

MOODY, FAMIGLIETTI & ANDRONICO, LLP  
1 HIGHWOOD DRIVE  
TEWKSBURY, MA 01876

PIVOT WORKS, INC.  
800 BOYLSTON STREET , NO. 300  
BOSTON, MA 02199

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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Form must be filed on or before</b>	RETURN FORM 114A TO US AS SOON AS POSSIBLE.
<b>Special Instructions</b>	FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	PIVOTWO20170001
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>PIVOT WORKS, INC.</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 3 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2017 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)  <b>* THIS IS NOT A FILEABLE COPY *</b>	8. Date  MM DD YYYY	9. Owner or entity TIN  <b>463075530</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date  MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>KALIL, CPA, MBA</b>	16. Preparer first name <b>MATTHEW</b>	17. Preparer M.I.	18. Preparer PTIN <b>P01517069</b>
19. Address <b>1 HIGHWOOD DRIVE</b>	20. City <b>TEWKSBURY</b>	21. State <b>MA</b>	22. ZIP/postal code <b>01876</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>MOODY, FAMIGLIETTI &amp; ANDRONI</b>	25. Employer EIN <b>04-3077056</b>	26. Preparer's signature

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaefiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**PIVOT WORKS, INC.**

**46-3075530**

Name and title of officer

**TARA LOYD  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>3,807,606.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MOODY, FAMIGLIETTI & ANDRONICO, LLP** to enter my PIN **75530**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**04415317069**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **11/01/18**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

PIVOTWO20170001

Filing Name PIVOT WORKS, INC.

Submission Type NEW

PIN NOT REQUIRED

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2018. An automatic extension to October 15, 2018 is available.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar  
year ended 12/31  
**2017**  
Amended

**Part I** Filer information PIVOTWO20170001

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number <b>463075530</b> <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>PIVOT WORKS, INC.</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**800 BOYLSTON STREET**

10 City <b>BOSTON</b>	11 State <b>MA</b>	12 ZIP/Postal Code <b>02199</b>	13 Country <b>USA</b>
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- 14 a) Does the filer have a financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
 No
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
 No

**Part II** Information on financial account(s) owned separately

15 Maximum value of account during calendar year  <b>1,242.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	---	---

17 Name of financial institution in which account is held  
**BANK OF AFRICA- MADAGASCAR**

18 Account number or other designation <b>12116650014</b>	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>2 PLACE DE L'INDEPENDANCE</b>		
20 City <b>ANTANANARIVO</b>	21 State, if known	22 Foreign postal code, if known <b>BP183</b>	23 Country <b>MADAGASCAR</b>

**Signature** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
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<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>KALIL, CPA, MB</b>	48 First name <b>MATTHEW</b>	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P01517069</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. <b>(978)557-5300</b>	52a Ext.	53 Firm's name <b>MOODY, FAMIGLIETTI &amp; A</b>		54 Firm's TIN <b>04-3077056</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) <b>1 HIGHWOOD DRIVE</b>		56 City <b>TEWKSURY</b>	57 State <b>MA</b>	58 ZIP/Postal Code <b>01876</b>	59 Country <b>US</b>



<b>Part II</b> <b>Continued - Information on Financial Account(s) Owned Separately</b>	<b>FORM 114</b>
<b>Complete a Separate Block for Each Account Owned Separately</b>	

<b>1</b> Filing for calendar year  <u>2017</u>	<b>3-4</b> Check appropriate Identification Number  <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <b>463075530</b>	<b>6</b> Last Name or Organization Name  <b>PIVOT WORKS, INC.</b>
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<b>15</b> Maximum value of account during calendar year <b>202,965.</b>	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

<b>17</b> Name of Financial Institution in which account is held <b>BANK OF AFRICA- MADAGASCAR</b>			
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<b>18</b> Account number or other designation <b>12116650001</b>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>2 PLACE DE L'INDEPENDANCE</b>		
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<b>20</b> City <b>ANTANANARIVO</b>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known <b>BP183</b>	<b>23</b> Country <b>MADAGASCAR</b>
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<b>15</b> Maximum value of account during calendar year <b>219,093.</b>	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

<b>17</b> Name of Financial Institution in which account is held <b>BANK OF AFRICA- MADAGASCAR</b>			
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<b>18</b> Account number or other designation <b>12116650026</b>	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>2 PLACE DE L'INDEPENDANCE</b>		
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<b>20</b> City <b>ANTANANARIVO</b>	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known <b>BP183</b>	<b>23</b> Country <b>MADAGASCAR</b>
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held			
--	--	--	--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held			
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<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held			
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<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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<b>15</b> Maximum value of account during calendar year	<b>15a</b> Amount Unknown <input type="checkbox"/>	<b>16</b> Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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<b>17</b> Name of Financial Institution in which account is held			
--	--	--	--

<b>18</b> Account number or other designation	<b>19</b> Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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<b>20</b> City	<b>21</b> State, if known	<b>22</b> ZIP/Postal Code, if known	<b>23</b> Country
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Form **990**

**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

**2017**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

<b>B</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	<b>C Name of organization</b> PIVOT WORKS, INC.		<b>D Employer identification number</b> 46-3075530
	Doing business as		<b>E Telephone number</b> 607-280-8594
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	800 BOYLSTON STREET		300
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02199		<b>G Gross receipts \$</b> 3,807,606.
<b>F Name and address of principal officer:</b> TARA LOYD SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J Website:</b> WWW.PIVOTWORKS.ORG		If "No," attach a list. (see instructions)	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c) Group exemption number</b> ▶	
<b>L Year of formation:</b> 2013		<b>M State of legal domicile:</b> MA	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: HEALTH CARE FOR THE INDIVIDUAL. SYSTEMS FOR THE POPULATION. INNOVATION FOR THE WORLD.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	9
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,721,369.	3,805,504.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	851.	2,102.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,722,220.	3,807,606.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	28,139.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,477,816.	2,005,435.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,905.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,282,417.	1,627,202.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,760,233.	3,660,776.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-38,013.	146,830.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	2,048,314.	2,436,930.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	272,963.	235,496.
		1,775,351.	2,201,434.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	TARA LOYD, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MATTHEW KALIL, CPA, MBA		11/01/18		P01517069
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP	Firm's EIN ▶ 04-3077056			
	Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876	Phone no. (978) 557-5300			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IN PARTNERSHIP WITH COMMUNITIES IN RESOURCE-POOR AREAS, PIVOT COMBINES ACCESSIBLE AND COMPREHENSIVE HEALTH CARE SERVICES WITH RIGOROUS SCIENTIFIC RESEARCH TO SAVE LIVES AND BREAK CYCLES OF POVERTY AND DISEASE.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,850,795. including grants of \$ ) (Revenue \$ ) MADAGASCAR HEALTH SERVICES - PIVOT WORKS COMBINES A MORAL AGENDA OF RIGHTS-BASED HEALTH CARE WITH THE PRACTICAL GOALS OF HEALTH SYSTEM STRENGTHENING (HSS) AT THREE CRITICAL LEVELS OF THE HEALTH SYSTEM; COMMUNITY HEALTH WORKERS, HEALTH CENTERS, AND DISTRICT HOSPITALS. SUBSTANTIAL RESOURCES ARE DEDICATED TO STRENGTHENING AND MAINTAINING ESSENTIAL HEALTH SYSTEM INFRASTRUCTURE, SUCH AS MEDICAL FACILITIES, EQUIPMENT, PERSONNEL, AMBULANCES AND DISPENSARIES.

4b (Code: ) (Expenses \$ 89,956. including grants of \$ 28,139. ) (Revenue \$ ) RESEARCH - FOCUSES ON MEASURING THE DISEASE BURDEN IN THE POPULATION OUTSIDE OF THE HEALTH FACILITIES IN MADAGASCAR. IN SOME INSTANCES, THE RESEARCH EFFORTS ARE ALSO DIRECTED TO BASIC SCIENCE QUESTIONS THAT HAVE LONG-TERM POTENTIAL TO CONTRIBUTE TO A BASIC UNDERSTANDING OF UNDERLYING CAUSES OF POVERTY AND DISEASE.

