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)

2016

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.

			endar year, or tax year beginning and e	nding					
В	Check if applicati	ile:				D Employer identification number			
Ļ	Addr	ess change		١.	45 4522600				
<u>_</u>	Name	e change	INTERNATIONAL WE SERVE FOUNDATION, INC.	Is ()	45-1733688				
<u>_</u>	Initial					•			
Ļ	termi					859-268-2112			
Ļ	Amer	nded return			F Group Exemption				
		ation pending	LEXINGTON, KY 40502		Number				
		nting Meth					X if the organization is		
		_	WW.WESERVEFOUNDATION.ORG	🗀	not required to attach Schedule B				
			us (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(F.o	rm 990, 9	990-EZ, or 990-PF).		
		f organiza							
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to				145 421		
	column	1 (B) below	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund Balances	(non the inetru	ıotiona	for Dort	145,431.		
<u> </u>	41 L B	-	if the organization used Schedule O to respond to any question in this Part I						
_	1		tions, gifts, grants, and similar amounts received			1	145,431.		
	'		service revenue including government fees and contracts			2			
	3		ship dues and assessments			3			
	4		ent income			4			
	5a		nount from sale of assets other than inventory 5a 5a						
	Ъ		st or other basis and sales expenses 5b						
			A second			5 c			
	6		and fundraising events						
	a	_	come from gaming (attach Schedule G if greater than						
Ę	-	\$15,000)				[
Revenue	b	Grass income from fundraising events (not including \$ of contributions							
æ	-	from fundraising events reported on line 1) (attach Schedule G if the sum of such							
			come and contributions exceeds \$15,000) 6b			·			
	l c	-	ect expenses from gaming and fundraising events 6c						
	ا		me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d				
	7a	Gross sal	les of inventory, less returns and allowances						
			st of goods sald 7b						
	c		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8	Other rev	Other revenue (describe in Schedule 0)			8			
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	145,431.		
	10	Grants ar	nd similar amounts paid (list in Schedule 0) SEE SCHE	DULE O		10	132,036.		
	11	Benefits p	paid to or for members			11			
ø	12		other compensation, and employee benefits		12				
Expenses	13		ofessional fees and other payments to independent contractors				400.		
ХĎе	14		Occupancy, rent, utilities, and maintenance 🦴						
Ш	15		publications, postage, and shipping		15				
	16	•	penses (describe in Schedule O)			16			
	17		tal expenses. Add lines 10 through 16				132,436.		
Ø	18		r (deficit) for the year (Subtract line 17 from line 9)		18	12,995.			
set	19		is or fund balances at beginning of year (from line 27, column (A))			19	00 400		
As			(must agree with end-of-year figure reported on prior year's return)				28,481.		
Net Assets	20		anges in net assets or fund balances (explain in Schedule 0)		20	0.			
	21	Net asset	ts or fund balances at end of year. Combine lines 18 through 20	······································	<u> </u>	21	41,476.		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

