### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Continue to design   Continue to the contin	A	For the	2013 cal	endar year, or tax year beginning	and e	naing	_		
TATHERNATIONAL WE SERVE FOUNDATION, INC.   45-173368	B	Check if applicab	le:	C Name of organization			D Emplo	yer identific	ation number
Number return   Number and street (or P.D. box, I mail is not deletwest to Street address)   Room/suite   Elefacthore number   Roy B BOEWATER DRIVE   City or town, state or provises, country, and ZIP or foreign postal code   F. Group Exemption   Number	<u> </u>	Addre	ess change						
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Manufact rolow    Repeated professional professional professional   Repeated professional prof	누	_		•	Eddi 633 j	noonvalle			
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G Accounting Method:	H	$\neg$			ar 6000			-	
Website:   WWW. WESERVEFOUNDATION ORG   Tax-exempt status (check only one)   \( \)   \$01(c)(3)   \$01(c)(3)   \$01(c)(1)   \$\  \]   \$01(c)(1)   \$\  \]   \$01(c)(3)   \$\  \]   \$01(c)(3)   \$\  \]     \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]     \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]   \$\  \]     \$\  \]     \$\  \]     \$\  \]     \$\  \]     \$\  \]     \$\  \]   \$\  \]     \$\  \]     \$\  \]	느	— Applici	itian pending	DEXINGTON, RI 40502					ha acception in se
Tax exempt states (check only one)	G /	Accoun	iting ivieth	OUT THE CERTIFICATION AND COMMENT OF COMMENTS OF COMME			1		=
K Form of organization:					Second no. \ 4047(a)(:	() or   627	4 '		
Add lines 5b, 6c, and 7b, 1o line 9 to determine gross receipts. If gross receipts are \$200,000 or more, fit total assets (Part II)					<u> </u>	1) UI 327	(FOIT	1 330, 330-12	2, ur 990"F1).
Column (8) below) are \$500,000 or more, file Form 990 instand of Form 990-FZ   \$4,995.						stal accete (Part	п		
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)								. ¢	4 995.
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gitts, grants, and similar amounts received 1 1 4, 995. 2 Program service revenue including government fees and contracts 2 Program service revenue including government fees and contracts 3 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less; direct expenses from gaming and fundraising events from gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events 6 Reliable of the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events 6 Reliable of the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events 6 Reliable of the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses from gaming and fundraising events 6 Reliable of the sum of such gross income and contributions exceeds \$15,000) c Less; direct expenses form gaming and fundraising events 6 Reliable of the sum of such gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Determinent of the sum of such gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue, defines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Printing, publications, postage, and shipping 10 Grams and similar amounts paid (list in Schedule 0) 11 Total expenses. Add lines 10 through 16 12 Excess or (deficit) for the year (Subtract line 7b from line 27, column (A) (must a				onue. Expenses, and Changes in Net Assets	or Fund Balance	S (see the instri	uctions fo		1,555.
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11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12		10	Grants ar	nd similar amounts paid (list in Schedule 0)	SEE SCHE	DULE O		10	1,500.
12   Salaries, other compensation, and employee benefits   12     13     375     14     Occupancy, rent, utilities, and maintenance   14     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe in Schedule O)   SEE SCHEDULE O   16   19   17   1   1   1   1894   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   3   3   101   19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   4   755   7   856   19   Net assets or fund balances at end of year. Combine lines 18 through 20   10   10   10   10   10   10   10		11	Benefits	paid to or for members				11	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 7, 856.	ge S	12						12	
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 7, 856.	38	13	Professio	nal fees and other payments to independent contractors					375.
16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 7, 856.	хре	14					<u> </u>	14	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 1, 894.  18 2, 101.  19 4, 755.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 7, 856.	Ш	15	Printing,	publications, postage, and shipping (			<u>L</u>	15	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  18 3,101.  19 4,755.  20 Other changes in net assets or fund balances (explain in Schedule 0)  20 0.  21 7,856.		16	Other exp	penses (describe in Schedule 0)	SEE SCHE	DULE O		16	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 7,856		17					. 🕨	17	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P 21 /, 836.	95	18						18	3,101.
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P1 21 / , 836	set	19					ļ,		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P1 21 / , 836	As						L		
21 Net assets or fund balances at end of year. Combine lines 18 through 20 P1 21 / , 836	Š			•			_		
	_	21				***************************************	<u> </u>		