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

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

4e Total program service expenses 2,940,751.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical inputs. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, NY, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 607-280-8594**  
**800 BOYLSTON STREET, NO. 300, BOSTON, MA 02199**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL RICH DIRECTOR/SENIOR CLINICAL ADVISOR	5.00	X					0.	0.	0.	
(2) PATRICIA WRIGHT DIRECTOR	0.50	X					0.	0.	0.	
(3) PAUL FARMER DIRECTOR	0.50	X					0.	0.	0.	
(4) CASSIA VAN DER HOOF HOLSTEIN DIRECTOR	0.50	X					0.	0.	0.	
(5) MANU PRAKASH DIRECTOR	0.50	X					0.	0.	0.	
(6) VINCENT DELLA PIETRA DIRECTOR	0.50	X					0.	0.	0.	
(7) STEPHEN DELLA PIETRA DIRECTOR	0.50	X					0.	0.	0.	
(8) BOB HOWER DIRECTOR	1.00	X					0.	0.	0.	
(9) EDWARD M. NORTON DIRECTOR	1.00	X					0.	0.	0.	
(10) BENJAMIN ANDRIAMIHAJA DIRECTOR/ADVISOR TO THE COUNTRY DIRE	1.00	X					32,500.	0.	0.	
(11) TOM GILLESPIE DIRECTOR	0.50	X					0.	0.	0.	
(12) ROBIN HERRNSTEIN TREASURER	2.00	X		X			0.	0.	0.	
(13) JAMES HERRNSTEIN CHAIRMAN	2.00	X		X			0.	0.	0.	
(14) MATTHEW BONDS CO-CEO	25.00	X		X			0.	0.	0.	
(15) TARA LOYD CO-CEO & BOARD CLERK	32.00	X		X			71,400.	0.	8,400.	
(16) NANCY FERGUSON DIRECTOR OF FINANCE & ADMINISTRATION	40.00			X			63,600.	0.	9,958.	
(17) ROBERT CUNNINGHAM CHIEF DEVELOPMENT DIRECTOR	40.00				X		135,000.	0.	9,513.	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							302,500.	0.	27,871.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							302,500.	0.	27,871.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,805,504.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		260,819.				
	<b>h Total.</b> Add lines 1a-1f .....		3,805,504.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,102.			2,102.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			3,807,606.	0.	0.	2,102.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,403.	22,403.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,736.	5,736.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	218,016.	116,893.	74,955.	26,168.
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	1,446,771.	1,176,250.	63,216.	207,305.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	210,394.	171,034.	8,583.	30,777.
10 Payroll taxes	130,254.	101,654.	10,212.	18,388.
11 Fees for services (non-employees):				
a Management				
b Legal	451.		451.	
c Accounting	7,056.		7,056.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	53,234.	35,108.	10,539.	7,587.
12 Advertising and promotion				
13 Office expenses	160,318.	126,542.	14,855.	18,921.
14 Information technology				
15 Royalties				
16 Occupancy	139,031.	88,653.	46,171.	4,207.
17 Travel	223,298.	153,306.	52,814.	17,178.
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 Depreciation, depletion, and amortization	116,265.	102,336.	13,929.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM OPERATIONS</b>	731,198.	729,884.	356.	958.
b <b>CONTRACT SERVICES</b>	128,787.	58,392.	19,186.	51,209.
c <b>RECRUITMENT AND TRAININ</b>	31,784.	25,793.	1,014.	4,977.
d				
e All other expenses	35,780.	26,767.	6,783.	2,230.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,660,776.	2,940,751.	330,120.	389,905.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,566,731.	<b>1</b>	846,133.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	963,532.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	26,732.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	8,539.	<b>7</b>	7,013.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	110,925.	<b>9</b>	165,137.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 644,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 340,615.	<b>10c</b>	304,031.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	100,259.	<b>12</b>	110,259.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	118,488.	<b>15</b>	14,093.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,048,314.	<b>16</b>	2,436,930.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	81,802.	<b>17</b>	235,496.
	<b>18</b> Grants payable .....	27,041.	<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	164,120.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	272,963.	<b>26</b>	235,496.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,775,351.	<b>27</b>	1,980,371.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	221,063.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,775,351.	<b>33</b>	2,201,434.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,048,314.	<b>34</b>	2,436,930.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,807,606.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,660,776.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	146,830.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,775,351.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	264,394.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	14,859.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,201,434.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

PIVOT WORKS, INC.

Employer identification number

46-3075530

**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)**.
- 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		
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	471,200.	2603376.	2782541.	3721369.	3805504.	13383990.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	471,200.	2603376.	2782541.	3721369.	3805504.	13383990.
<b>5</b> 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) .....						9227585.
<b>6 Public support.</b> Subtract line 5 from line 4.						4156405.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	471,200.	2603376.	2782541.	3721369.	3805504.	13383990.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			5,430.	851.	2,102.	8,383.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						13392373.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2017**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
THE HERRNSTEIN FAMILY FOUNDATION	9,495,432.	9,227,585.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		9,227,585.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		168,710.	72,227.	96,483.
e Other		475,936.	268,388.	207,548.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,031.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,811,498.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,892.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	3,892.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,807,606.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,807,606.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,664,668.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,892.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	3,892.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,660,776.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,660,776.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON TRADE OR BUSINESS PROFITS GENERATED BY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM TRADE OR BUSINESS ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. AS OF DECEMBER 31, 2017, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT GENERATED ANY UNRELATED BUSINESS TAXABLE INCOME.

THE ORGANIZATION ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can 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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	4	173	MADAGASCAR PROGRAM SERVICE AND RESEARCH PROGRAM	PIVOT WORKS, INC. HAS A MAJOR PROGRAM WHICH IS THE MADAGASCAR PROGRAM IN MADAGASCAR. PIVOT	2,940,751.
<b>3 a</b> Sub-total .....	4	173			2,940,751.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	4	173			2,940,751.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MADAGASCAR	DESIGN AND DEPLOYMENT OF A REGIONAL DRIED BLOOD SPOT SAMPLING PROGRAM FOR IMPROVED	5,642.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1

3 Enter total number of other organizations or entities ..... 1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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)

Part IV Foreign Forms

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

**Part V Supplemental Information**

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

**PART I, LINE 3, COLUMN (E):**

**REGION: SUB-SAHARAN AFRICA**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: PIVOT WORKS, INC. HAS A MAJOR PROGRAM WHICH IS THE MADAGASCAR PROGRAM IN MADAGASCAR. PIVOT WORKS COMBINES A MORAL AGENDA OF RIGHTS-BASED HEALTH CARE WITH THE PRACTICAL GOALS OF HEALTH SYSTEM STRENGTHENING (HSS) AT THREE CRITICAL LEVELS OF THE HEALTH SYSTEM; COMMUNITY HEALTH WORKERS, HEALTH CENTERS, AND DISTRICT HOSPITALS. SUBSTANTIAL RESOURCES ARE DEDICATED TO STRENGTHENING AND MAINTAINING ESSENTIAL HEALTH SYSTEM INFRASTRUCTURE, SUCH AS MEDICAL FACILITIES, EQUIPMENT, PERSONNEL, AMBULANCES AND DISPENSARIES. THE RESEARCH PROGRAM FOCUSES ON MEASURING THE DISEASE BURDEN IN THE POPULATION OUTSIDE OF THE HEALTH FACILITIES. IN SOME INSTANCES, THE RESEARCH EFFORTS ARE ALSO DIRECTED TO BASIC SCIENCE QUESTIONS THAT HAVE LONG-TERM POTENTIAL TO CONTRIBUTE TO A BASIC UNDERSTANDING OF UNDERLYING CAUSES OF POVERTY AND DISEASE.**