	n 990-EZ		UNDATION, INC	•	<u>45-</u>	17	336	88	Page
	art li	Balance Sheets (see the instructions for Part II)							
		Check if the organization used Schedule O to res							
				A) Beginning of year	-	_	(B) ⊨	nd of year	
22		savings, and investments	· · · · · · · · · · · · · · · · · · ·	28,481	_	+		41,	476.
23		and buildings			23	+			
24	Other	assets (describe in Schedule 0)			24	+-			
25	Total	assets	<u></u>	28,481		↓_		41,4	<u> 176.</u>
26		liabilities (describe in Schedule 0)		0					0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		28,481	<u> </u>	L		41,4	<u>476.</u>
P	art III	Statement of Program Service Accomplishmen	n ts (see the instructi	ons for Part III)		1		penses	
		Check if the organization used Schedule O to response	pond to any question	in this Part III	X			for sectio	
Wha	at is the o	organization's primary exempt purpose? SEE SCHEDULE C)					and 501(d ons; optio	
Desc	ribe the or	ganization's program service accomplishments for each of its three largest program s	ervices, as measured by expenses.	In a clear and concise			ers.)	,	
		be the services provided, the number of persons benefited, and other relevant informa							
28	SEE	SCHEDULE O							
	(Grants	\$) If this amount includes foreign	grante chack hara		$\overline{}$	28a			
29	Corante	7 ii tina arriodht iriciddea foreign (granto, Griscov Hore			200			
28									
		A STATE OF THE STA			$\overline{}$				
	(Grants) If this amount includes foreign (grants, cneck nere	·····		29a			
30									
					_				
	(Grants) If this amount includes foreign (grants, check here	<u></u>		30a			
31	Other p	program services (describe in Schedule O)							
	(Grants	; \$) If this amount includes foreign (grants, check here	>		31a			
32	Total p	program service expenses (add lines 28a through 31a)			>	32			
P	art IV	List of Officers, Directors, Trustees, and Key E	mployees (list each one e	even if not compensated -	see the	ınstruc	tions for	Part (V)	
		Check if the organization used Schedule O to response	pond to any question	in this Part IV					
		•	(b) Average hours	(C) Reportable			enerits,	(e) Esti	mated
		(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emp	ributio loyee b	enefit	amount	of other
		()	position	Life not pour onter -0-1 Pig		plans, and deferred compensation		comper	sation
м.	s.	VIJAYARAGHAVAN, MD							
		ATION MANAGER	10.00	0.			٥.		0.
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		OF TRUSTEES	1.00	0.			0.		Ο.
		BU SAHA, MD					<u> </u>		
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		SUDHARSHAN, PHD	1100	 			٠.		
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		10.110	1	1					

Page 3

INTERNATIONAL WE SERVE FOUNDATION, INC.

