
--	--

MISCELLANEOUS EXPENSE:

PROGRAM SERVICE EXPENSES	2,242.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	60.
TOTAL EXPENSES	2,302.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	484,329.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NON-OPERATING GAIN ON FOREIGN CURRENCY EXCHANGE	29,345.
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FORM 8938 PART V QUESTION 6

THE CURRENT FOREIGN CURRENCY FOR MADAGASCAR IS MALAGASY ARIARY (MGA),
 BUT IT IS NOT INCLUDED IN THE DROP DOWN LIST, SO MADAGASCAR FRANC (MGF)
 WAS ENTERED.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
29	FURNITURE	06/30/14	200DB	5.00	MC	17	4,919.				4,919.	2,706.		885.	3,591.
31	OFFICE TABLE, SOFA AND CHAIRS	11/01/15	200DB	3.00	MC	17	13,409.				13,409.	1,117.		8,195.	9,312.
40	WADROBE AND MATTRESS	04/01/16	200DB	5.00	HY	19B	622.				622.			124.	124.
41	HOME FURNITURES	06/15/16	200DB	5.00	HY	19B	1,508.				1,508.			302.	302.
42	OTHER FURNITURES	06/30/16	200DB	5.00	HY	19B	2,572.				2,572.			514.	514.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						23,030.				23,030.	3,823.		10,020.	13,843.
	MACHINERY & EQUIPMENT														
5	EQUIPMENT - CAMERA AND PRINTER	10/30/13	200DB	5.00	MC	17	470.				470.	309.		64.	373.
6	EQUIPMENT - PROJECTOR	11/13/13	200DB	5.00	MC	17	414.				414.	272.		57.	329.
7	EQUIPMENT - MACBOOK AIR	12/03/13	200DB	5.00	MC	17	1,475.				1,475.	970.		202.	1,172.
8	EQUIPMENT - MAC MINIS	12/18/13	200DB	5.00	MC	17	1,273.				1,273.	838.		174.	1,012.
9	EQUIPMENT - MACBOOK AIR	12/19/13	200DB	5.00	MC	17	1,199.				1,199.	789.		164.	953.
10	EQUIPMENT - MONITORS AND KEYBOARDS	12/19/13	200DB	5.00	MC	17	364.				364.	239.		50.	289.
11	EQUIPMENT - MACBOOK AIR	12/20/13	200DB	5.00	MC	17	1,199.				1,199.	789.		164.	953.
12	EQUIPMENT - SATALITE PHONES	12/29/13	200DB	5.00	MC	17	3,428.				3,428.	2,256.		469.	2,725.
13	EQUIPMENT - MONITORS AND KEYBOARDS	12/31/13	200DB	5.00	MC	17	691.				691.	455.		94.	549.
14	EQUIPMENT - MAC MINIS	12/31/13	200DB	5.00	MC	17	3,187.				3,187.	2,097.		436.	2,533.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	NEW EGG-COMPUTERS/PRINTERS	02/16/14	200DB	5.00	MC17	1,503.				1,503.	646.		343.	989.
20	APPLE COMPUTERS	05/25/14	200DB	5.00	MC17	3,232.				3,232.	1,390.		737.	2,127.
21	BEST BUY - COMPUTERS/PRINTERS	05/25/14	200DB	5.00	MC17	1,274.				1,274.	548.		290.	838.
22	BEST BUY-COMPUTERS/PRINTERS	09/04/14	200DB	5.00	MC17	4,200.				4,200.	1,806.		958.	2,764.
23	NEW EGG-COMPUTERS/PRINTERS	09/07/14	200DB	5.00	MC17	2,353.				2,353.	1,012.		536.	1,548.
24	APPLE COMPUTER	09/28/14	200DB	5.00	MC17	2,230.				2,230.	959.		508.	1,467.
30	COMPUTER/PRINTER	11/30/14	200DB	5.00	MC17	4,436.				4,436.	1,908.		1,011.	2,919.