**PART II, COLUMN (D):**

**REGION: MADAGASCAR**

**(D) PURPOSE OF GRANT: DESIGN AND DEPLOYMENT OF A REGIONAL DRIED BLOOD SPOT SAMPLING PROGRAM FOR IMPROVED TUBERCULOSIS DIAGNOSTICS IN IFANADIANA DISTRICT, MADAGASCAR**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  ▶

**3** Enter total number of other organizations listed in the line 1 table  ▶

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

Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DESIGN AND DEPLOYMENT OF A REGIONAL DRIED BLOOD SPOT SAMPLING PROGRAM FOR IMPROVED TUBERCULOSIS DIAGNOSTICS IN IFANADIANA DISTRICT, MADAGASCAR. GRANT FUNDS WERE PAID TO ONE PRINCIPAL	1	22,403.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: DESIGN AND DEPLOYMENT OF A REGIONAL DRIED BLOOD SPOT SAMPLING PROGRAM FOR IMPROVED TUBERCULOSIS DIAGNOSTICS IN IFANADIANA DISTRICT, MADAGASCAR. GRANT FUNDS WERE PAID TO ONE PRINCIPAL INVESTIGATOR FROM THE U.S. TO HELP PAY THE EXPENSES OF 3 INVESTIGATORS TO TRAVEL TO MADAGASCAR TO PERFORM THIS RESEARCH STUDY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**PIVOT WORKS, INC.**

Employer identification number

**46-3075530**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

**Part III** Supplemental Information

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

FORM 990, PART VII, QUESTION 5:

IN 2017, MATTHEW BONDS WAS AN EMPLOYEE OF HARVARD MEDICAL SCHOOL (HMS).

HIS HMS PAYROLL WAS REIMBURSED BY PIVOT WORKS, INC. FOR SERVICES

RENDERED IN THE AMOUNT OF \$9,509

IN 2017, MICHAEL RICH WAS AN EMPLOYEE OF BRIGHAM AND WOMEN'S HOSPITAL

(BWH). HIS BWH PAYROLL WAS REIMBURSED BY PIVOT WORKS, INC. FOR

SERVICES RENDERED IN THE AMOUNT OF \$22,649

THE REIMBURSEMENT OF THE ABOVE PERSONNEL'S PAYROLL BY PIVOT WORKS, INC.

(HMS OR BWH) WAS REFLECTED AS OFFICER OR DIRECTOR COMPENSATION AND

INCLUDED ON LINE 5 OF THE STATEMENT OF FUNCTIONAL EXPENSES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	248,956.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MEDICAL EQUIP )	X	1	11,863.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2017



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

PIVOT WORKS, INC.

Employer identification number

46-3075530

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

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

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

THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE & ADMINISTRATION AND THE EXECUTIVE DIRECTOR. IT IS THEN REVIEWED BY THE GOVERNING BODY PRIOR TO ITS FILING.

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

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

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

PIVOT WORKS INC. DEVELOPED IT'S COMPENSATION SCALE VIA RESOURCES PROVIDED BY A THIRD PARTY HR SERVICE COMPANY, AS WELL AS DISCUSSION AMONG ITS GOVERNING BOARD MEMBERS. THE CEO, OFFICERS AND EMPLOYEES WERE PAID BASED ON THEIR EXPERIENCE AND EDUCATION QUALIFICATIONS. PIVOT'S POLICIES COMMIT IT TO RE-TAKING AND RE-EVALUATING ITS SALARY SCALE BASED ON A THIRD PARTY SALARY COMPARABILITY STUDY EVERY THREE YEARS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

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

Schedule O (Form 990 or 990-EZ) (2017)



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

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

GAIN ON FOREIGN CURRENCY EXCHANGE 14,859.

FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENT:

DURING THE YEAR ENDED DECEMBER 31, 2017, THE ORGANIZATION BECAME AWARE OF CERTAIN RESTATEMENTS TO THE DECEMBER 31, 2017 NET ASSET BALANCE OF THE ORGANIZATION. THESE RESTATEMENTS ARE ATTRIBUTABLE TO ERRORS MADE IN CALCULATING DEPRECIATION ON PROPERTY AND EQUIPMENT FOR THE YEAR ENDED DECEMBER 31, 2016 AND IMPROPER ACCRUED EXPENSES FOR EMERGENCY SERVICES AND VEHICLE EXPENSES AS OF DECEMBER 31, 2016. THE EFFECTS OF THESE PRIOR PERIOD ADJUSTMENTS (\$264,394) RESULTED IN AN ADJUSTED NET ASSET ENDING BALANCE OF \$2,039,745 AS OF DECEMBER 31, 2016.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED DURING THE YEAR.

FORM 8938, PART V, QUESTION 6:

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

**Statement of Specified Foreign Financial Assets**

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

**2017**

Attachment  
Sequence No. **175**

For calendar year **2017** or tax year beginning and ending

If you have attached continuation statements, check here  Number of continuation statements

**1** Name(s) shown on return **PIVOT WORKS, INC.** **2** TIN **46-3075530**

**3** Type of filer  
**a**  Specified individual **b**  Partnership **c**  Corporation **d**  Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

**a** Name **b** TIN

**Part I Foreign Deposit and Custodial Accounts Summary**

**1** Number of Deposit Accounts (reported in Part V) **3**  
**2** Maximum Value of All Deposit Accounts \$ **423,300.**  
**3** Number of Custodial Accounts (reported in Part V)  
**4** Maximum Value of All Custodial Accounts \$  
**5** Were any foreign deposit or custodial accounts closed during the tax year?  Yes  No

**Part II Other Foreign Assets Summary**

**1** Number of Foreign Assets (reported in Part VI)  
**2** Maximum Value of All Assets (reported in Part VI) \$  
**3** Were any foreign assets acquired or sold during the tax year?  Yes  No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 \_\_\_\_\_ 2. Number of Forms 3520-A \_\_\_\_\_ 3. Number of Forms 5471 \_\_\_\_\_  
 4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865 \_\_\_\_\_

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)**

If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions).

**1** Type of account  Deposit  Custodial **2** Account number or other designation **12116650014**

**3** Check all that apply **a**  Account opened during tax year **b**  Account closed during tax year  
**c**  Account jointly owned with spouse **d**  No tax item reported in Part III with respect to this asset

**4** Maximum value of account during tax year \$ **1,242.**

**5** Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?  Yes  No

**6** If you answered "Yes" to line 5, complete all that apply.  
**(a)** Foreign currency in which account is maintained **MADAGASCAR, FRANC**  
**(b)** Foreign currency exchange rate used to convert to U.S. dollars **3235.62010000**  
**(c)** Source of exchange rate used if not from U.S. **TREASURY . GOV**  
 Treasury Department's Bureau of the Fiscal Service

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained <b>BANK OF AFRICA- MADAGASCAR</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>2 PLACE DE L 'INDEPENDANCE</b>	
<b>9</b> City or town, state or province, and country (including postal code) <b>ANTANANARIVO MADAGASCAR BP183</b>	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
<b>a</b> Date asset acquired during tax year, if applicable .....	
<b>b</b> Date asset disposed of during tax year, if applicable .....	
<b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse	<b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset
<b>4</b> Maximum value of asset during tax year (check box that applies)	
<b>a</b> <input type="checkbox"/> \$0 - \$50,000	<b>b</b> <input type="checkbox"/> \$50,001 - \$100,000
<b>c</b> <input type="checkbox"/> \$100,001 - \$150,000	<b>d</b> <input type="checkbox"/> \$150,001 - \$200,000
<b>e</b> If more than \$200,000, list value ..... \$	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

**7** If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**a** Name of foreign entity \_\_\_\_\_ **b** GIIN (Optional) \_\_\_\_\_