Pa	rt II		(see the instructions for Part I					
		Check if the orga	nization used Schedule O to r	espond to any questi				
					(A) Beginning of year	<u> </u>		nd of year
22	Cash,	savings, and investments	3 <sub></sub>		4,770	• 22		7,886.
23	Land a	and buildings	·			23	}	
24	Other:	assets (describe in Sche	dule 0)			24		
25					4,770			7,886.
26	Total	liabilities (describe in So	hedule 0) SEE SCHEDULE	0	15			30.
27	Net as	ssets or fund balances (I	ine 27 of column (B) <b>must</b> agree with line 2	21)	4,755	- 27		7,856.
P:	rt III	Statement of Pr	ogram Service Accomplishn	nents (see the instruc	ctions for Part III)		Ex	penses
			nization used Schedule O to r			X	(Required	for section
Mha	t is the n		empt purpose?SEE SCHEDULE					and 501(c)(4) ons and section
			accomplishments for each of its three largest prog		nece in a clear and concine			) trusts; optional
mann	ribe the or ier, descrit	ganization s program service be the services provided, the	number of persons benefited, and other relevant in	formation for each program title.	napa. Mita cical and conclac		for others.	
		SCHEDULE O						
40	266	OCHEDODE C					]	
			A 16 to 1			$\overline{}$	28a	1,894.
	(Grants	\$	) If this amount includes foreig	gn grams, check here		<u> </u>	1204	1,0041
29								
						<del></del> -		
	(Grants	s <b>\$</b>	) If this amount includes foreig	gn grants, check here			29a	
30								
						<del>_</del> ,		
	(Grants	\$\$	) If this amount includes foreig	gn grants, check here	<u> </u>		30a	
31	Other p	orogram services (desc	cribe in Schedule O)					
	(Grants	\$	) If this amount includes foreig	gn grants, check here			31a	
32	Total p	program service expe	nses (add lines 28a through 31a)			<b>.</b>	32	1,894.
~_								
P	art IV	List of Officers,	Directors, Trustees, and Ke	y Employees (list each or	ne even if not compensated -	see the	instructions f	or Part IV)
Pi	art IV		Directors, Trustees, and Ke unization used Schedule O to r			see the	instructions f	or Part IV)
P	art IV					( <b>d</b> ) не	nalth benefits,	or Part IV) (e) Estimated
P	r: IV	Check if the orga	nization used Schedule O to r	(b) Average hours per week devoted to	on in this Part IV  (0) Reportable compensation (Forms	(d) Ho	nalth benefits, ributions to oyec benefit	(e) Estimated amount of other
Pi	ert (V	Check if the orga		espond to any questi (b) Average hours	on in this Part IV	(d) Ho contr emple plans,	nalth benefits,	(e) Estimated
P	ert IV	Check if the orga	unization used Schedule O to r	(b) Average hours per week devoted to	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Ho contr emple plans,	naith benefits, ributions to byec benefit and deferred	(e) Estimated amount of other
P:	s.	Check if the orga (a)	unization used Schedule O to r	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	naith benefits, ributions to oyec benefit and deferred apensation	(e) Estimated amount of other compensation
M. FO	s. UNDA	Check if the orga (a)1 VIJAYARAGHA ATION MANAGI	unization used Schedule O to r Name and title AVAN , MD ER	(b) Average hours per week devoted to	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Ho contr emple plans,	naith benefits, ributions to byec benefit and deferred	(e) Estimated amount of other
M. FO DR	S. UNDA	Check if the organial (a) (a) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	anization used Schedule O to related the Name and title  AVAN , MD  ER L , MD	(b) Average hours per week devoted to position  10.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	halth benefits, ributions to byec benefit and deferred appensation	(e) Estimated amount of other compensation
M. FO DR BO	S. UNDA ARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	anization used Schedule O to relate the same and title  AVAN , MD ER ER E , MD	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	naith benefits, ributions to oyec benefit and deferred apensation	(e) Estimated amount of other compensation
M. FO DR BO	S. UNDA ARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	anization used Schedule O to relation used Schedule O to relation and title  AVAN , MD ER I , MD E	(b) Average hours per week devoted to position  10.00	(c) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	halth benefits, ributions to benefit and deferred apensation	(e) Estimated amount of other compensation  0.
M. FO DR BO DR BO	S. UNDA NI ARD	Check if the organical (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relation used Schedule O to relation and title  AVAN , MD ER E , MD S D	(b) Average hours per week devoted to position  10.00	on in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	halth benefits, ributions to byec benefit and deferred appensation	(e) Estimated amount of other compensation  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN , MD ER I , MD E O O O O O O O O O O O O O O O O O O	(b) Average hours per week devoted to position  10.00  1.00	On in this Part IV  (0) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Ho contr emple plans,	alth benefits, ributions to opyec benefit and deferred appensation  0.	(e) Estimated amount of other compensation  0.
M. FO DR BO DR BO BO	S. UNDA ARD ARD ARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relative and title  AVAN , MD ER I , MD CO	(b) Average hours per week devoted to position  10.00	(c) Reportable compensation (Forms W-2/1089-MISC) (if not paid, enter -0-)	(d) Ho contr emple plans,	halth benefits, ributions to benefit and deferred apensation	(e) Estimated amount of other compensation  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00	On in this Part IV  (0) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Ho contr emple plans,	alth benefits, ributions to opyec benefit and deferred appensation  0.	(e) Estimated amount of other compensation  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.
M. FO DR BO DR BO DR	S. UNDA ARD ARD DARD	Check if the organia (a) (a) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	anization used Schedule O to relate and title  AVAN, MD ER I, MD S D S N, PHD S JSWAMY, MD	(b) Average hours per week devoted to position  10.00  1.00  1.00  1.00	On in this Part IV  (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.	(d) Ho contr emple plans,	oalth benefits, ributions to opyce benefit and deferred appensation  O.  O.	(e) Estimated amount of other compensation  0.  0.  0.

Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		_X_
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1000		Servicial.
40 a	Section 501(a)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 199		
	section 4911 ▶ 0 • ; section 4912 ▶ ; section 4955 ▶	7		200
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	uii, ce ;	j	
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			t
	or disqualified persons during the year under sections 4912, 4955, and 4958		100-100-200	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	rayan,	er er er	
	organization •			- Exercise
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		iji jeris	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \rightarrow KY			
42 a	The organization's books are in care of ►M.S. VIJAYARAGHAVAN, MD Telephone no. ► 859-26			
	Located at ▶ 895 EDGEWATER DRIVE, LEXINGTON, KY ZIP+4 ▶ 4	<u> 1050</u>	2-3	<u> 159</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	i dia	The state of	::::··
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	7522	V 22	ł
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42¢	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		►	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	2 18 2 G		
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
_	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		Ĭ	<u> </u>
-	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		1	de la comp
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	L	L
_			200-F7	(2013)

Form	1 <b>990-EZ</b>	(2013)	INTERNA	TIONAL	WE SERVI	E FOUND	ATIO	N, INC			45-1733	688		Page 4
10	Dia +b	nengaisatio-	n engage, directly o	or indirectly in a	olitical campaign	n activities on be	ehalf of or	in oppositio	in to candidates	for no	hlic office?		Yes	No
46		-	r engage, directly t chedule C, Part I									46		х
Pa	nt VI	Section	n 501(c)(3) o	rganization	s only									
			n 501(c)(3) orga											
		Check if	the organization	used Schedul	le O to respond	d to any guest	tion in thi	s Part VI.				• • • • • • • • • • • • • • • • • • • •	Yes	No
47	Did the	organization	n engage in lobbyir	ng activities or h	ave a section 501	1(h) election in	effect duri	ng the tax y	ear? If "Yes," co	mplete	Sch. C, Part II	47	1.55	X
48		•	a school as descri	_								48		Х
			n make any transfe									49a	<u> </u>	X
b	If "Yes,"	was the rela	ated organization a	ı section 527 org	ganization?				,,			49b		<u> </u>
50			for the organization				than offic	ers, director	rs, trustees and	key en	iployees) who	each r	eceived	more
	than \$1		ompensation from a) Name and title (				(b) Average	houre	(C) Reportat		(d) Health benef	ite (	(e) Estin	natori
		(	a manie and title	or cach comployed	C		er week de		compensation (I W-2/1099-MI	Forms	contributions to employee bene	ا د	nount o	
				NO	NE		positi	on	14-271099-1411	50,	plans, and defen compensation	ed C	ompens	ation
					<del></del>							+		
	<del></del> -	•				···				ĺ				
_				<u>-</u>							· · · · · · · · · · · · · · · · · · ·	$\dashv$		
_														
									<u>.</u> ]					
f	Total nu	imber of ath	ner employees paid	d over \$100,000				<b>&gt;</b>		<b>A</b> +00	200 - (	•		
51			for the organization		compensated inc NE	dependent cont	tractors wi	io each rece	eived more than	\$100,0	JUU of compen	sation	trom th	е
			e is none, enter "N business address			<del></del>	<u>-</u>	(b	) Type of service	e	ſc	1 Comi	pensatio	10
	(0)	Harrie and	DUSH 1035 COOL 656	or caon indepon	done oome dater				7 - 3   4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	-		2,2.0,1.1.		
				· · · ·										
_							—— <del> </del>	···············						
_			-41				-							
_														
	2								<u></u>					
d			ner independent co						<b>▶</b>					
52			n complete Sched			) organizations	and 4947	(a)(1) nonex	kempt			<b>च्</b> टा.		<del>-</del>
Unge	charitat	le trusts mi	ust attach a compl regiarezhar i have exa	eted Schedule A mingo this return, i	newding accompany	ryfrig schedules an	ia statemen	s, and to the i	best of my knowled	ige and	Delier, it is true, o		Yes L	No
Deck	aration of p	reparer (other	trian effice) is based	on all information of	of which preparer ha	as any knowledge.			<del></del>		1/2		1100	
Sig	"	Signature	af officer	zerzy	V						Date	- 4	17.4	
He	re	M.S	. VIJAYA	RAGHAVA	N, FOUN	DATION	MANA	GER						
			orint name and title	(										
_		Print/Ty	/ре preparer's пап	1 <b>e</b>	Preparer's si	ignature		Date	Chec		if PTIN			
Pa	id	L				=	.mes-	01.5	I	emplo	' !		0 2 2 5	,
	eparer		D. JOHN			. JOHNS	UOLE	01/2		-'- F11	P00 ►35-13		8397 661	<i>(</i>
Us	e Only		name ▶ BLUE nddress ▶ 250			EET ST	JITE	2900		ns EIN ne no.				)
		1				, ~~~			[. 110				. — - •	

