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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	2018 calendar year, or tax year beginning and	ending	-			
B	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres						
Ļ	□Name □change □Initial				384215		
	return Final return/	139 PLOWDEN ROAD	Room/suite	E Telephone numbe 8023	875740		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	384,280.		
L	Ameno	FOINEI, VI 03340		H(a) Is this a group re			
	Applic tion pendir		•	for subordinates			
_		139 PLOWDEN ROAD, PUTNEY, VT US346	507	H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) (or 527	1	list. (see instructions)		
	Websit	e: ▶ organization: X Corporation Trust Association Other ▶	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: DE		
		Summary	L Teal	or iornialion. ZOIZ	A State of legal doffliche. DE		
		Briefly describe the organization's mission or most significant activities: RAIS	E AWAR	ENESS IN TH	E UNITED		
Governance	١.	STATES OF THE HEALTH AND WELFARE OF POOR	CHILD	REN IN CAMB	ODIA AND		
rna	1	Check this box if the organization discontinued its operations or dispose					
ove	1	·		3	4		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4		
es 8		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0		
Ϋ́Ε		Total number of volunteers (estimate if necessary)			3		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		398,027.	383,941.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		308.	339.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u>0.</u> 384,280.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		328,805.	332,462.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.		
Ä	170	Total fundraising expenses (Part IX, column (D), line 25)		57,930.	47,409.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		386,735.	379,871.		
		Revenue less expenses. Subtract line 18 from line 12		11,600.	4,409.		
or es	13	Teveriue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)		48,616.	53,025.		
Ass J Ba	21	Total liabilities (Part X, line 26)		0.	0.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		48,616.	53,025.		
Pá	art II	Signature Block	•				
Und	er pena	tties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
Sig	n	Signature of officer		Date			
Her	·e	ROBERT NASSAU, M.D., PRESIDENT					
		Type or print name and title		Oata I	T DTIN		
	_	Print/Type preparer's name Preparer's signature		Date Check C	PTIN		
Paid		JOSEPH S. PIECIAK, JR, CPJOSEPH S. PIECIA		self-employe			
	parer	Firm's name DOWNEY, PIECIAK, FITZGERALD, & C	CO., P	• C • Firm's EIN ▶	03-0288632		
Use	Only	Firm's address P.O. BOX 797		00	2 257 1207		
		BRATTLEBORO, VT 05302		Phone no. 8 0	2-257-1307		
May	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pai	Check if Schoolule O contains a reappease or note to any line in this Bort III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>
'	RAISE AWARENESS IN THE UNITED STATES OF THE HEALTH AND WELFARE	OF POOR
	CHILDREN IN CAMBODIA AND RAISE MONEY TO IMPROVE HEALTHCARE	
	INITIATIVES, INCLUDING, BUT NOT LIMITED TO, THE ANGKOR HOSPITA	L FOR
	CHILDREN IN SIEM REAP, CAMBODIA.	
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	y 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.	204 000
4a		384,280.
	SUPPORT HEALTHCARE INITIATIVES AT THE ANGKOR HOSPITAL FOR CHIL	DREN IN
	SIEM REAP, CAMBODIA.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70	(Code:) (Expenses a	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 374,491.	
		Form 990 (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		-25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	. 70		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ıσ	complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) ANGKOR HOSPITAL FO Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		21
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note. All Form 990 filers are required to complete Schedule O	38	Λ	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is deficitate of contains a response of note to any line in this hart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		169	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

ANGKOR HOSPITAL FOR CHILDREN, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	b If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			77					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	8							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand	4.6		Х					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х					
	excess parachute payment(s) during the year?	15		_^					
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		A					
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2018) ANGKOR HOSPITAL FOR CHILDREN, INC. 99-0384215 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	Ŀ		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	Į.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		17	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		A
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		
D	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?	16h		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 10		\o only	\ ovoile	ablo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	jo UHIY	, avdila	aule
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
19	statements available to the public during the tax year.	u iiilali	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ROBERT NASSAU, M.D. – 8023875740			
	139 PLOWDEN ROAD PHYMEY VT 05346			

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.