32	COMPUTER AND PRINTERS	10/01/15	200DB	3.00	MC17	11,039.				11,039.	920.		6,746.	7,666.
33	APPLE COMPUTER	01/09/15	200DB	3.00	MC17	1,730.				1,730.	1,009.		481.	1,490.
35	LAPTOP	03/05/15	200DB	3.00	MC17	2,345.				2,345.	1,368.		651.	2,019.
36	COMPUTER EQUIPMENT	07/27/16	200DB	3.00	HY19A	1,709.				1,709.			570.	570.
37	MEDICAL EQUIPMENT	08/18/16	200DB	3.00	HY19A	2,215.				2,215.			738.	738.
38	GENERATOR	08/30/16	200DB	5.00	HY19B	7,017.				7,017.			1,403.	1,403.
39	OTHER EQUIPMENT	06/30/16	200DB	5.00	HY19B	1,566.				1,566.			313.	313.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					60,549.				60,549.	20,580.		17,159.	37,739.
	TRANSPORTATION EQUIPMENT													
1	TOYOTA HILUX DOUBLE CABIN 4X4 PICKUP	12/10/13	200DB	5.00	MC17	39,727.				39,727.	26,140.		5,435.	31,575.
2	TOYOTA LAND CRUISER AMBULANCE	12/18/13	200DB	5.00	MC17	54,730.				54,730.	36,012.		7,487.	43,499.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	TOYOTA LAND CRUISER AMBULANCE	12/19/13	200DB	5.00	MC	17	54,730.				54,730.	36,012.		7,487.	43,499.
25	TOYOTA AMBULANCE	11/19/14	200DB	5.00	MC	17	83,214.				83,214.	35,782.		18,973.	54,755.
26	TOYOTA AMBULANCE	12/22/14	200DB	5.00	MC	17	118,218.				118,218.	50,834.		26,954.	77,788.
27	MOTORCYCLES	11/30/14	200DB	5.00	MC	17	18,618.				18,618.	8,006.		4,245.	12,251.
28	BICYCLES	06/30/14	200DB	5.00	MC	17	660.				660.	363.		119.	482.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						369,897.				369,897.	193,149.		70,700.	263,849.
	PROGRAM SERVICES														
4	SOFTWARE	12/22/13		3M	MC	43	1,920.				1,920.	1,333.		0.	1,333.
15	SOFTWARE - MICROSOFT	04/21/14		3M	MC	43	330.				330.	28.		0.	28.
16	SOFTWARE - MICROSOFT	07/03/14		3M	MC	43	429.				429.	36.		0.	36.
17	SOFTWARE - TECHSOUP	10/12/14		3M	MC	43	1,099.				1,099.	92.		0.	92.
18	SOFTWARE - BIG RED CONSULTING	11/18/14		3M	MC	43	99.				99.	74.		0.	74.
34	MICROSOFT SOFTWARE	05/27/15	200DB	3.00	MC	17	1,194.				1,194.	498.		464.	962.
43	SOFTWARE FOR PROGRAM SERVICE	06/30/16		36M	HY	42	1,007.				1,007.			168.	168.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						6,078.				6,078.	2,061.		632.	2,693.
	MANAGEMENT AND GENERAL														
44	SOFTWARE FOR M&G	06/30/16		36M	HY	42	2,331.				2,331.			389.	389.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						2,331.				2,331.	0.		389.	389.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						461,885.				461,885.	219,613.		98,900.	318,513.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						441,338.			0.	441,338.	219,613.			313,992.
	ACQUISITIONS						20,547.			0.	20,547.	0.			4,521.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						461,885.			0.	461,885.	219,613.			318,513.
	ENDING ACCUM DEPR											318,513.			
	ENDING BOOK VALUE											143,372.			