► X Yes No Form 990-EZ (2013)

LEXINGTON, KY 40507

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

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL WE SERVE FOUNDATION, INC.

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

			INTERNA	TIONAL WE SE	RVE F	OUNDA'	TION,	INC.		4!	5-1733	688	
Pa	rt 🗌	Reason 1	for Public Char	ity Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.				
The	organi	zation is not a	private foundation	because it is: (For lines 1	l through 1	1, check o	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of churc	ches descr	ibed in <b>se</b>	ction 170	b)(1)(A)(i)					
2		A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)								
3		A hospital or	a cooperative hospi	ital service organization o	described i	n section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hosp	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	). Enter t	he hospital	l's nam	e,
		city, and state	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental unit	describ	ed in		
		section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental unit	t described	l in section	n 170(b)(1	)(A)(v).					
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general (	public desc	ribed i	n
		section 170(	b)(1)(A)(vi). (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9	X	An organizati	on that normally red	eives: (1) more than 33 1	1/3% of its	support fr	rom contri	outions, m	nembership	o fees, ar	nd gross re	ceipts	from
		activities rela	ted to its exempt fu	nctions - subject to certa	in exceptio	ons, and (2	2) no môre	than 33 1	/3% of its	support	from gross	invest	ment
		income and u	inrelated business t	axable income (less sect	tion 511 ta:	x) from bu	sinesses a	cquired b	y the orga	nization :	after June (	30, 197	<b>5</b> .
		See section	<b>509(a)(2).</b> (Complete	e P <b>art I</b> II.)									
10		An organizati	on organized and o	perated exclusively to tes	st for publi	c safety. S	See <b>sectio</b>	n <b>509(a)</b> (4	<b>1)</b> .				
11		An organizati	on organized and o	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	ections of,	or to carry	out the	purposes (	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	) or section	on 509(a)(2	). See <b>se</b> c	tion <b>509</b> (a	a)( <b>3</b> ). Che	eck the box	that	
		describes the	type of supporting	organization and comple	ete lines 11	le through	11 <b>h</b> .						
		a ∐ Type ł		• I' · ·	ype III - Fur		~				n-functional		•
е				at the organization is not									n
		foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	itions desc	ribed in s	ection 509	(a)(1) or	section 509	9(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	ıt it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check ti	his box									
g	ı			organization accepted ar									
				directly controls, either al								Yes	No
		the gove	erning body of the s	upported organization?							1		
		.,	•	n described in (i) above?									
		(iii) A 35% d	controlled entity of a	a person described in (i) o	or (ii) above	?					11g(iii)	]	
h	1	Provide the f	ollowing information	about the supported or	ganization(	(s).							
			<del></del>	1	Ter six ii			112 11	I (d) la	tho I			
(i)	) Namë	of supported	(ii) EIN	(iii) Type of organization	(iv) is the o in col. (i) lis	rganization	(v) Did yot organizat		(vi) ls organizațio	m in col. I	(vii) Amoun		netary
	orga	nization		(described on lines 1-9 above or IRC section	governing (				(i) organize U.S.	ed in the	sur	port	
				(see instructions))	Yes	Νο	Yes	No	Yes	No.			
					Tes	NO	Tes		165	140			
						' '							
		<del></del>											
		•		187. 187.						) . 1			
			(25)	1	1	<b>k</b> 2 '	I	1	1. FSC()Z3PERM(	1			

## Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Çale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		:				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					· ·	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				•		
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	- 48		₩~ : : :	i: ' i		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		·::				
	column (f)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Public support. Subtract line 5 from line 4.		e:3:10 <sup>%</sup> 2	Ž.	Y-Even		
Sec	tion B. Total Support						
Çale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			:			
	dividends, payments received on			į			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					i	
	business is regularly carried on						
10	Other income. Do not include gain				•		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and storetion C. Computation of Pub	here	roontooo	······			<u></u>
	·						
	Public support percentage for 2013 (						<u>%</u>
	Public support percentage from 2012					15 [	<u>%</u>
168	33 1/3% support test - 2013. If the	-					
	stop here. The organization qualifies 33 1/3% support test - 2012. If the						
0							
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•					10% OF
	more, and if the organization meets t						▶□
40	organization meets the "facts-and-circ						, TH
18	Private foundation. If the organization	ят ака поселнеска	box of line 13, 16	a, 100, 17a, 0f 17[		ina see instructions dule A (Form 990	
					JUNE		U. UUU"LLI ZU IU

Schedule A (Form 990 or 990 EZ) 2013 INTERNATIONAL WE SERVE FOUNDATION, INC. 45-1733688 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						. =
	membership fees received. (Do not	i					
	include any "unusual grants.")			6,497.		4,995.	11,492.
2	Gross receipts from admissions,						
	merchandise sold or services per-	i					
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					İ	
3	Gross receipts from activities that						
Ť	are not an unrelated trade or bus-		}				
	iness under section 513	,					
,	Tax revenues levied for the organ-						
4							
	ization's benefit and either paid to						
	or expended on its behalf			1			
5	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge			C 400		4 005	11 400
6	Total. Add lines 1 through 5			6,497.		4,995.	11,492.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)	Company of the Compan	<b>歌</b> 欠····		· ##		11,492.
	ction B. Total Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011 6,497.	(d) 2012	(e) 2013	(f) Total 11,492.
9	Amounts from line 6			6,497.		4,995.	11,492.
10a	Gross income from interest,						
	dividends, payments received on			1			
	securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business			1			
	activities not included in line 10b,			,			
	whether or not the business is						
40	regularly carried on			<del> </del>	· · · · · · · · · · · · · · ·		
12	Other income. Do not include gain or loss from the sale of capital			i			
	assets (Explain in Part IV.)	<u> </u>		6,497.		4,995.	11,492.
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				
14	First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	
				,-,			<u>▶X</u>
	ction C. Computation of Pub		<del></del>			I I	
	Public support percentage for 2013 (		-	column (f))		15	%
	Public support percentage from 201:					16	%
	ction D. Computation of Inve					T T	
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a	•					
ı	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check th	is box and see in:	structions	<u></u>

### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public 1

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL WE SERVE FOUNDATION, INC. **Employer identification number** 45-1733688

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FREE PUBLIC LIABRARIES	
AMOUNT GIVEN:	1,500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK FEES & CHARGES	4.
TAXES & LICENSES	15.
TOTAL TO FORM 990-EZ, LINE 16	19.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION BEG. OF YEAR	END OF YEAR
SHORT TERM NOTE 15.	30.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - COLLABORATE W	ITH
INDIVIDUALS AND ORGANIZATIONS TO BRING MEASURABLE PROGRESS IN	
EDUCATION, HEALTHCARE, COMMUNICATION, GOVERNANCE, SKILL IMPRO	VEMENT,
ENTERPRENEURISM AND EMPLOYMENT FOR BETTER QUALITY OF LIFE IN	EACH
COUNTRY AND ITS CONSTITUENTS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMEN	TS:
COLLABORATE WITH INDIVIDUALS AND ORGANIZATIONS TO BRING	
MEASURABLE PROGRESS IN EDUCATION, HEALTHCARE,	
COMMUNICATION, GOVERNANCE, SKILL IMPROVEMENT,	

### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 45-1733688

INTERNATIONAL WE SERVE FOUNDATION, INC.	45-1733688
ENTERPRENEURISM AND EMPLOYMENT FOR BETTER QUALITY OF LIFE	IN EACH
COUNTRY AND ITS CONSTITUENTS.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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100 + 17 C	
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•	
	,,