

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 1 7 2011

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2010

Open to Public Inspection

Α	For the 2010 calendar year, or tax year beginning , 2010, and ending		_	, 20						
В	B Check if applicable		C Name of organization			D Employer identification numb				
	Address o	:hange	ange Abundance International, Inc.			20-3354801				
	Name cha	nge	Number and street (or P.O box, if mail is not delivered to street address) Roo	om/suite	E Telep	Telephone number				
님	Initial retui		1225 S. Marin Ct.		ł	71	4-681-2681			
H	Terminate	City or town, state or country, and ZIP + 4					Group Exemption			
Ħ	American					Number ▶				
G		ting Method.	☐ Cash ☑ Accrual Other (specify) ▶	Н	Check I	Check ▶ ☑ if the organization is not				
	Websit	-	/www.AbundanceInternational.org	— ···		red to attach Schedule B				
							0-EZ, or 990-PF).			
	Check ▶		e organization is not a section 509(a)(3) supporting organization and its gross rec	eipts are	normally	not m	ore than \$50,000. A			
	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be required (s	•	•		•			
	to file a	return, be su	re to file a complete return.		·		-			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total asset	s (Part II,					
line	25, col	umn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	0			
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances		instruc	ctions	for Part I.)			
			the organization used Schedule O to respond to any question in th							
_	1		ons, gifts, grants, and similar amounts received			1				
	2		ervice revenue including government fees and contracts			2	0			
	3	-	ip dues and assessments			3	0			
	4	Investmen	•			4	0			
	5a		ount from sale of assets other than inventory 5a				······································			
	Ь		or other basis and sales expenses		0					
	c		ss) from sale of assets other than inventory (Subtract line 5b from line s	5a)		5c	0			
	6	•	ad fundraising events	ou,						
	a		ome from gaming (attach Schedule G if greater than							
ā		\$15,000)			0					
Revenue	Ь	•	<u></u>	ntribution	าร					
ě	-		aising events reported on line 1) (attach Schedule G if the							
ш					0					
	C	Less direc	texpenses from gaming and fundraising events 6c		0					
	d	 								
		line 6bbl . pp 9 9 2011 171					0			
	7a	Gross Sale	s of inventory, less returns and allowances		0	6d				
	b	Less: cost	of goods sold		0					
	c	1	ito (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0			
	8	Other revenue (describe in Schedule O)				8	0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	0			
Expenses	10		d similar amounts paid (list in Schedule O)	•		10	0			
	11		aid to or for members			11	0			
	1	•	ther compensation, and employee benefits			12	0			
	13	Professional fees and other payments to independent contractors				13	0			
	. 14	Occupancy, rent, utilities, and maintenance				14	0			
	15	Printing, publications, postage, and shipping				15	0			
	16	Other expenses (describe in Schedule O)				16	0			
	17	Total expenses. Add lines 10 through 16				17	0			
Net Assets	10	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	0			
	19		or fund balances at beginning of year (from line 27, column (A)) (mi							
			r figure reported on prior year's return)			19	O			
94 /	20		nges in net assets or fund balances (explain in Schedule O)			20	0			
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	0			
Fo				106421			Form 990-EZ (2010)			

Cat. No. 10642l

	Check if the organization used	Schedule O to respond to any qui	estion in this Part I	1		
				ginning of year	(B) End of year
22	Cash, savings, and investments			0	22	0
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets				25	0
26	Total liabilities (describe in Schedule	•			26	0
27	Net assets or fund balances (line 27	<u>_</u>			27	0
Par		Accomplishments (see the instance Schedule O to respond to any qua			(Pecu	Expenses irred for section
Mhai	t is the organization's primary exempt put	<u> </u>		" • • 🗀)(3) and 501(c)(4)
	nbe what was achieved in carrying out the or			er, describe		izations and section a)(1) trusts, optional
	ervices provided, the number of persons bene				for ot	
28						
	40					_
~~	(Grants \$ 0) If the	s amount includes foreign grants, c	heck here	. ▶ 📙	28a	0
29						
	(Grants \$ 0) If the	s amount includes foreign grants, o	heck here	. ▶□	29a	0
30		<u> </u>				
		s amount includes foreign grants, c			30a	0
31	Other program services (describe in Sch					_
20	(Grants \$ 0) If thi	s amount includes foreign grants, o	heck here	<u>· ▶ Џ</u>	31a	0
	Total program service expenses (add tV List of Officers, Directors, Trustee	s, and Key Employees. List each one			32	tions for Part IV)
ı aı		Schedule O to respond to any qu				
		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compen		account and other allowances
	Davis	3				
1225	S. Marin Ct., Anaheim, CA 92804				0	0
					l	
	· · · · · · · · · · · · · · · · · · ·					
						·
						-
						-

Form 990-EZ (2010)

Page 2

_	<u></u>			-5	
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V				
			Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
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 O (see instructions)	34		1	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			V	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		V	
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		/	
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 \dots	36		~	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		}		
b	Did the organization file Form 1120-POL for this year?	37b		~	
38a	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		/	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9		l	ĺ	
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:			i	
	section 4911 \triangleright ∂ ; section 4912 \triangleright O ; section 4955 \triangleright O			ŀ	
b	Section 501(c)(3) and 501(c)(4) 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 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	
С	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	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		/	
41	List the states with which a copy of this return is filed. ▶ \times\forall \forall \f				
42a	The organization's books are in care of ▶ Mark Davis Located at ▶ 1225 S. Marin Ct., Anaheim, CA Telephone no. ▶ ZIP + 4 ▶				
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		~	
	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c			
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		.	▶ □	
			Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~	
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		~	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		v	