**c** Type of foreign entity (1)  Partnership (2)  Corporation (3)  Trust (4)  Estate

**d** Mailing address of foreign entity. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)

**8** If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

**Note.** If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

**a** Name of issuer or counterparty \_\_\_\_\_  
Check if information is for  Issuer  Counterparty

**b** Type of issuer or counterparty (1)  Individual (2)  Partnership (3)  Corporation (4)  Trust (5)  Estate

**c** Check if issuer or counterparty is a  U.S. person  Foreign person

**d** Mailing address of issuer or counterparty. Number, street, and room or suite no.

**e** City or town, state or province, and country (including postal code)

**Part V Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation 12116650001	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year .....		202,965.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained MADAGASCAR, FRANC		(2) Foreign currency exchange rate used to convert to U.S. dollars 3,235.620100000	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service TREASURY.GOV
7a Name of financial institution in which account is maintained BANK OF AFRICA- MADAGASCAR		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 2 PLACE DE L'INDEPENDANCE			
9 City or town, province or state, and country (including postal code) ANTANANARIVO BP183 MADAGASCAR			

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation 12116650026	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year .....		219,093.	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained UNITED STATES, DOLLAR		(2) Foreign currency exchange rate used to convert to U.S. dollars 1.000000000	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service TREASURY.GOV
7a Name of financial institution in which account is maintained BANK OF AFRICA- MADAGASCAR		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. 2 PLACE DE L'INDEPENDANCE			
9 City or town, province or state, and country (including postal code) ANTANANARIVO BP183 MADAGASCAR			

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation	
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset			
4 Maximum value of account during tax year .....		\$	
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which account is maintained		(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
7a Name of financial institution in which account is maintained		b Global Intermediary Identification Number (GIIN) (Optional)	
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.			
9 City or town, province or state, and country (including postal code)			

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>PIVOT WORKS, INC.</b>	Employer identification number (EIN) or  <b>46-3075530</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>800 BOYLSTON STREET, NO. 300</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02199</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

• The books are in the care of ▶ **800 BOYLSTON STREET, NO. 300 - BOSTON, MA 02199**  
Telephone No. ▶ **607-280-8594** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# 2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>To be signed and dated by</b>	THE AUTHORIZED INDIVIDUAL(S).
<b>Amount of tax</b>	Total tax \$ 10.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 BALANCE DUE \$ 10.00
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	FRANCHISE TAX BOARD
<b>Mail tax return and check (if applicable) to</b>	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2018
<b>Special Instructions</b>	

# California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name: **PIVOT WORKS, INC.**  
Additional information. See instructions.

California corporation number: **CT0230662**

FEIN: **46-3075530**

Street address (suite or room): **800 BOYLSTON STREET, NO. 300**

City: **BOSTON** State: **MA** ZIP code: **02199**

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,102.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	3,805,504.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	3,807,606.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	3,807,606.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,660,776.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	146,830.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	10.00
	16	Penalties and Interest. See General Information J	16	00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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

**Sign Here**  
Signature of officer: \_\_\_\_\_ Title: **EXECUTIVE DIRE** Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**  
Preparer's signature: \_\_\_\_\_ Date: **11/01/18** Check if self-employed:  PTIN: **P01517069**  
Firm's name (or yours, if self-employed) and address: **MOODY, FAMIGLIETTI & ANDRONICO, LLP  
1 HIGHWOOD DRIVE  
TEWKSBURY, MA 01876** Telephone: **04-3077056  
(978) 557-5300**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	2,102.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,102.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	28,139.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	218,016.00
	12	Other salaries and wages	•	12	1,446,771.00
	13	Interest	•	13	00
	14	Taxes	•	14	130,254.00
	15	Rents	•	15	139,031.00
	16	Depreciation and depletion (See instructions)	•	16	116,265.00
	17	Other Expenses and Disbursements	•	17	1,582,300.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,660,776.00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,566,731.		1,809,665.
2	Net accounts receivable				
3	Net notes receivable <b>STMT 5</b>		8,539.		7,013.
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments <b>STMT 6</b>		100,259.		110,259.
10 a	Depreciable assets	461,885.		644,646.	
b	Less accumulated depreciation	(318,513.)	143,372.	(340,615.)	304,031.
11	Land				
12	Other assets <b>STMT 7</b>		229,413.		205,962.
13	<b>Total assets</b>		2,048,314.		2,436,930.
<b>Liabilities and net worth</b>					
14	Accounts payable		81,802.		235,496.
15	Contributions, gifts, or grants payable		27,041.		
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities <b>STMT 8</b>		164,120.		
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,775,351.		2,201,434.
22	<b>Total liabilities and net worth</b>		2,048,314.		2,436,930.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	146,830.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	146,830.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	146,830.



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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE HERRNSTEIN FAMILY FOUNDATION	1212 6TH AVE., 14TH FLOOR NEW YORK, NY 10336	12/31/17	2,368,735.
THE CONSERVATION, FOOD AND HEALTH FOUNDATION	C/O GMA FOUNDATIONS, 77 SUMMER ST. 8TH FLOOR BOSTON, MA 02110	12/31/17	25,000.
MIRIAM & DAVID DONOHO	16 WATERVIEW LN SETAUKET, NY 11733	12/31/17	100,000.
COLIN AND LESLIE MASSON	12 HAYES AVE. LEXINGTON, MA 02420	12/31/17	100,000.
ANONYMOUS	800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	12/31/17	120,000.
WALTER & JUDY RICH	16 SIENNA LANE NATICK, MA 01760	12/31/17	143,000.
STEPHEN DELLA PIETRA & PAMELA HURST-DELLA PIETRA	23 WHEELER ROAD OLD FIELD, NY 11733	12/31/17	150,000.
MJS FOUNDATION	160 5TH AVE., 7TH FLOOR NEW YORK, NY 10010	12/31/17	100,000.
KEVIN & DEBORAH BARTZ	3 ADA LANE E. SETAUKET, NY 11733	12/31/17	40,000.
ANONYMOUS	800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	12/31/17	25,000.
PETER BARRER & JUDY NICHOLS	60 ENDICOTT STREET NEWTON HIGHLANDS, MA 02461	12/31/17	35,000.
MARILYN & JAMES SIMMONS CHARITABLE FUND	25 EAST 22ND STREET NEW YORK, NY 10010	12/31/17	25,000.
ED & ANN NORTON	2829 29TH STREET NW WASHINGTON, DC 20008	12/31/17	15,000.
THE BURKE FAMILY	800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	12/31/17	25,000.
KATHRYN & STEVE PUOPOLO	12 NIGHT HERON DRIVE STONY BROOK, NY 11790	12/31/17	17,785.

<u>PIVOT WORKS, INC.</u>			<u>46-3075530</u>
DAN KORANYI	4 NORTH ROAD SETAUKET, NY 11733	12/31/17	20,000.
MICHAEL & STACEY GARGIULO	1601 LOCUST AVE. BOHEMIA, NY 11716	12/31/17	12,000.
BOB & KIRA HOWER	47 LAKE VIEW CAMBRIDGE, MA 02138	12/31/17	13,000.
SUSAN HERRNSTEIN	3759 SHEARMAN RD. PERRY, NY 14530	12/31/17	15,000.
BETSY BARTON	9 JOHNS ROAD E. SETAUKET, NY 11733	12/31/17	9,458.
ROBERT & ANGELA BIGGAR	3 BAY RD. E SETAUKET, NY 11733	12/31/17	9,785.
KATHLEEN DE RIESTHAL AND ALVARO BEGUE	171 CHRISTIAN AVENUE STONY BROOK, NY 11790	12/31/17	8,221.
STANKO & NICOLE BARLE	2 OLD FIELD WOODS ROAD SETAUKET, NY 11733	12/31/17	6,010.
JOSH & MARINA MEYEROWITZ	16 ORCHARD DR. WOODBURY, NY 11797	12/31/17	6,325.
ENGLISH FAMILY FUND	800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	12/31/17	5,000.
MAX HERRSTEIN & DANIELLE CURI	314 WEST 83RD ST. NEW YORK, NY 10024	12/31/17	5,500.
SIMONET FAMILY FOUNDATION	800 BOYLSTON STREET, SUITE 300 BOSTON, MA 02199	12/31/17	5,000.
MERIDITH & ERIK NACHBAR	1965 GREENSPRING DR. TIMONIUM, MD 21093	12/31/17	5,000.
TOTAL INCLUDED ON LINE 3			<u><u>3,409,819.</u></u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
DAK FOUNDATION	48B EGERTON ST SILVERWATER 2128, NEW SOUTH WALES, AUSTRALIA		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEDICAL EQUIPMENT	10/20/17	11,863.	11,863.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
VINCENT DELLA PIETRA & BARBARA AMONSON	7 CREEK ROAD SMITHTOWN, NY 11787		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
STOCK	03/06/17	248,956.	248,956.