33 Did the organization engage in any significant activity not previously resorted to the IRSP II Yes, "provide a detailed description of each activity in Schedule 0. 34 West any significant charges made to the organization or areas. Otherwise, explain the charge of Schedule 0 piece in the organization in a reas. Otherwise, explain the charge of Schedule 0 piece in the organization in a reas. Otherwise, explain the charge of Schedule 0 piece in the organization in a reas. Otherwise, explain the charge of Schedule 0 piece in the organization in a reas. Otherwise, explain the charge of The organization in Schedule 0 piece in the organization in a reas. Otherwise, explain the charge of The organization in Schedule 0 piece in the organization index in make any lates to schedule 0, part III organization in organization index in make any lates to schedule 0, part III organization index in a randex organization index in a randex organization in the institutions	Pē	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part \	; /	X
33 of the regardation eages any equitional activity not previously reported to the IRS7 if Yes,* provide a detailed description of each activity in Schedule 0 34 Very any equitional changes made to the organization of previously reported to the IRS7 if Yes,* attach a conformed copy of the anneaned documents if they willful a change to the organization in series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the series of \$1,000 or now during the year from the year from the year? If Yes, provide an explanation in Sendella 0 35 N/A 36 If Yes (in one also should be a form \$90-1 for the year? If Yes, provide an explanation in Sendella 0 38 N/A 39 Death or organization and productive, diseased (i.e., the first year) of the organization in the series of \$1,000 or now during the year from the year? If Yes, complete septication the first first Policy for the year? 39 Death or organization first ferm \$1,000 or ordinary to did the organization during the year in a run year act still indicated in the series of \$1,000 or organization for the first \$1,000 or ordinary the year indicated in \$1,000 or organization for \$1,000 or					
actionly in Schedule 0 3	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a detailed description of each			
34 We any significant charges made to the organization of governing documents? If Yes, attach a conformed conjugate they noted a change to the organization and the organization organization and the organization and the organization organization and the organization organizatio			33		Х
35 a 10th the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fines 2, 8a and 7a, among offeres)? b) If Yes' to line 35a, too life organization field a Form 999-T for the year? If No,* provide an explanation in Schedule 0. Visit the organization accidence of \$1,000 or more offered organization subject to section 0303(e) notice, recording, and gross tax requirements using the year? If Yes,* complete applicate parts of Schedule N. 37a. If an amount of political expenditures, direct or indirect, as described in the instructions. 37a. If an amount of political expenditures, direct or indirect, as described in the instructions. 37b. If the organization of Form 110-PDL for this year? 38a. If the organization of Form 110-PDL for this year. 38b. If Yes,* commete Schedule 1, Part II and enter the total amount involved. 38c. Section 501(c)(7) organizations. Enter included on line 8. a prior year and still outstanding at the end of the tax var converted by this return? b) If Yes,* commete Schedule 1, Part II and enter the total amount involved. 88c. Section 501(c)(7) organizations. Enter amount of tax immosed on the organization during the year under section 4911 № 0. year that because the section 501(c)(7), 501(c)(4), and 501(c)(29) organizations. Did the organization in appir year that has not been reported on any of the prior forms 980 or 950-12 ** (Yes, Yes, Yes) the year under section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax microsed or organization manages or disconlined persons during the year feet year indirect organization manages or disconlined persons during the year feet year indirect organization manages or disconlined persons during the year indirect organization organization manages or disconlined persons during the year indirect organization organization manag	34				
35 a 10th the organization live unrelated business gross income of \$1.000 or more during the year from business activities (such as Bross reported on fines 2, 68, and 74, among others)? 55 bit "Yes" to line 35s, "his this erganization filed a form 990-T for the year? If "No", provide an exclanation in Schedule 0. 6 Was the organization section \$1 (cld), \$50 ((cld)), or \$50 ((cld)), or \$10 ((c			34		X
b M Yes for limp SSp, has the organization of led a form 99H. Tor the year? If 'No', provide an exclanation in Schedule 0 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c)) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete subject to section 6033(c) notice, reporting, and proxy tax requirements during the year during the year of the tax section of the section of th	35 a	•			
a Was the organization as eachier 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Solvedule C, Part III 85		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If "Yes," complete Sabetoile C, Part III 58c	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'concepted applicable parts of Schedule N 37 a Ender amount of political operations, direct or indirect, as described in the instructions ▶ 137 a 0. ▶ Did the organization file Form 1120-PDL for file year? \$ 27 b X \$ 27 b X \$ 27 b X \$ 27 b X \$ 28 b Did the organization flores from, or make any fuents to, any officer, director, frustee, or key employee or were any such isoans made in a prior year and still obstanding at the end of the tax year covered by this return? ▶ 11 **Pers, 'completes Schedule L. Part II and enter the total amount involved ■ 12 b Did the organizations. Schedule L. Part II and enter the total amount involved ■ 138 b N/A ■ Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: ■ 14 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of uning the year under section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discussified persons disting they early that has not been reported on any of this prior Forms 800 or 990 E-27 (**)ex); complete from 800 end of the organizations. Enter amount of tax on line 40c reimbursed by the organization amagers or discussified persons disting they early to a prohibite tax shelter transaction? If **\text{**} is organizations are not set of the foreign country. Part I seed the organization party to a prohibite tax shelter transaction? If **\text{**} is organizations because it is organization. Enter amount of tax on line 40c reimbursed by the organization of the foreign country. ▶ ■ 14 Exp the state of the foreign country. ▶ ■ 14 Exp the state of the foreign country. ▶ ■ 14 Exp the state of the foreign country. ▶ ■ 14 Exp the state of the foreign country. ▶ ■ 14 Exp the state of the foreign country. ▶ ■ 14 Exp the state	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			
as polyreath parts of Schedule N 27a		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
37a Enter amount of political expenditures, direct or indirect, as sessorited in the instructions	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
37a Enter amount of political expenditures, direct or indirect, as sessorited in the instructions		complete applicable parts of Schedule N	36		X
b Dit the organization file Form 1120-P0. for this year? 37b	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0	<u>.</u>		
in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule 1, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 Section 501(c)(3), sof(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4915 ▶ 0 Section 501(c)(3), sof(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction the profit of the profit of the profit of the profit of tax imposed on organization managers or disculatified persons during the year under sections 4912, 4955, and 4958 ▶ 0 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations managers or disculatified persons during the year under sections 4912, 4955, and 4958 ▶ 0 4 According to the profit of	ь	Did the organization file Form 1120-POL for this year?	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 3 Section 501(c)(7) organizations. Enter: A Initiation fees and capital contributions included on line 9 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		Syria Southart in the	