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PIVOT WORKS INC.

FORM 990 PAGE 10

46-3075530

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	94,379.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		3,924.	3 YRS.	HY	200DB	1,308.
b 5-year property		13,285.	5 YRS.	HY	200DB	2,656.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	98,343.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and depreciation.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and depreciation.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2016 tax year: SEE STATEMENT 1 557.

43 Amortization of costs that began before your 2016 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44 557.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
SOFTWARE FOR PROGRAM SERVICE	06/30/16	1,007.		36M	168.
SOFTWARE FOR M&G	06/30/16	2,331.		36M	389.
TOTAL TO FORM 4562, LINE 42					557.

PIVOT WORKS, INC.
FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2016 AND 2015

TYLER LYNCH, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
186 ALEWIFE BROOK PARKWAY
CAMBRIDGE, MASSACHUSETTS 02138

PIVOT WORKS, INC.

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS:	
Statements of Financial Position	3
Statements of Activities and Change in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7 - 12

TYLER LYNCH, P.C.
Certified Public Accountants
186 Alewife Brook Parkway
Cambridge, Massachusetts 02138
(617) 354-3814

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Pivot Works, Inc.
800 Boylston Street, Suite 300
Boston, MA 02199

We have audited the accompanying financial statements of Pivot Works, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2016, and the related statements of activities and change in net assets, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessment, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

TYLER LYNCH, P.C.
Certified Public Accountants
186 Alewife Brook Parkway
Cambridge, Massachusetts 02138
(617) 354-3814

INDEPENDENT AUDITOR'S REPORT

Auditor's Responsibility (Continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Pivot Works, Inc. as of December 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated June 15, 2016. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2015, is consistent except as follows.

As discussed in Note 2 to the financial statements, the financial statements for the year ended December 31, 2015 have been restated to reflect corrections related to the support the Organization received from Brigham and Women's Hospital.

Tyler Lynch, P.C.

Tyler Lynch, P.C.
Certified Public Accountants
Cambridge, MA
August 15, 2017

Pivot Works, Inc.
Statements of Financial Position
December 31, 2016 and 2015

ASSETS

	<u>2016</u>	<u>2015</u>
Current Assets:		
Cash and Cash Equivalents	\$ 1,566,731	\$ 1,545,520
Prepaid Expenses	110,925	70,017
Other Current Assets	101,244	71,874
Total Current Assets	1,778,900	1,687,411
Property and Equipment:		
Vehicles	369,897	369,897
Furniture and Equipment	83,579	66,370
Software	8,409	5,071
Total Property and Equipment	461,885	441,338
Less: Accumulated Depreciation	(318,513)	(219,613)
Net Property and Equipment	143,372	221,725
Other Assets:		
Investments - Donated Stock	100,259	-
Due From Centre Hospitalier Universitaire	17,244	-
Loans Receivable	8,539	9,568
Total Assets	\$ 2,048,314	\$ 1,918,704

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ -	\$ 8,954
Grants Payable	27,041	-
Credit Card Payable	4,458	26,869
Accrued Payroll Liabilities	77,344	15,365
Total Current Liabilities	108,843	51,188
Other Liabilities:		
Expense Reserves	164,120	83,498
Total Liabilities	272,963	134,686
Net Assets - Unrestricted	1,775,351	1,784,018
Total Liabilities and Net Assets	\$ 2,048,314	\$ 1,918,704

See accompanying notes to the financial statements and independent auditor's report.

Pivot Works, Inc.
Statements of Activities and Change in Net Assets
For the Years Ended December 31, 2016 and 2015

	2016	2015
	<u>Unrestricted</u>	<u>Unrestricted</u>
Revenue:		
Direct Public Support	\$ 2,504,410	\$ 2,190,270
Contributions:		
Individual and Business Contributions	1,216,959	592,271
Contributed Services	7,510	-
Interest and Dividend Income	851	5,430
Capital (losses)	-	(7,108)
	<hr/>	<hr/>
Total Revenue	<u>3,729,730</u>	<u>2,780,863</u>
Expenses:		
Program Services:		
Madagascar	2,861,770	2,120,509
Research	267,347	36,984
	<hr/>	<hr/>
Total program services	<u>3,129,117</u>	<u>2,157,493</u>
Supporting Services:		
Management and General	281,024	165,472
Fundraising	357,601	-
	<hr/>	<hr/>
Total supporting services	<u>638,626</u>	<u>165,472</u>
	<hr/>	<hr/>
Total Expenses	<u>3,767,742</u>	<u>2,322,965</u>
Change in Net Assets from Operations	(38,012)	457,897
Non-Operating Gain (Loss) on Foreign Currency Exchange	<u>29,345</u>	<u>(39,614)</u>
Change in Net Assets	(8,667)	418,283
Net Assets - Unrestricted, Beginning of Year	<u>1,784,018</u>	<u>1,365,735</u>
Net Assets - Unrestricted, End of Year	<u><u>\$ 1,775,351</u></u>	<u><u>\$ 1,784,018</u></u>

See accompanying notes to the financial statements and independent auditor's report.