TOTAL INCLUDED ON LINE 3	<u>260,819.</u>
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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    3

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MICHAEL RICH 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR/SENIOR CLINICAL A 5.00	22,649.
PATRICIA WRIGHT 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
PAUL FARMER 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
CASSIA VAN DER HOOF HOLSTEIN 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
MANU PRAKASH 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
VINCENT DELLA PIETRA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
STEPHEN DELLA PIETRA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.
BOB HOWER 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 1.00	0.
EDWARD M. NORTON 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 1.00	0.
BENJAMIN ANDRIAMIHAJA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR/ADVISOR TO THE CO 1.00	32,500.
TOM GILLESPIE 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR 0.50	0.

ROBIN HERRNSTEIN 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	TREASURER 2.00	0.
JAMES HERRNSTEIN 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	CHAIRMAN 2.00	0.
MATTHEW BONDS 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	CO-CEO 25.00	9,509.
TARA LOYD 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	CO-CEO & BOARD CLERK 32.00	79,800.
NANCY FERGUSON 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR OF FINANCE & ADMI 40.00	73,558.
TOTAL TO FORM 199, PART II, LINE 11		<u>218,016.</u>

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PROGRAM OPERATIONS	731,198.
CONTRACT SERVICES	128,787.
RECRUITMENT AND TRAININ	31,784.
OTHER EMPLOYEE BENEFITS	210,394.
LEGAL FEES	451.
ACCOUNTING FEES	7,056.
OTHER PROFESSIONAL FEES	53,234.
OFFICE EXPENSES	160,318.
TRAVEL	223,298.
ALL OTHER EXPENSES	35,780.
TOTAL TO FORM 199, PART II, LINE 17	<u>1,582,300.</u>

CA 199	NET NOTES RECEIVABLE	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NOTES AND LOANS RECEIVABLE, NET	8,539.	7,013.	
TOTAL TO FORM 199, SCHEDULE L, LINE 3	8,539.	7,013.	

CA 199	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENT IN PRIVATELY HELD SECURITIES	100,259.	110,259.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	100,259.	110,259.	

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	0.	26,732.	
PREPAID EXPENSES AND DEFERRED CHARGES	110,925.	165,137.	
DUE FROM CENTRE HOSPITALIER UNIVERSITAIRE	17,244.	14,093.	
PHARMACY AND VEHICLE SUPPLIES	101,244.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	229,413.	205,962.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
EXPENSE RESERVES	164,120.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	164,120.	0.	

CA 199	FUND BALANCES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	1,775,351.	1,980,371.	
TEMPORARILY RESTRICTED ASSETS	0.	221,063.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,775,351.	2,201,434.	

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CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 10  
AND SIMILAR AMOUNTS PAID

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ACTIVITY CLASSIFICATION

DESIGN AND DEPLOYMENT OF A REGIONAL DRIED BLOOD SPOT SAMPLING PROGRAM.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INSTITUT PASTEUR MADAGASCAR	BP 1274 AMBATOFOTSIKELY - AVARADOHA, 101 ANTANANARIVO, MADAGASCAR	NONE	5,642.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JEFFREY FREEMAN	C/O JOHN HOPKINS BLOOMBERG SCHOOL OF P.H., 615 N. WOLFE ST. - BALTIMORE, MD	NONE	22,403.

TOTAL FOR THIS ACTIVITY 28,045.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 28,045.

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# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	BALANCE DUE OF \$150.00
<b>Make check payable to</b>	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
<b>Mail tax return and check (if applicable) to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

WEB SITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT 0230662</b>  <b>PIVOT WORKS, INC.</b> <small>Name of Organization</small>  <b>800 BOYLSTON STREET, NO. 300</b> <small>Address (Number and Street)</small>  <b>BOSTON, MA 02199</b> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0230662</u>  Federal Employer I.D. No. <u>46-3075530</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2017 ending 12/31/2017) list:  
 Gross annual revenue \$ 3,807,606. Total assets \$ 2,436,930.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 607-280-8594

Organization's e-mail address INFO@PIVOTWORKS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

<b>TARA LOYD</b>	<b>EXECUTIVE DIRECTOR</b>	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	BALANCE DUE OF \$500.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:  WWW.MASS.GOV/AGO/EPAY  ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC BEFORE FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/17 to 12/31/17

Attorney General's Account #: 057255

Federal ID #: 46-3075530

Electronic Payment Confirmation #: 304053

When did the organization first engage in charitable work in Massachusetts? 08/16/2013

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application OR date of determination letter: 08/16/2013

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
[ ] Filing Fee or Printout of
[X] Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[ ] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[ ] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: PIVOT WORKS, INC.

Mailing Address: 800 BOYLSTON STREET, NO. 300

City: BOSTON State: MA ZIP: 02199

Phone Number: 607-280-8594 Fax Number:

Email: INFO@PIVOTWORKS.ORG Website: WWW.PIVOTWORKS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 23. Organization Purpose Code 1 is 12, and Organization Purpose Code 2 is 21.

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 08/16/2013
- Where was the organization created? BOSTON, MA
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	3,805,504.
B.	Gross support and revenue	3,807,606.
C.	Program services and similar amounts paid out	2,940,751.
D.	Fundraising expenses	389,905.
E.	Management and general expenses	330,120.
F.	Payments to affiliates	0.
G.	Total expenses	3,660,776.
H.	Net assets or fund balances at the end of the year	2,201,434.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	ROBERT CUNNINGHAM CHIEF DEVELOPMENT DIRECTOR	40.00	135,000.	9,513.	0.
2.	MOHAMMED ALI OUENZA COUNTRY DIRECTOR	40.00	92,000.	47,712.	0.
3.	TARA LOYD CO-CEO	32.00	71,400.	8,400.	0.
4.	NANCY FERGUSON DIRECTOR OF FINANCE & ADMIN	40.00	63,600.	9,958.	0.
5.	MARGARET MCCARTY U.S. PROGRAM MANAGER	40.00	52,250.	10,410.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	HERVE' DUPOUY	24,127.	CONSULTANT
2.	DRIVE ELEVEN, LLC	20,691.	VIDEOGRAPHER SERVICES
3.	RELIEF APPLICATIONS	17,909.	IT CONSULTANT
4.	GREEN BEANS BOOKKEEPING	9,368.	BOOKKEEPING SERVICES
5.	D & G TRAVEL	5,515.	TRAVEL SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
JP MORGAN CHASE BANK	270 PARK AVENUE, NEW YORK, NY 10017	212-464-1909
BANK OF AFRICA	2, PLACE DE L'INDEPENDENCE, ANTANINARENINA BP183 ANTANANARIVO	261 20 22 39100

10. What is the organization's accounting method?  Cash  Accrual  
 Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: TARA LOYD

Street Address: 800 BOYLSTON ST., SUITE 300

City: BOSTON State: MA ZIP Code: 02199

Phone Number: 859-797-0919

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

*If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

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 FORM PC                      OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES                      STATEMENT      1
 

