



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)

**2017**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>FONDATION BIENFAISANCE, INC</b>  |  | <b>D</b> Employer identification number<br>72-1604053 |
|  | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>21300 SAN SIMEON WAY M7 |  | <b>E</b> Telephone number<br>305 654-2906             |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>MIAMI, FL 33179                      |  | <b>F</b> Group Exemption Number ▶                     |
|  |  |  |   |

**G** Accounting Method  Cash  Accrual Other (specify) ▶ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ WWW BIENFAISANCE ORG

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

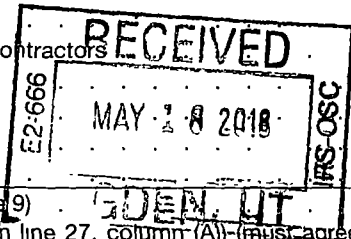
**K** Form of organization  Corporation  Trust  Association  Other

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

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

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

|            |  |  |    |       |
|------------|--|--|----|-------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   | 1  |       |
|            | 2  | Program service revenue including government fees and contracts  | 2  |       |
|            | 3  | Membership dues and assessments  | 3  |       |
|            | 4  | Investment income  | 4  |       |
|            | 5a   | Gross amount from sale of assets other than inventory  | 5a |       |
|            | b  | Less: cost or other basis and sales expenses   | 5b |       |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c |       |
|            | 6  | Gaming and fundraising events  |    |       |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a |       |
| b          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b   |    |       |
| c          | Less: direct expenses from gaming and fundraising events   | 6c   |    |       |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d   |    |       |
| 7a         | Gross sales of inventory, less returns and allowances  | 7a   |    |       |
| b          | Less: cost of goods sold   | 7b   |    |       |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c   |    |       |
| 8          | Other revenue (describe in Schedule O)   | 8  |    |       |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  | 9  |    |       |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   | 10 |       |
|            | 11   | Benefits paid to or for members  | 11 |       |
|            | 12   | Salaries, other compensation, and employee benefits  | 12 |       |
|            | 13   | Professional fees and other payments to independent contractors  | 13 |       |
|            | 14   | Occupancy, rent, utilities, and maintenance  | 14 |       |
|            | 15   | Printing, publications, postage, and shipping  | 15 |       |
|            | 16   | Other expenses (describe in Schedule O)  | 16 |       |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   | 17   |    |       |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18 |       |
|            | 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 | 1,000 |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   | 20 | -50   |
|            | 21   | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21 | 950   |



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

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

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments  | 300                   | <b>22</b> 300   |
| <b>23</b> Land and buildings  |                       | <b>23</b>       |
| <b>24</b> Other assets (describe in Schedule O)                                       | 700                   | <b>24</b> 650   |
| <b>25</b> Total assets  |                       | <b>25</b>       |
| <b>26</b> Total liabilities (describe in Schedule O)                                  |                       | <b>26</b>       |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,000                 | <b>27</b> 950   |

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

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

What is the organization's primary exempt purpose? Providing healthcare and assistance to less fortunate

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

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

|  |            |  |
|--|------------|--|
| <b>28</b>  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |  |
| <b>29</b>  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b> |  |
| <b>30</b>  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>30a</b> |  |
| <b>31</b> Other program services (describe in Schedule O)                                |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b> |  |
| <b>32</b> Total program service expenses (add lines 28a through 31a)                     | <b>32</b>  |  |

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

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

| (a) Name and title  | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| EVELYNE BITAL, PRESIDENT<br>21300 SAN SIMEON WAY M7, MIAMI, FL 33179    | 5  | 0  | 0   | 0  |
| ROMUALD BLANCHARD, DIRECTOR<br>21300 SAN SIMEON WAY M7, MIAMI, FL 33179 | 5  | 0  | 0   | 0  |
| GREGORY ADRIEN, DIRECTOR<br>16701 LOCRIE PLACE, WOODBRIGE, VA 22191     | 2  | 0  | 0   | 0  |
| MARC JOUBERT, DIRECTOR<br>40 WOODLEIGH ROAD, FRAMINGHAM, MA 01701       | 2  | 0  | 0   | 0  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |

ABO

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

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

|  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46  | ✓  |

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

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

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

|  |     |    |
|--|-----|----|
|  | Yes | No |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | 47  | ✓  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | ✓  |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | ✓  |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b | ✓  |

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

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 . . . ▶ \_\_\_\_\_

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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> | <i>Evelyn Bital</i><br><small>Signature of officer</small>              | 05/15/2018<br><small>Date</small> |
|                  | EVELYNE BITAL, PRESIDENT<br><small>Type or print name and title</small> |                                   |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no ▶           |      |   |      |

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| Name of the organization<br>FONDATION BIENFAISANCE, INC | Employer identification number<br>72-1604053 |
|---|--|

**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.)

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- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university.
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .   | 20,000   | 11,000   | 20,000   | 20,000   |          | 71,000    |
| 2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 . . . . .   | 20,000   | 11,000   | 20,000   | 20,000   |          | 71,000    |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          | 51,000    |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .  |          |          |          |          |          | 20,000    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .  | 20,000   | 11,000   | 20,000   | 20,000   |          | 71,000                   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .  |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |          | 71,000                   |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |                          |
| 13 <b>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 type="checkbox"/> |

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

|   |    |                                     |
|---|----|-------------------------------------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 28 %                                |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .   | 15 | 39 %                                |
| 16a <b>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 checked="" 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"/>            |
| 17a <b>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"/>            |
| 18 <b>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"/>            |

**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

FONDATION BIENFAISANCE, INC

Employer identification number

72-1604053

**PART 1 - 20 OTHER CHANGES IN NET ASSETS REDUCTION IN ASSET VALUE**

Area with horizontal dashed lines for providing supplemental information.