

Form **990-EZ**

Short Form

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 1545-1150

2015

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **November 1**, 2015, and ending **October 31**, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Binaytara Foundation**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
2219 Rimland Drive 301
 City or town, state or province, country, and ZIP or foreign postal code
Bellingham, WA 98226

D Employer identification number: **26-1603676**

E Telephone number: **360-707-7593**

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <http://binayfoundation.org>

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

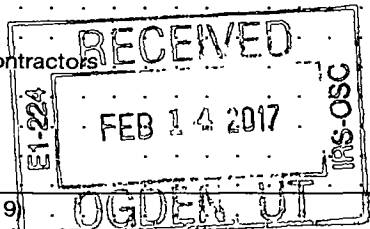
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received		41216																											
	2	Program service revenue including government fees and contracts		75325																											
	3	Membership dues and assessments		0																											
	4	Investment income		0																											
	5a	Gross amount from sale of assets other than inventory					0																								
	b	Less: cost or other basis and sales expenses					0																								
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)								0																					
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									0																				
	c	Less: direct expenses from gaming and fundraising events									0																				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											0																		
	7a	Gross sales of inventory, less returns and allowances												0																	
	b	Less: cost of goods sold												0																	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
	8	Other revenue (describe in Schedule O)																													
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O)																													
	17	Total expenses. Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													



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For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83729	115252
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	83729	115252
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83729	115252

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? **To promote health and education in resource poor commu**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Nepal home hospice program - established a home hospice program to provide end of life care to terminally ill patients in Nepal. Provided service to 76 patients by October 2016. (Grants \$ 7005) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	8350
29 4th International Conference on Advances in Hematology & Oncology - Annual conference to educate health care providers about latest developments in the field. This program provides continuing medical education credit to physicians and eligible healthcare professionals (Grants \$ 500) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	64116
30 Global Bone Marrow Transplant (BMT) - We are currently providing financial support for training of a physician clinical genetics. We have also collaborated with the University of Illinois Center for Global Health to provide scholarship to hematology/oncology fellows to travel to developing countries for BMT research. (Grants \$ 8600) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	8600
31 Other program services (describe in Schedule O) (Grants \$ 385) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a	385
32 Total program service expenses (add lines 28a through 31a)	32	81451

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Binay Shah President	15	0	0	0
Paul Tutchter Secretary	1	0	0	0
Tara Shah Treasurer	20	0	0	0
Damiano Rondelli Board Member	1	0	0	0
Yusuf Qamruzzman Board Member	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, expenditures, loans, tax shelter, and controlled entities. Includes fields for amounts, dates, and Yes/No responses.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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	Yes	No
	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	Yes	No
	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ 0

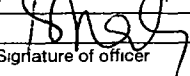
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each received more than \$100,000 of compensation from the organization

52 Did the organization complete Schedule A? **Note:** All completed Schedule A

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 knowledge.

Sign Here	
	Tara Shah, Treasurer Type or print name and title

Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature
	Firm's name ▶	
	Firm's address ▶	

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Binaytara Foundation	Employer identification number 26-1603676
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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 11, 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)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1991	29287	20161	77640	41216	170295
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	0	16953	14875	51950	75325	159103
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6 Total. Add lines 1 through 5	1991	46240	35036	129590	116541	329398
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	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	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						329398

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	1991	46240	35036	129590	116541	329398
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12)	1991	46240	35036	129590	116541	329398
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2015. 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—2014. 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Blnaytara Foundation

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

2015

Open to Public Inspection

Employer identification number
28-1603676

GRANTS AND SIMILAR AMOUNTS PAID - IN RESPONSE TO PART I LINE 10

Category	Amount
Grants to Cancer Care Nepal for Nepal home hospice program	\$7005.00
Grant to the University of Illinois Foundation for Global Bone Marrow Transplant (BMT) projects	\$5000.00
Scholarship to Dr. Rupesh Mishra for Masters in Clinical Genetics training (BMT project)	\$3600.00
Merit award for outstanding abstract presented at ICAHO 2016*	\$500.00
Medical research grants paid	\$385.00
Total Grant and similar amount	\$16490.00

* ICAHO 2016 = 4th International Conference on Advances in Hematology and Oncology

OTHER EXPENSES - IN RESPONSE TO PART I LINE 16

Category	Amount
ICAHO 2016 Faculty travel	\$13596.00
ICAHO 2016 Faculty honoraria	\$8000.00
ICAHO 2016 Faculty lodging	\$7555.00
ICAHO 2016 Faculty dinner	\$1391.00
ICAHO 2016 Attendee meal	\$9588.00
ICAHO 2016 supplies and promotional materials	\$2647.00
ICAHO 2016 AV aid & digital materials	\$1733.00
ICAHO 2016 online advertisement	\$1583.00
Equipment/hardware	\$1917.00
Nepal Hospice trainer travel & lodging	\$427.00
Banking and credit card processing fees	\$1604.00
Unused grant refunded to pharmaceuticals	\$2213.00
Licensure/certification/compliance	\$1038.00
Web hosting/Software/Plugin	\$339.00
Accounting/document services	\$198.00
Press release	\$389.00
Training/Webinar	\$50.00
Office supplies	\$30.00
Total other expenses	\$54298.00

Name of the organization

Employer identification number

Binayara Foundation

26-1603676

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - In response to part III line 31

1.) Medical Research Grants - provided medical research grants to a physician in Nepal.

Area with horizontal dashed lines for providing details of program service accomplishments.