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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
TARA LOYD 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	CO-CEO & BOARD CLERK
NANCY FERGUSON 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR OF FINANCE & ADMINI
BENJAMIN ANDRIAMIHAJA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR/ADVISOR TO THE COUN
MICHAEL RICH 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR/SENIOR CLINICAL ADV
PATRICIA WRIGHT 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
PAUL FARMER 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
CASSIA VAN DER HOOF HOLSTEIN 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
MANU PRAKASH 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
VINCENT DELLA PIETRA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
STEPHEN DELLA PIETRA 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
BOB HOWER 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR
EDWARD M. NORTON 800 BOYLSTON STREET , NO. 300 BOSTON, MA 02199	DIRECTOR



TOM GILLESPIE  
800 BOYLSTON STREET , NO. 300  
BOSTON, MA 02199

DIRECTOR

ROBIN HERRNSTEIN  
800 BOYLSTON STREET , NO. 300  
BOSTON, MA 02199

TREASURER

JAMES HERRNSTEIN  
800 BOYLSTON STREET , NO. 300  
BOSTON, MA 02199

CHAIRMAN

MATTHEW BONDS  
800 BOYLSTON STREET , NO. 300  
BOSTON, MA 02199

CO-CEO

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESSAREA OF RESPONSIBILITY

NANCY FERGUSON  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR CUSTODY OF FUNDS

TARA LOYD  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR CUSTODY OF FUNDS

NANCY FERGUSON  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

TARA LOYD  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ROBERT CUNNINGHAM  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR FUNDRAISING

TARA LOYD  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR FUNDRAISING

NANCY FERGUSON  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

CUSTODY OF FINANCIAL RECORDS

TARA LOYD  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

CUSTODY OF FINANCIAL RECORDS

NANCY FERGUSON  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

AUTHORIZED TO SIGN CHECKS

TARA LOYD  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

AUTHORIZED TO SIGN CHECKS

ROBIN HERRSTEIN  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

AUTHORIZED TO SIGN CHECKS

ROBIN HERRSTEIN  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR CUSTODY OF FUNDS

ROBIN HERRSTEIN  
800 BOYLSTON ST., #300  
BOSTON, MA 02199

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 3**

FORM PC

PAGE 6, LINE 24

STATEMENT 3

NAME AND ADDRESS

ROBIN HERRNSTEIN  
800 BOYLSTON ST., SUITE 300  
BOSTON, MA 02199

NATURE OF TRANSACTION

LOAN REIMBURSEMENT

AMOUNT INVOLVED

7,942.

PROCEDURE FOLLOWED

PIVOT WORKS MADE PAYMENTS TO MS. HERRNSTEIN ON BEHALF OF LANDLORD OF MADAGASGAR BUILDING THAT THE ORGANIZATION RENTS TO REIMBURSE MS. HERRNSTEIN FOR LOAN ISSUED TO THE LANDLORD. FINAL PAYMENT OF LOAN BALANCE WAS MADE IN OCT 2017 AND ALL SUBSEQUENT RENT PAYMENTS ARE BEING PAID DIRECTLY TO THE LANDLORD.

NAME AND ADDRESS

MATTHEW BONDS  
25 SHATTUCK ST.  
BOSTON, MA 02115

NATURE OF TRANSACTION

SALARY SUPPORT

AMOUNT INVOLVED

9,509.

PROCEDURE FOLLOWED

PIVOT WORKS INC. MADE PAYMENTS TO HARVARD MEDICAL SCHOOL TO REIMBURSE A PORTION OF MR. BONDS' HARVARD SALARY IN EXCHANGE FOR SERVICES MR. BONDS PROVIDED TO THE ORGANIZATION AS CO-CHIEF EXECUTIVE OFFICER.

NAME AND ADDRESS

MICHAEL RICH  
75 FRANCIS ST.  
BOSTON, MA 02115

NATURE OF TRANSACTION

SALARY SUPPORT

AMOUNT INVOLVED

22,649.

PROCEDURE FOLLOWED

PIVOT WORKS INC. MADE PAYMENTS TO BRIGHAM & WOMAN'S HOSPITAL TO REIMBURSE A PORTION OF MR. RICH'S HOSPITAL SALARY IN EXCHANGE FOR SERVICES MR. RICH PROVIDED TO THE ORGANIZATION AS SENIOR CLINICAL ADVISOR.

NAME AND ADDRESS

BENJAMIN ANDRAHAMINJA  
800 BOYLSTON ST., SUITE 300  
BOSTON, MA 02199

NATURE OF TRANSACTION

COMPENSATION

AMOUNT INVOLVED

32,500.

PROCEDURE FOLLOWED

PIVOT WORKS PAID DIRECTOR BENJAMIN ANDRAHAMINJA A STIPEND FOR SERVICES HE PROVIDED AS AN ADVISOR TO THE COUNTRY DIRECTOR OF THE ORGANIZATION.

NAME AND ADDRESS

TARA LOYD  
800 BOYLSTON ST., SUITE 300  
BOSTON, MA 02199

NATURE OF TRANSACTION

OFFICER COMPENSATION

AMOUNT INVOLVED

79,800.

PROCEDURE FOLLOWED

APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS

NAME AND ADDRESS

NANCY FERGUSON  
800 BOYLSTON ST., SUITE 300  
BOSTON, MA 02199

NATURE OF TRANSACTION

OFFICER COMPENSATION

AMOUNT INVOLVED

73,558.

PROCEDURE FOLLOWED

APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS

**Signature Required**

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: TARA LOYD

Title: EXECUTIVE DIRECTOR

Name of Preparer: MOODY, FAMIGLIETTI & ANDRONICO, LLP

Address 1 HIGHWOOD DRIVE

City TEWKSBURY State MA ZIP Code 01876

Phone Number (978) 557-5300



**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other (specify): <u>DINNER EVENTS</u>			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**TARA LOYD**

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

**MATTHEW BONDS**

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

**ROBIN HERRNSTEIN**

Name and Title: DIRECTOR

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**TARA LOYD**

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOLYSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

**MATTHEW BONDS**

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOLYSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

**ROBIN HERRNSTEIN**

Name and Title: DIRECTOR

Address 800 BOLYSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

**Schedule A-2  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other (specify): <u>DINNER EVENTS</u>			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-2 ctd.  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

TARA LOYD

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

NANCY FERGUSON

Name and Title: DIRECTOR OF FINANCE & ADMIN.

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

ROBIN HERRNSTEIN

Name and Title: TREASURER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

TARA LOYD

Name and Title: CO-CHIEF EXECUTIVE OFFICER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

NANCY FERGUSON

Name and Title: DIRECTOR OF FINANCE & ADMIN.

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

ROBIN HERRNSTEIN

Name and Title: TREASURER

Address 800 BOYLSTON ST., SUITE 300

City BOSTON State MA ZIP Code 02199

## Certification by Organization

**Two different signatures required.** Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: TARA LOYD

Title: EXECUTIVE DIRECTOR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: ROBIN HERRNSTEIN

Title: TREASURER

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. *(If you have more than five Related Organizations, please attach a list.)*

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No



MOODY, FAMIGLIETTI & ANDRONICO  
Certified Public Accountants & Consultants

**PIVOT WORKS, INC.**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2017**





To the Board of Directors  
PIVOT Works, Inc.  
Boston, Massachusetts

## INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of PIVOT Works, Inc. (the "Organization"), which comprise the statement of financial position as of December 31, 2017, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### *Management's Responsibility for the Financial Statements*

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

### *Auditors' Responsibility*

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

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

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

### *Opinion*

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of PIVOT Works, Inc. as of December 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



PIVOT Works, Inc.  
Page 2

*Other Matter*

The financial statements of PIVOT Works, Inc. as of and for the year ended December 31, 2016, were audited by other auditors whose report date August 15, 2017, expressed an unmodified opinion on those financial statements. As part of our audit of the December 31, 2017 financial statements, we also audited restatements described in Note 10 that were applied to restate the December 31, 2016 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review or apply any procedures to the December 31, 2016 financial statements of the Organization other than with respect to the restatements and accordingly, we do not express an opinion or any other form of assurance on the December 31, 2016 financial statements taken as a whole.