X Check this box if neither the organization n	or any related	orga	aniza	ation	ı coı	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than on box, unless person is both a officer and a director/trustee Officer and a director/trustee Officer (A) of the officer and a director/trustee (A) of the officer and a director/trustee (A) officer		h an	compensation	compensation	amount of		
	week	\vdash			lee)	from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 27 1000 111100)		and related
	below	idual	tution	-e	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) ROBERT NASSAU, M.D.	12.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) LISA GENASCI	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CHRISTOPHER CHAPMAN	1.00							_	_	_
TREASURER & SECRETARY		Х		Х				0.	0.	0.
(4) JOHN CANAN	1.00									_
DIRECTOR		Х						0.	0.	0.
(5) GEOFFREY GADDIS	0.00									
FORMER TREASURER							Х	1,000.	0.	0.
		-			-	\vdash				

832007 12-31-18 Form **990** (2018)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than					one	Reportable	Reportable	;	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an				an	nount	of
		week (list any	\vdash	CCI ai		T CCIC) i i us	1		from from relate			other	41
		hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS			pensa	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1818	30)		anizat	
		organizations	truste	al trus		/ee	mpen		(** 2/ 1000 (**1000)				d relat	
		below	idual	Institutional trustee	 -	Key employee	est co oyee	er					anizati	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Ъm						
			-											
							_							
			-											
							-							
			-											
			1											
			1											
1b	Sub-total	1		<u> </u>					1,000.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								1,000.		0.			0.
2	Total number of individuals (including but n								•	0,000 of reportab	le			
	compensation from the organization						•			•				0
	-												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	rithir T		year. I				
	(A) Name and business	address	NT	INC					(B) Description of s	services	C	(Compe	ز) nsatio	n
	Hame and Bacinese		14/	2111					2000 inplies in or o	751 71000		ompo	- Ioatio	
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
	w 100,000 of compensation from the organi	Lation					-							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 383,941 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 383,941. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 339. 339 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 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 Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other 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 d All other revenue e Total. Add lines 11a-11d 384,280. 0. Total revenue. See instructions

	Check if Schedule O contains a respon-	se or note to any line in	this Part IX		<u></u>
	not include amounts reported on lines 6b, 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	332,462.	332,462.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b C	Legal	1,020.		1,020.	
d	Lobbying	2,0201		2,0200	
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.)				
12	Advertising and promotion				
13	Office expenses	514.		514.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES	40,399.	40,399.		
a b	INTERNET PROCESSSING FE	3,626.	40,333.	3,626.	
C	RESPIRATORY CARE FUND	1,630.	1,630.	5,020	
d	CORPORATE REGISTRATIONS	125.	_,	125.	
e	All other expenses	95.		95.	
25	Total functional expenses. Add lines 1 through 24e	379,871.	374,491.	5,380.	0.
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)				

Form 990 (2018)
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
	1	Cash - non-interest-bearing	10,988.		11,138.
	2	Savings and temporary cash investments		2	41,887.
	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 un			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 10 616	15	E2 02E
	16	Total assets. Add lines 1 through 15 (must equal line 34)			53,025.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees			
ij		key employees, highest compensated employees, and disqualified persons		00	
Lia	00	Complete Part II of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of	f		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X al			
Ś		complete lines 27 through 29, and lines 33 and 34.	-		
nce	27	Unrestricted net assets	20,266.	27	32,802.
ala	28	Temporarily restricted net assets		28	20,223.
В	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
Þ		and complete lines 30 through 34.			
şts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	48,616.	33	53,025.
	34	Total liabilities and net assets/fund balances	1 10 616	34	53,025.

1

2

3

4

6

Part XI Reconciliation of Net Assets

Donated services and use of facilities

7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)						
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5	3,0	25.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		. 3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2018		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ANGKOR HOSPITAL FOR CHILDREN, INC. 99-0384215 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc (see instructi	ions)			12	<u> </u>
	First five years. If the Form 990 is for						
	organization, check this box and stop	•			•		▶
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (I			column (f))		14	Ç
	Public support percentage from 2017						Ç
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the co						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	~	
h	10% -facts-and-circumstances tes						
Ŋ	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
12							
10	Private foundation. If the organizatio	n did not check a	DOX OH III E 10, II	oa, 100, 17a, 01 17	D, CHICCK LINS DOX	and see mistruction	ıs ▼ ∟

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

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

Se	ction A. Public Support	ciew, piedee cemp	noto i ait iii)				-
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	- 1	- ,				
	membership fees received. (Do not						
	include any "unusual grants.")	144,889.	510,196.	427,955.	398,027.	383,941.	1,865,008.
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	144,889.	510,196.	427,955.	398,027.	383,941.	1,865,008.
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons	85,063.	368,813.	30,000.	55,250.	125,000.	664,126.
ŀ	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.
	Add lines 7a and 7b	85,063.	368,813.	30,000.	55.250.	125,000.	
	Public support. (Subtract line 7c from line 6.)	00,000	000,0201	00,000	337233		1,200,882.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	144,889.	510,196.	427,955.	398,027.	(e) 2018 383,941.	1,865,008.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		467.	324.	308.	339.	1,438.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b		467.	324.	308.	339.	1,438.
	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.)	144,889.	510,663.	428,279.	398,335.	384,280.	1,866,446.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	64.34 %
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					1	0.0
	Investment income percentage for 20					17	.08 %
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2018. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	structions	▶Ш

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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	2		
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-	3a		
	3b		
ł	3c		
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O	10b 90 or 99	00-F7	2018