Pivot Works, Inc.
Statements of Functional Expenses
For the Years Ended December 31, 2016
(With Summarized Financial Information for 2015)

	2016						2015	
	Program Services			Support Services			Total Expenses	
	Madagascar	Research	Total	Management and General	Fundraising	Total		
Salaries and Fringe Benefits	\$ 1,179,976	\$ 30,923	\$ 1,210,899	\$ 79,661	\$ 186,593	\$ 266,254	\$ 1,477,154	\$ 896,130
Program Operations	854,450	203	854,653	1,218	609	1,827	856,480	617,814
Research Grant Expenses	-	186,328	186,328	-	-	-	186,328	15,000
Professional and Contractual Services	147,447	27,375	174,823	96,603	71,664	168,267	343,090	166,947
Travel, Relocation & Housing	144,665	16,687	161,352	56,872	33,646	90,517	251,869	136,046
Payroll Tax	156,008	2,107	158,115	6,756	10,574	17,331	175,446	88,962
Office Expenses	135,328	672	136,000	7,799	12,681	20,480	156,480	144,836
Depreciation and Amortization	98,511	-	98,511	389	-	389	98,900	134,714
Occupancy Expenses	78,185	2,534	80,719	11,004	2,477	13,481	94,200	64,458
Recruitment and Training	59,373	-	59,373	4,031	29	4,060	63,433	35,106
Conference, Conventions and Meetings	5,962	484	6,445	10,868	14,205	25,073	31,518	20,003
Printing, Copying & Mailing	298	33	331	302	25,063	25,365	25,696	-
Other	1,568	-	1,568	5,522	60	5,582	7,150	2,949
Total Expenses	\$ 2,861,770	\$ 267,347	\$ 3,129,117	\$ 281,024	\$ 357,601	\$ 638,626	\$ 3,767,742	\$ 2,322,965

See accompanying notes to the financial statements and independent auditor's report.

Pivot Works, Inc.
Statements of Cash Flows
For the Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash Flows from Operating Activities:		
Change in Net Assets	\$ (8,667)	\$ 418,283
Adjustments to Reconcile Change in Net Assets to Net Cash Provided in Operating Activities:		
Depreciation Expense	98,900	134,714
Changes in Operating Assets and Liabilities:		
Prepaid Expenses	(40,908)	(60,017)
Other Current Assets	(29,370)	(16,384)
Donated Stock	(100,259)	-
Due From CHU	(17,244)	-
Loans Receivable	1,029	-
Accounts Payable	(8,954)	(1,026)
Grants Payable	27,041	-
Credit Card Payable	(22,411)	24,959
Accrued Payroll Liabilities	61,979	15,365
Expense Reserves	80,622	42,818
	<u>41,758</u>	<u>558,712</u>
Net Cash Provided in Operating Activities		
Cash Flows from Investing Activities:		
Purchase of Property and Equipment	<u>(20,547)</u>	<u>(29,717)</u>
Net Cash Used in Investing Activities	<u>(20,547)</u>	<u>(29,717)</u>
Net Increase in Cash and Cash Equivalents	21,211	528,995
Cash - Beginning of Year	<u>1,545,520</u>	<u>1,016,525</u>
Cash - End of Year	<u>\$ 1,566,731</u>	<u>\$ 1,545,520</u>

See accompanying notes to the financial statements and independent auditor's report.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 1 ORGANIZATION

Pivot Works, Inc. (the "Organization") is a nonprofit organization providing health care services in Madagascar. The Organization started operations on August 16, 2013. It is based in Boston, Massachusetts, and received support from the general public and from the Jim and Robin Herrnstein Foundation. In Madagascar, the Organization combines a moral agenda of rights-based health care with the practical goals of Health System Strengthening (HSS) at three critical levels of the health system: community health workers, health centers, and district hospitals. Substantial resources are dedicated to strengthening and maintaining essential health system infrastructure, such as medical facilities, equipment, personnel, ambulances, and dispensaries.