*Moody, Famiglietti & Andronico, LLP*

Moody, Famiglietti & Andronico, LLP  
Tewksbury, Massachusetts  
August 29, 2018

December 31	2017
<b>Assets</b>	
Current Assets:	
Cash and Cash Equivalents	\$ 1,809,665
Contributions Receivable	26,732
Prepaid Expenses and Other Current Assets	165,137
<b>Total Current Assets</b>	<b>2,001,534</b>
Property and Equipment, Net of Accumulated Depreciation	304,031
Investments in Privately Held Securities	110,259
Loan Receivable	7,013
Other Assets	14,093
<b>Total Assets</b>	<b>\$ 2,436,930</b>
<b>Liabilities and Net Assets</b>	
Current Liabilities:	
Accounts Payable	\$ 98,402
Accrued Expenses	137,094
<b>Total Current Liabilities</b>	<b>235,496</b>
Net Assets:	
Unrestricted:	
Available for Operations	1,810,861
Board Designated	169,510
<b>Total Unrestricted</b>	<b>1,980,371</b>
Temporarily Restricted	221,063
<b>Total Net Assets</b>	<b>2,201,434</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 2,436,930</b>

For the Year Ended December 31

2017

	Unrestricted	Temporarily Restricted	Total
Operating Revenue and Support:			
Contributions	\$ 3,489,117	\$ 304,524	\$ 3,793,641
Donated Goods and Services	15,755	-	15,755
Interest Income	2,102	-	2,102
Net Assets Released from Restriction	83,461	(83,461)	-
<b>Total Operating Revenue and Support</b>	<b>3,590,435</b>	<b>221,063</b>	<b>3,811,498</b>
Operating Expenses:			
Program Services:			
Madagascar Healthcare Services	2,850,795	-	2,850,795
Research	89,956	-	89,956
<b>Total Program Services</b>	<b>2,940,751</b>	<b>-</b>	<b>2,940,751</b>
Support Services:			
General and Administrative	334,012	-	334,012
Fundraising	389,905	-	389,905
<b>Total Support Services</b>	<b>723,917</b>	<b>-</b>	<b>723,917</b>
<b>Total Operating Expenses</b>	<b>3,664,668</b>	<b>-</b>	<b>3,664,668</b>
(Decrease) Increase in Net Assets from Operations	(74,233)	221,063	146,830
Other Income:			
Foreign Currency Translation	14,859	-	14,859
(Decrease) Increase in Net Assets	(59,374)	221,063	161,689
Net Assets, Beginning of Year as Previously Stated	1,775,351	-	1,775,351
Prior Period Restatements	264,394	-	264,394
Net Assets, Beginning of Year as Restated	2,039,745	-	2,039,745
Net Assets, End of Year	<u>\$ 1,980,371</u>	<u>\$ 221,063</u>	<u>\$ 2,201,434</u>

For the Year Ended December 31

2017

	Program Services			Support Services		
	Madagascar Healthcare Services	Research	Total Program Services	General and Administrative	Fundraising	Total
Salaries and Related	\$ 1,516,028	\$ 46,484	\$ 1,562,512	\$ 156,966	\$ 282,638	\$ 2,002,116
Program Operations	729,884	-	729,884	356	958	731,198
Travel, Relocation and Housing	133,084	20,222	153,306	52,814	17,178	223,298
Office Expense	121,568	4,974	126,542	14,855	18,921	160,318
Occupancy	88,001	652	88,653	46,171	4,207	139,031
Contract Services	58,392	-	58,392	19,186	51,209	128,787
Depreciation	102,336	-	102,336	13,929	-	116,265
Professional Fees	33,549	4,878	38,427	21,938	7,587	67,952
Other	20,615	6,152	26,767	6,783	2,230	35,780
Recruitment and Training	25,793	-	25,793	1,014	4,977	31,784
Grants	21,545	6,594	28,139	-	-	28,139
<b>Total Expenses</b>	<b>\$ 2,850,795</b>	<b>\$ 89,956</b>	<b>\$ 2,940,751</b>	<b>\$ 334,012</b>	<b>\$ 389,905</b>	<b>\$ 3,664,668</b>

The accompanying notes are an integral part of these financial statements.

For the Year Ended December 31	2017
Cash Flows from Operating Activities:	
Increase in Net Assets	\$ 161,689
Adjustments to Reconcile Increase in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	116,265
Increase in Contributions Receivable	(26,732)
Decrease in Prepaid Expenses and Other Current Assets	47,032
Decrease in Other Assets	3,151
Increase in Accounts Payable	93,944
Increase in Accrued Expenses	65,140
Decrease in Grant Payable	(27,041)
<u>Net Cash Provided by Operating Activities</u>	<u>433,448</u>
Cash Flows from Investing Activities:	
Acquisition of Property and Equipment	(182,040)
Investments in Privately Held Securities	(10,000)
Repayments Received on Loan Receivable	1,526
<u>Net Cash Used in Investing Activities</u>	<u>(190,514)</u>
Net Increase in Cash and Cash Equivalents	<u>242,934</u>
Cash and Cash Equivalents at Beginning of Year	<u>1,566,731</u>
Cash and Cash Equivalents at End of Year	<u>\$ 1,809,665</u>

## 1. Organization and Summary of Significant Accounting Policies:

*Nature of Organization:* PIVOT Works, Inc. (the "Organization") is a not-for-profit organization incorporated under the laws of the Commonwealth of Massachusetts on August 16, 2013. The Organization provides health care services in Madagascar. In Madagascar, the Organization combines a moral agenda of rights-based health care with the practical goals of Health System Strengthening (HSS) at three critical levels of the health system: community health workers, health centers, and district hospitals. Substantial resources are dedicated to strengthening and maintaining essential health system infrastructure, such as medical facilities, equipment, personnel, ambulances, and dispensaries.

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

*Method of Accounting:* The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

*Foreign Currency Reporting:* Foreign currency transaction gains and losses result from exchange rate fluctuations on transactions denominated in a currency other than the Organization's functional currency. The foreign currency transaction gain recorded in other income in the accompanying statement of activities.

*Classification and Reporting of Net Assets:* The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets; temporarily restricted net assets; and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Unrestricted net

assets include expendable funds available for support of the Organization and funds designated by the Organization's board of directors.

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.
- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. As of December 31, 2017, there were no permanently restricted net assets.

*Contributions and Contributions Receivable:* Contributions, including unconditional promises to give, are recognized as revenues at fair value at the date the promise is received. Contributions receivable include revenues that have been recognized, but not yet received and are carried at the value the Organization expects to receive, net of any allowance for uncollectible amounts and discounts. Receivables to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with the donor-imposed restriction, if any, on the contributions. Conditional promises to give are not recognized until they become unconditional; that is, at the time when the conditions on which they depend are substantially met.

Contributions of assets other than cash are recorded at their estimated fair value. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution, and nature of fund raising activities.

Contributions received with donor-imposed restrictions that are met in the same year in which they are recognized are reported as revenues of the temporarily restricted net asset class. Contributions received with donor-imposed restrictions that are met

## 1. Organization and Summary of Significant Accounting Policies (Continued):

subsequent to the year in which they are recognized are also reported as revenues of the temporarily restricted net asset class when they are recognized. A reclassification to unrestricted net assets is made to reflect the expiration of such restrictions in the year the restriction is met.

Contributions of services are reported as revenue and expenses of the unrestricted net asset class at the fair value of the service received only if the services create or enhance a nonfinancial asset or would typically need to be purchased by the Organization if they had not been provided by contribution, require specialized skills, and are provided by individuals with those skills. Contributions of goods and space to be used in program operations are reported as revenue and expenses of the unrestricted net asset class at the time the goods or space is received.

