



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Bolivians Without Disabilities		D Employer identification number 47-3203248
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 1104 Seminole Dr		E Telephone number 786-447-7976
	City or town, state or province, country, and ZIP or foreign postal code Indian Harbor Beach, FL, 32937-4121		F Group Exemption Number ▶ n/a
	(Handwritten: 03)		

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ www.bolivianswithoutdisabilities.org

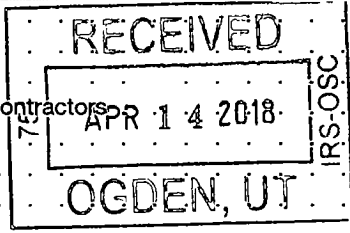
J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

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 . . . ▶ \$ 33,283

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

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	33,282
	2 Program service revenue including government fees and contracts		2	0
	3 Membership dues and assessments		3	0
	4 Investment income		4	0
	5a Gross amount from sale of assets other than inventory	5a 0		
	b Less: cost or other basis and sales expenses	5b 0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0		
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 0		
	c Less: direct expenses from gaming and fundraising events	6c 0		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a Gross sales of inventory, less returns and allowances	7a 0		
	b Less cost of goods sold	7b 0		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8 Other revenue (describe in Schedule O)		8	1
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	33,283
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10	39,925
	11 Benefits paid to or for members		11	0
	12 Salaries, other compensation, and employee benefits		12	0
	13 Professional fees and other payments to independent contractors		13	0
	14 Occupancy, rent, utilities, and maintenance		14	0
	15 Printing, publications, postage, and shipping		15	13
	16 Other expenses (describe in Schedule O)		16	723
	17 Total expenses. Add lines 10 through 16		17	40,662
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,379
	Net Assets	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)		19
20 Other changes in net assets or fund balances (explain in Schedule O)			20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20			21	2,222



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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	9,627	22 2,222
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	9,627	25 2,222
26 Total liabilities (describe in Schedule O)	26	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,601	27 2,222

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

What is the organization's primary exempt purpose? See Schedule O

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 Provided grants to Bolivian non-profit charity which produced 70 prosthetic legs for low income disabled Bolivian amputees in 2017		
(Grants \$ 38,839) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a	38,839
29 Donated new electronics to Bolivian non-profit charity which produced 70 prosthetic legs for low-income disabled Bolivian amputees in 2017		
(Grants \$ 535) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a	535
30 Donated new and used aterials and Supplies to Bolivian non-profit charity which produced 70 prosthetic legs for low-income disabled Bolivian amputees in 2017		
(Grants \$ 278) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a	278
31 Other program services (describe in Schedule O)		
(Grants \$ 273) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	273
32 Total program service expenses (add lines 28a through 31a)	32	39,925

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
Matthew Pepe President	30	0	0	0
Holly Hutter Secretary	5	0	0	0
Leslie Calhoun Treasurer	5	0	0	0

BAO

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
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		<input checked="" type="checkbox"/>
	46	

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

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

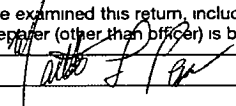
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 a review of the data furnished to the preparer.

Sign Here Signature of officer

MATTHEW L. PEPE, PRESIDENT
 Type or print name and title

Paid Preparer Use Only Preparer's name
 Preparer's signature
 Firm's name
 Firm's address

May the IRS discuss this return with the preparer shown above?

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Bolivians Without disAbilities

Employer identification number

47-3203248

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.)

07

- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1–10 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 II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			13618	31,427	33,282	78,327
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge			0	0	0	0
4 Total. Add lines 1 through 3			13618	31,427	33,282	78,327
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)						12,955
6 Public support. Subtract line 5 from line 4						65,372

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4			13618	31,427	33,282	78,327
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			0	1	1	2
9 Net income from unrelated business activities, whether or not the business is regularly carried on			0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			0	0	0	0
11 Total support. Add lines 7 through 10						78,329
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

MA 34

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

2017

**Open to Public
Inspection**

Name of the organization

Bolivians Without Disabilities

Employer identification number

47-3203248

Line 8 Other revenue : Interest \$1.44

Line 10 & 31: Grants and similar amounts paid to a formal and legally recognized Bolivian disability charity:

Prosthetic Components	\$96.56
Electronics	\$535.75
Cash Grants	\$38,838.90
Materials & Supplies	\$278.00
Tools and Machines	\$9.35
Web site support	\$166.67

TOTAL Program Expenses on line 10: \$39,925.23

Line 16, Other expense to maintain Bolivians Without Disabilities

Advertising	\$21.98
Bank Fees	\$332.92
Fund raising costs	\$149.98
Legal	\$136.25
reversals	\$5.00
website	\$77.04

TOTAL Program Expenses on line 16: \$723.17

Part II, Line 26 Total liabilities at beginning of year: Credit balance \$25 90

Part III What is the organization's primary exempt purpose?

To provide funding, training, volunteers, tools, materials and support services to Bolivian organizations that serve Bolivians with disabilities so that those disabled Bolivians can lead more productive lives and support their families and communities.