The Organization also has a research program which focuses on measuring the disease burden in the population outside of the health facilities. In some instances, the research efforts are also directed to basic science questions that have long-term potential to contribute to a basic understanding of underlying causes of poverty and disease.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The Organization's resources are reported for accounting purposes in separate classes of net assets based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Unrestricted Net Assets include those net assets whose use is not restricted by donor-imposed stipulations even though their use may be limited in other respects such as by contract or board designation.

Temporarily Restricted Net Assets include contributions restricted by the donor for specific purposes or time periods. When a purpose restriction is accomplished or a time restriction ends, temporarily restricted net assets are released to unrestricted net assets.

Permanently Restricted Net Assets include contributions restricted by the donor to be maintained in-perpetuity by the Organization.

The Organization did not have temporarily restricted net assets or permanently restricted net assets as of December 31, 2016 and 2015.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Cash and Cash Equivalents

The Organization considers all cash and other highly liquid investments, with initial maturities of three months or less, to be cash equivalents.

Property and Equipment

The board decided that all vehicles, furniture and computer equipment purchased in Madagascar in excess of \$150 and purchased in US in excess of \$1,500 are capitalized and stated at cost or, if donated, at fair market value at the date of the gift. Property and equipment are depreciated on a straight-line basis over the following estimated useful lives of the related assets. The cost of maintenance and repairs is recorded as expenses when incurred. Improvements that materially extend the life of the assets are capitalized. Depreciation and amortization expense for the years ended December, 2016 and 2015 totaled \$98,900 and \$134,714, respectively.

Software	3 Years
Furniture and Equipment	5 Years
Vehicle	5 Years

Contributions and Grants

Contributions and grants received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

Non-Cash Contributions

Contributions of services are recognized when services received (a) create or enhance nonfinancial assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

The Organization received pro bono legal service for the amount of \$7,510 for the year ended December 2016. This service is reflected as contributions and expenses of services in the accompanying statements of activities and change in net assets.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Foreign Currency

The U.S. dollar is the functional currency of the Organization. Nevertheless, PIVOT operations require use of two currencies: United States Dollars (USD) and Malagasy Ariary (MGA). The organization's financial statements are presented in USD. On a quarterly basis, the consultant accountant receives a report from the in country finance manager detailing the expenditures incurred in Madagascar in MGA. The finance manager also provides the consultant accountant with an average currency conversion rate for the quarter, calculated based on the timing of local currency purchases during the quarter in question.

This rate is then used to convert expenses incurred in Madagascar during the quarter in question to USD. The USD amounts are then uploaded into the US QuickBooks software. At the year end, the annual conversion rate is used to determine the value in USD of the MGA balance sheet accounts in country.

The net exchange gain from foreign currency totaled \$29,345 for the year ended December 31, 2016, is reported as a non-operating gains in the accompanying Statement of Activities and Change in Net Assets.

Restatement

The financial statements for the year ended December 31, 2015 included contributed service revenue of \$370,411 (and corresponding functional expenses) from Brigham and Women's Hospital (BWH). After an extensive evaluation of the facts and circumstances regarding the Organization's relationship with BWH, we have concluded that no contributed service (as well as the corresponding functional expenses) from BWH should have been recorded. The restatement of the financial statements for 2015 decreases the Organization's revenue and expenses by the same amount of \$370,411. The restatement does not have an impact on the Organization's revenue over expense or change in net assets for the year ended December 31, 2015.

Income Taxes

The Organization is a nonprofit organization that is exempt from Federal income taxes under the provision of section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Uncertain Tax Positions

For the years ended December 31, 2016 and 2015, the Organization has documented its consideration of FASB ASC 740-10 and determined that no material uncertain tax positions qualify for either recognition or disclosure in the financial statements.