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital committuitions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ₱ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 ₱ xxxxss benefit transaction during the year, of the prior Forms 990 or 990-E27 if Yes', complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization engage in an excess benefit transaction of unity of its prior Forms 990 or 990-E27 if Yes', complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40c reimbursed by the organization or 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization in the foreign country in the organization in a party to a prohibited tax shelter transaction? If Yes's complete form 8896 = X Y UJAYARAGHAVAN, MD Telephone no. ▶ 859 = 268 = 2112 Licated at № 895 EDGEWATER DRIVE, LEXINGTON, KY ZIP +4 ★ 40502 = 31.59 b At any time during the calendary year, did the organization have an interest in or a signature or orther runcial account in a foreign country; levels as a bank account, securities account, or other financial account in a foreign country; levels are the manne of the foreign country; levels are the manne of the foreign country; levels are the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), c At any time during the calendary year, did the organization maintain any office or the properties of the		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 problet use of club familities 39a N/A 39b N/A 39b N/A 39b N/A 38 Section 501(c)(3) or granizations. Enter amount of tax imposed on the organization during the year under: section 4911	Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did the engage in an excess benefit transaction during the year, or did the engage in an excess benefit transaction during the year, or did the engage in an excess benefit transaction during the year, or did the engage in an excess benefit transaction or did to the profit of t	39				
Section 501(c)(3) or genizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the 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 890 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and solid policy organizations. First amount of tax on line 40c reimbursed by the organization and copy of this return is filled ▶ KY 1 List the states with which a copy of this return is filled ▶ KY 1 List the states with which a copy of this return is filled ▶ KY 1 List the states with which a copy of this return is filled ▶ KY 1 Located at ▶ 895 EDGEWATER DRIVE , LEXINGTON , KY 1 Lexing the during the calendar year, did the organization was an interest in or signature or other authority over a financial account in a foreign country: ▶ J 2 Section 4947(a)(1) nonexempt charitable trusts filling requirements for FinCEN Form 114, Report of Foreign Sank and Financial Accounts (FBA), the section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1941 - Check hare and enter the amount of the foreign country: ▶ J 3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1990 must be completed instead of Form 990-EZ 44a Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Fo					
Section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 . b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, organization section 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discustified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at your line during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40e			_	p. 100 100 00	**
b Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in any section 4958 excess benefit transaction during the 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 980 or 990-EZP if Yes, "complete Schedule L, Part I 40b	40 a				
transaction during the 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-EZP If Yes," complete Schedule L, Part I 6. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8866-T List the states with which a copy of this return is filed X 41 List the states with which a copy of this return is filed X The organization's books are in care of M. S. VIJAYARAGHAVAN, MD Telephone no. 859 - 268 - 2112 Located at 895 EDGEWATER BRIVE, LEXINGTON, KY 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. At any time during the calendar year, did the organization maintain an office outside the United States? If Yes," erriter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain any office outside the United States? If Yes," erler the name of the foreign country: At any time during the calendar year, did the organization maintain any office outside the United States? If Yes, and the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If Yes," Form 990 must be completed instead of Form 990-EZ 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 44					W/40
of its prior Forms 990 or 990-E27 it "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed KY 10e	þ				\$\$F.
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discualified persons during the year under sections 4912, 4955, and 4959					
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X 411 List the states with which a copy of this return is filed			40b		<u> X</u>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed	C			A YAZA	
by the organization • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T 40e					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filled KY 42a The organization's books are in care of M.S. VIJAYARAGHAVAN, MD Telephone no. 859-268-2112 Located at 895 EDGEWATER DRIVE, LEXINGTON, KY 7IP+4 40502-3159 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 account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: 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 44a N/A Yes No Yes No Form 990-EZ b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization have a controlled entity within the meaning of section 512(b)(13)? 44b X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	đ		2227 54227		
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed					
List the states with which a copy of this return is filed	е			A4:: :	•
### A tany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ### A tany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain an office outside the United States? #### A tany time during the calendar year, did the organization maintain any donor advised funds during the tany and the United States? #### A tany time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ #### A tany time during the foreign country: #### A tany time during the foreign country: #### A tany time during the calendar year, did the organization filed a Form 720 to report these payments? ## No, "provide an explanation in Schedule O tany and a controlled entity within the meaning of section 512(b)(13)? #### A tany time during the calendar year, did the orga			40e	<u> </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 account)? If Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If Yes, enter the name of the foreign country: Seet fin 1947(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 Yes No 44a Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? b Did the organization receive any payments for indoor tanning services during the year? c Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 18b 20b 40b 40b 40b 40b 40b 40b 40b 40b 40b 4			ເດ າ	112	
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over a financial account in a foreign country (such as a bank account, or other financial account)? If "Yes," enter the name of the foreign country.			±030	<u> </u>	. 3 3
account)? If "Yes," enter the name of the foreign country:	D			Vec	Nο
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: **Section 4947(a)(1) nonexempt charitable trusts filling 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 **Yes** No** 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			496	703	
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Form 990-EZ (2	016) INTERNATIONAL	WE SERVE FO	UNDATIO	N, INC	•	45-1733	688	ı	Page 4
	ganization engage, directly or indirectly, in s				n to candidates for pu	iblic office?	46	Yes	No X
Part VI	omplete Schedule C, Part I Section 501(c)(3) organizatior	ıs only	.,				46		
	All section 501(c)(3) organizations mus		-49b and 52,	and complete	the tables for lines	50 and 51.			
	Check if the organization used Schedu	le O to respond to any	question in t	his Part VI .					
								Yes	
	ganization engage in lobbying activities or i			-		·	47		X
	anization a school as described in section 1						48		X
	ganization make any transfers to an exempt						49a		
	as the related organization a section 527 or this table for the organization's five highest						49b	aivad r	L
	this table for the organization's live highest 1,000 of compensation from the organization			iiosis, utisotois	s, trustees, and key er	iipioyees) wiio e	3611166	SIVEU I	HOIS
ulali a tuc	(a) Name and title of each employed			age hours	(C) Reportable	(d) Health benefit	s. (e) Estim	ated
	(a) manio ana atto or addir simploys			devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	2000	ount of	
	NC	NE	pos	sition	1742/1035-WIGC)	plans, and deferre compensation		mpensa	ation
							\top		
			1				1		
									