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	Mon 2: Type : eapperung enganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> Part VI.	3a		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	G
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)					
Secti	on D - Distributions		. ,	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	,	(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
_	EA0000 HOIH 2010							

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ANGKOR HOSPITAL FOR CHILDREN,

99-0384215 Page 8

INC.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

AN	GKOR HOSPITAL	FOR CHI	LDREN. I	INC.		99-038423	15
				tside the United States. Comple	ete if the organi		
	Form 990, Part IV			·			
1				ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance out	tside the
3	Activities per Region. (T	he following Part	I, line 3 table c	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	rity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
	T ASIA AND IFIC	0	0	GRANTS AND MEDICAL SUPPLIES	N/A		372,861.
	Cubtotal	0	0				372,861.
	Subtotal		<u> </u>				3/2,801.
J	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				372,861.

			Outside the United States. Contacted if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
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)
		EAST ASIA AND PACIFIC	CHILDREN'S HEALTH	332,462.	WIRE TRANSFER	40,399.	MEDICAL SUPPLIES	воок
			I recognized as charities by the ction 501(c)(3) equivalency lett		, recognized as tax-e	xempt	L	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance			ates. Complete i	if the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2018

Part V | Supplemental Information

Schedule F (Form 990) 2018

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.

FORM 990, SCHEDULE F, PART 1, LINE 3, COLUMN F ANGKOR HOSPITAL FOR CHILDREN, INC. (AHC, INC.) RECEIVES DONATIONS FROM INDIVIDUALS AND CHARITABLE ORGANIZATIONS. ACCOUNTING RECORDS ARE MAINTAINED ON THE CASH BASIS. FUNDS ARE DONATED TO PROVIDE ASSISTANCE TO THE OPERATION OF ANGKOR HOSPITAL FOR CHILDREN IN SIEM REAP, CAMBODIA. AHC, INC. MAINTAINS A CLOSE RELATIONSHIP WITH THE CAMBODIAN HOSPITAL. WHEN THE HOSPITAL IS IN NEED OF FUNDS, AHC, INC. ISSUES A PRELIMINARY GRANT AWARD LETTER. WHEN THIS LETTER IS SIGNED AND ACCEPTED, AHC, INC. SENDS MONEY BY WIRE TRANSFER TO A BANK ACCOUNT OF THE HOSPITAL. THE HOSPITAL ACKNOWLEDGES THE RECEIPT OF FUNDS. WHEN A DONOR HAS STATED THAT THEIR GIFT BE USED BY THE HOSPITAL FOR A SPECIFIC PURPOSE, THIS RESTRICTION IS NOTED IN THE GRANT AWARD LETTER. FROM TIME TO TIME, THE HOSPITAL REQUESTS ASSISTANCE WITH THE PURCHASE OF MEDICAL SUPPLIES IN THIS COUNTRY. AHC, INC. THEN ARRANGES FOR THE PURCHASE AND DELIVERY OF THOSE SUPPLIES TO THE HOSPITAL IN CAMBODIA. THE HOSPITAL ACKNOWLEDGES THE RECEIPT OF THE SUPPLIES. AHC, INC. MAINTAINS OVERVIEW RESPONSIBILITIES OF THE HOSPITAL.

FORM 990, SCHEDULE F, PART 1, LINE 3, COLUMN F

A. A MEMBER OF THE HONG KONG CHARITABLE ENTITY'S BOARD OF TRUSTEES

WHICH CONTROLS THE CAMBODIAN HOSPITAL, IS A MEMBER OF AHC. INC.'S

BOARD.

B. AHC, INC.'S PRESIDENT MAKES ANNUAL VISITS TO THE HOSPITAL WHERE HE

TALKS TO STAFF, HELPS TRAIN HOSPITAL MEDICAL PERSONNEL AND ASSESSES

CONDITIONS AND COMPLIANCE.

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ANGKOR HOSPITAL FOR CHILDREN, INC.

Employer identification number 99-0384215

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RAISE MONEY TO IMPROVE HEALTHCARE INITIATIVES, INCLUDING, BUT NOT
LIMITED TO, THE ANGKOR HOSPITAL FOR CHILDREN IN SIEM REAP, CAMBODIA.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF THE FORM 990 WILL BE REVIEWED BY ALL BOARD MEMBERS BEFORE
FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 18:
A COPY OF THE FORM 990 IS AVAILABLE UPON WRITTEN REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE ARE AVAILABLE UPON WRITTEN REQUEST AND
APPOINTMENT.
FORM 990 PAGE 4, PART V, LINE 1C
AHC, INC. WOULD COMPLY WITH THE BACKUP WITHHOLDING RULES FOR REPORTABLE
PAYMENTS TO VENDORS IF APPLICABLE.