The Federal Form 990, Return of Organization Exempt from Income Tax, is subject to examination by the Internal Revenue Service, generally for three years after it is filed.

Concentration of Credit Risk

At various times during the year, the Organization may have bank deposits in excess of Federal Deposit Insurance Corporation insurance limits. Management believes any credit risk is low due to the overall financial strength of the financial institutions.

The Organization maintains some bank accounts in Madagascar, which are largely uninsured. Total cash and cash equivalents held overseas were \$189,319 and \$586,274 as of December 31, 2016 and 2015.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Functional Allocation of Expenses

The costs of providing the program service and other activities have been summarized on a functional basis in the Statement of Activities and Change in Net Assets. Accordingly, certain costs have been allocated among the program service and supporting services benefited.

Reclassification

Certain amounts in the 2015 financial information have been reclassified to conform to the current year's presentation. These reclassifications had no effect on the previously reported change in net assets.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 3 LOANS RECEIVABLE

In 2015, the Organization made a loan to the owner of the land in Madagascar to help fund the construction of a building. This loan is roughly 30% of the cost of the building work. The repayment of the loan is 250,000 Malagasy Ariary (\$79) per month. The Organization has the right to rent that building for a minimum period of 10 years, during which time the owner of the land will pay back the loan in full. Every month the Organization pays 300,000 Malagasy Ariary (\$95) for rental of the building.

This loan is included in total loans receivable in the statements of financial position. The balance was 14,696,004 Malagasy Ariary (\$4,643) as of December 31, 2016 and 18,196,004 Malagasy Ariary (\$5,749) as of December 31, 2015.

In accordance with the conversion rate as of December 31, 2016, one Malagasy Ariary was converted to 1/3165 US dollars.

NOTE 4 EXPENSE RESERVES

Vehicle Expense Reserve Fund

The vehicle expense reserve fund is intended to provide a buffer to cover fluctuating expenses of managing a vehicle fleet over time. As the vehicles and motorcycles age, the costs of maintenance and repair will increase. The vehicle expense reserve is intended to remove the fluctuations of expenses associated with fleet management from the annual budgeting process. A per kilometer rate is used to build the fund for the entire fleet from which expenses and repairs can be managed. The balance of the fund was \$134,120 and \$53,498, respectively, for the years ended December 31, 2016 and 2015.

Emergency Reserve Fund

The emergency reserve fund is intended to allow the local team in Madagascar to take immediate action in the event of a natural disaster, such as a cyclone. The balance of the fund was \$30,000 for the years ended December 31, 2016 and 2015.

NOTE 5 NET ASSETS

The Organization's unrestricted net assets are made up of operation fund and reserve fund which includes emergency reserve and vehicle expense reserve. The emergency reserve fund is intended to plan for the eventuality of a cyclone or other related disaster in the Organization's catchment area of Ifanadiana District. The vehicle expense reserve fund was established to effectively manage a budget for a vehicle fleet in a place like rural Madagascar. A per kilometer rate is used to build a fund for the entire fleet from which expenses and repairs can be managed.

Pivot Works, Inc.
Notes to Financial Statements
December 31, 2016 and 2015

NOTE 6 CONTRIBUTIONS

During the years ended December 31, 2016 and 2015, the Organization received from The Jim and Robin Herrnstein Foundation contributions of \$2,504,410 and \$2,190,270, respectively. Jim and Robin Herrnstein are directors of the Organization.

NOTE 7 DONATED CLOSELY HELD STOCK

In 2016, the Organization received 86,430 shares of closely held Series B preferred stocks of 128 Technology. The Series B preferred stock was valued at \$1.16 per share by an independent third party. Total value of the stocks was \$100,259 as of December 31, 2016. The Organization intends to sell the stocks as soon as the company goes public.

NOTE 8 SUBSEQUENT EVENTS

The management of the Organization has evaluated subsequent events through August 15, 2017, the date on which the financial statements were available to be issued. No matters were identified affecting the accompanying financial statements or disclosures.