			4						
	<u></u>						┿		
			4						
•									
	ber of other employees paid over \$100,000				and many than \$100.0	100 of agencies			
•	this table for the organization's five highest on. If there is none, enter "None."	NE	int contractors	who each recen	veo more man \$100,0	wo or compensa	non no	m me	
	ame and business address of each indepen			(k)	Type of service	(a)	Compe	peation	
(a) IV	arrie and dusiness address of each indepen	delli contractor		(0)	Type of activice		Compa	нъфифі	<u> </u>
			·						
	ber of other independent contractors each i	-		·	▶				
52 Did the or	ganization complete Schedule A? Note; All	section 501(c)(3) organia	zations must at	tach a					_
	d Schedule A						X Ye		No
	of perjury, I declare that I have examined the	1				_	ge and	belief,	it is
true, correct, ar	id completes Declaration of preparer (other)	han officer) is based on a	all information	of which prepar	er has any knowledg	3.			
Ciam P	Signature of officer	<u> </u>				Date			
Sign Here	M C VITAVABACHAVA	NI ECHNINAMI	ON MANTA	CED					
	M.S. VIJAYARAGHAVA Type or print name and title	N, FOUNDATI	ON MANA	720					
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
	Trimerype proparor s name	Toparor 3 digitature		2410	self- emplo	⊣			
Paid	PAUL D. JOHNSTON	PAUL D. JO	нистои	05/12	· ·	P00	078	397	
Preparer	Firm's name ▶BLUE & CO.,			1001		▶ 35-11			
Use Only	Firm's address ▶ 250 WEST M		SUITE	2900	Phone no.				