*Cash and Cash Equivalents:* The Organization maintains deposits in bank accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts, and believes it is not exposed to any significant credit risk on cash. The Organization has a cash management program, which provides for investment of excess cash in money market accounts. The Organization considers highly liquid investments with an original maturity of three months or less when purchased, to be cash equivalents.

*Contributions Receivable:* Contributions receivable include revenues that have been recognized, but not yet received and are carried at the value the Organization expects to receive, net of any allowance for uncollectible amounts and discounts. Receivables to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with the donor-imposed restriction, if any, on the contributions. As of December 31, 2017, there were no receivables to be received after one year.

*Loan Receivable:* Loan receivable is stated at unpaid principal balance less an allowance for loan losses. Interest earned is recognized over the term of the loan.

*Investments in Privately Held Securities:* The Organization accounts for investments in companies where its equity interest is below 20%, and the Organization cannot exercise significant influence over the company, under the cost method. To determine if the investment is recoverable, the Organization monitors the privately held company's revenue and earnings trends, the general market conditions in its industry and other factors related to its ability to remain in business, such as liquidity and receipt of additional funding.

*Long-Lived Assets:* The Organization reviews its long-lived assets for impairment as events and circumstances indicate the carrying amount of an asset may not be recoverable. As of December 31, 2017, the Organization reviewed its long-lived assets for impairment. There was no impairment charge for the years ended December 31, 2017.

*Concentration of Credit Risk:* Financial instruments that potentially subject the Organization to concentration of credit risk consist primarily of cash, cash equivalents and contributions receivable. The Organization maintains its cash with high-credit quality financial institutions. Contributions receivable are carried at the outstanding principal balance, less an estimate made for doubtful receivables. Management determines the allowance for doubtful accounts by reviewing the contributions receivable balances and by using an assessment of the donor credit worthiness. As of December 31, 2017, management has determined all accounts are collectible and an allowance for doubtful accounts is not necessary.

*Property and Equipment:* Property and equipment acquisitions are recorded at cost on the date of acquisition, or at fair value on the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets:

Vehicles	5 Years
Equipment	5 Years
Software	3 Years



### 1. Organization and Summary of Significant Accounting Policies (Continued):

*Functional Allocation of Expenses:* Expenses are reported as decreases in unrestricted net assets. The costs of providing the Organization's program and supporting services have been summarized on a functional basis. Expenses related directly to the Organization's programs are charged to program services while other expenses that are common to several functions are allocated based on management's estimates, among major classes of program services and supporting activities.

*Income Taxes:* The Organization is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal and state income taxes on trade or business profits generated by activities related to the Organization's exempt function. The Organization may be subject to federal and state income taxes for profits generated from trade or business activities unrelated to the Organization's exempt function. As of December 31, 2017, management believes that the Organization has not generated any unrelated business taxable income.

The Organization assesses the recording of uncertain tax positions by evaluating the minimum recognition threshold and measurement requirements a tax position must meet before being recognized as a benefit in the financial statements.

*Use of Estimates:* The Organization has used estimates and assumptions relating to the reporting of assets and liabilities and disclosure of contingent assets and liabilities in its preparation of the financial statements in accordance with GAAP. Actual results experienced by the Organization may differ from those estimates.

*Subsequent Events:* Management has evaluated subsequent events spanning the period from December 31, 2017 through August 29, 2018, the date the financial statements were available to be issued.

### 2. Property and Equipment:

As of December 31, 2017, property and equipment consists of the following:

Vehicles	\$ 466,052
Equipment	168,710
Software	9,884
	<u>644,646</u>
Less: Accumulated Depreciation	<u>340,615</u>
	<u>\$ 304,031</u>

Depreciation expense for the year ended December 31, 2017 amounted to \$116,265.

### 3. Investment in Privately Held Security:

The Organization has shares of closely held Series B preferred stock of a privately held company. As of December 31, 2017, the cost basis of that stock amounted to \$110,259.

### 4. Loan Receivable:

The Organization is party to a loan provided to the owner of land in Madagascar to help fund the construction of a building on that land. The repayment of the loan is approximately \$79 per month (250,000 Malagasy Ariary). In consideration of the loan, the Organization has the right to lease the building for a minimum of ten years from the date of the loan. As of December 31, 2017, the loan receivable amounted to \$7,013.

Under the terms of the lease agreement, monthly lease payments amount to approximately \$95 (300,000 Malagasy Ariary) per month.

**5. Temporarily Restricted Net Assets:**

As of December 31, 2017, temporarily restricted net assets subject to donor-imposed restrictions are as follows:

Maternal and Child Health and Planetary Health	\$ 110,000
Construction	49,525
Plague Support	36,538
Community Maternal and Child Health	<u>25,000</u>
	<u>\$ 221,063</u>

**6. Net Assets Released from Restrictions:**

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors or by the passage of time.

Net assets released from restriction during the year ended December 31, 2017 amounted to \$83,461 and consist of funds used for plague support.

**7. Board Designated Net Assets:**

As of December 31, 2017, board designated funds consisted of the following:

Vehicle Expense Reserve	\$ 139,510
Emergency Reserve	<u>30,000</u>
	<u>\$ 169,510</u>

**8. Donated Goods and Services:**

For the year ended December 31, 2017, donated goods and services consist of the following:

Minor Equipment	\$ 11,863
Professional Services	<u>3,892</u>
	<u>\$ 15,755</u>

**9. Economic Dependency:**

During the year ended December 31, 2017, the Organization received approximately 62% of its total revenue from a family foundation related to two members of the Organization's board of directors.

**10. Indemnifications:**

In the ordinary course of business, the Organization enters into various agreements containing standard indemnification provisions. The Organization's indemnification obligations under such provisions are typically in effect from the date of execution of the applicable agreement through the end of the applicable statute of limitations. The aggregate maximum potential future liability of the Organization under such indemnification provisions is uncertain. As of December 31, 2017, no amounts have been accrued related to such indemnification provisions.

**11. Prior Period Restatements:**

During the year ended December 31, 2017, the Organization became aware of certain restatements to the December 31, 2017 net asset balance of the Organization. These restatements are attributable to errors made in calculating depreciation on property and equipment for the year ended December 31, 2016 and improper accrued expenses for emergency services and vehicle expenses as of December 31, 2016. The effects of these prior period adjustments on the Organization's net asset balance as of December 31, 2016 are as follows:

Net Assets as of December 31 2016, as Previously Stated	<u>\$ 1,775,351</u>
Prior Period Adjustments:	
Expense Reserves	169,510
Property and Equipment and Related Accumulated Depreciation	94,884
Net Effect of Prior Period Adjustments	<u>264,394</u>
Net Assets as of December 31, 2016, as Restated	<u>\$ 2,039,745</u>



# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	PIVOT WORKS, INC. 800 BOYLSTON STREET NO. 300 BOSTON, MA 02199
<b>Prepared by</b>	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
<b>Amount due or refund</b>	BALANCE DUE OF \$25.00
<b>Make check payable to</b>	DEPARTMENT OF LAW
<b>Mail tax return and check (if applicable) to</b>	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2017**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>01/01/2017</b> and Ending (mm/dd/yyyy) <b>12/31/2017</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>PIVOT WORKS, INC.</b>	Employer Identification Number (EIN): <b>46-3075530</b>
	Mailing Address: <b>800 BOYLSTON STREET, NO. 300</b>	NY Registration Number: <b>44-18-76</b>
	City / State / ZIP: <b>BOSTON, MA 02199</b>	Telephone: <b>859 797-0919</b>
	Website: <b>WWW.PIVOTWORKS.ORG</b>	Email: <b>INFO@PIVOTWORKS.ORG</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<b>TARA LOYD</b>		
	Signature	Print Name and Title	Date
		<b>ROBIN HERRNSTEIN</b>	
Chief Financial Officer or Treasurer:		<b>TREASURER</b>	
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).