LEXINGTON, KY 40507

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

X Yes

(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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) ⊺otal
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not		ĺ				
	include any "unusual grants.")		4,995.	30,275.	68,261.	145,431.	248,962.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in	1					
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				····		
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to			+			
	or expended on its behalf						
_							<u></u>
5	The value of services or facilities	· ·					
	furnished by a governmental unit to						
	the organization without charge		4 005			4.5 7.54	
	Total. Add lines 1 through 5		4,995.	30,275.	68,261.	145,431.	248,962.
7a	Amounts included on lines 1, 2, and	,					
	3 received from disqualified persons						0.
b	Amounts included on times 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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line S.)	, SP		~~			248,962.
	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		4,995.	30,275.	68,261.	145,431.	248,962.
	Gross income from interest,			•		•	
	dividends, payments received on						i
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income		 				"-"
~	(less section 511 taxes) from businesses						
) 						
	Add lines 10a and 10b						
	Net income from unrelated business						
• •	activities not included in line 10b,			· '			
	whether or not the business is						
+2	regularly carried on Other income. Do not include gain		ļ ·	-			-
:2	or loss from the sale of capital		.	1			
	assets (Explain in Part VI.)		4 005	20 055	<u> </u>	4.5 104	
	Total support. (Add lines 9, 10c, 11, and 12.)		4,995.	30,275.	68,261.		248,962.
14	First five years. If the Form 990 is for				-		ation,
_	check this box and stop here	<u></u>					<u> </u>
	tion C. Computation of Publi	 					
15	Public support percentage for 2016 (li	ine 8, column (f) di	vided by line 13, co	lumn (f))			<u>100.00 %</u>
	Public support percentage from 2015					16	<u>100.00 %</u>
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)16 (line 10c, colun	nn (f) divided by line	e 13, column (f))		17	.00 %
	Investment income percentage from		S			18	%
	33 1/3% support tests - 2016. If the					3 1/3%, and line 11	
	more than 33 1/3%, check this box ar						▶ X
ь	33 1/3% support tests - 2015. If the						
-	line 18 is not more than 33 1/3%, che					•	
20	Private foundation. If the organization						
		GIG TIOL GITOOK & L	995 OF INTO 14, 13d,	OF TOOL GROOK HIS	S CON AIRU SEE IIISI	ructions	

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL WE SERVE FOINDATION

Employer identification number

45-1733688

INTERNATIONAL WE DERVE TOORDATION, INC. 13 1/2	73000
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: FREE PUBLIC LIBRARIES	
PROPERTY DESCRIPTION: CASH AND BOOKS	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	102,390.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: SOLAR RAMESWARAM	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	14,000.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: SMART CLASSROOMS	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	15,646.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	132,036.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - COLLABORATE WITH	
INDIVIDUALS AND ORGANIZATIONS TO BRING MEASURABLE PROGRESS IN	
EDUCATION, HEALTHCARE, COMMUNICATION, GOVERNANCE, SKILL IMPROVEMEN	IT,
ENTERPRENEURISM AND EMPLOYMENT FOR BETTER QUALITY OF LIFE IN EACH	
COUNTRY AND ITS CONSTITUENTS.	
LUA For Department Participa Act Nation, and the Instructions for Form 200 or 200 E7	00 as 000 EZV (004CV

SCHEDULE 0

(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

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

INTERNATIONAL WE SERVE FOUNDATION, INC.

Employer identification number 45-1733688

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
COLLABORATE WITH INDIVIDUALS AND ORGANIZATIONS TO BRING
MEASURABLE PROGRESS IN EDUCATION, HEALTHCARE,
COMMUNICATION, GOVERNANCE, SKILL IMPROVEMENT,
ENTERPRENEURISM AND EMPLOYMENT FOR BETTER QUALITY OF LIFE IN EACH
COUNTRY AND ITS CONSTITUENTS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.