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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning , 2011, and ending C Name of organization Abundance Foundation D Employer Identification Number Check if applicable Address change 20-1390469 Doing Business As Number and street (or P O box if mail is not delivered to street addr) Room/suste Telephone number Name change (510) 841-4145 Initial return c/o Leventhal Kline Management Inc. 127 University Ave State ZIP code + 4 Terminated Berkelev CA 94710 Amended return **G** Gross receipts \$ 955,258 Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Stephen Kahn 127 University Avenue Berkeley CA 94710 Yes If 'No,' attach a list (see instructions) 4947(a)(1) or X 501(c)(3) Tax-exempt status | | 501(c) () ◀ (insert no) Website: ► www.AbundanceFound.org J H(c) Group exemption number ▶ Form of organization X Corporation | Trust 2004 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities: The Foundation is committed to improving global health through strengthening local health systems by training, supporting, and empowering local health leaders. The Foundation also focuses on youth and female empowerment as a strategy to leverage change in Haiti & Africa, and supports arts, education & youth development in the SF Bay Area & nationally. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 2 Total number of volunteers (estimate if necessary) 6 5 7 a Total unrelated business revenue from Part VIII, column (C), line 12 . . 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h).... 813,592 955,258. 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . 12 813,592 955,258. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 159,127 331,387. Benefits paid to or fearner phers (Part IX, column (A), line 4) 14 0. 0. Salaries, other combensation employee benefits (Part IX, column (A), lines 5-10) 15 183,451 226,475. 16a Professiona (G) draising fees (Part IX, column (A), line 11e) n b Total fundraising expenses Part (2) column (6), line 25) ► Other expenses (Part IX, column (A), lines ∰a-11d, 11f-24e). . . 17 325,838. 237,800. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 668,416. 795,662. 19 bract like 18 from line 12 . . . 145,176. 159,596. Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 153,381 307,457. 21 Total liabilities (Part X, line 26) 7,793 2,273. 22 Net assets or fund balances Subtract line 21 from line 20 145,588. 305,184. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Stephen Kahn, MD President & CEO Type or print name and title Print/Type preparer's name Preparer's signature 11/8/2012 Jane M. Paid Jane M. P01286192 Preparer ► Leventhal/Kline Management Firm's name Inc Use Only 127 University Avenue Firm's address Firm's EIN - 94-3292172

CA

94710

Berkeley

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

May the IRS discuss this return with the preparer shown above? (see instructions)

(510) 841-4123

Yes

Form 990 (2011)

Phone no

Form	990 (2	2011)	Abundaı	nce Fo	oundat	tion				20-13	90469	Page 2
Par	t III	Stat	ement of	Progra	ım Ser	vice Accom	plishments	•				
		Chec	k if Schedule	O conta	ins a res	ponse to any qu	uestion in this Part	<u> 111</u>		<u> </u>	<u>.</u>	X
1	Briefly	descr	ibe the organ	nzation's	mission							
	The	Four	ndation :	is com	<u>mitte</u>	d to impre	oving globa	l_healt	th through	strengtheni	ng_loca	l_health
	syst	ems	by train	ning,	suppo	rting, and	l_empowering	local	health lea	ders. The	Foundat	ion also
	focu	uses	on yout	h and	fema.	le empower	ment as a s	strated	y to lever	age change	in Hait	i & Africa
	and	supp	ports ar	ts, e	ducat	ion and yo	uth develor	ment i	n the SF B	ay Area & r	ational	ly.
2	Did th	e orga	nızatıon unde	ertake an	y signific	ant program se	rvices during the y	ear which	were not listed or	n the prior		
	Form	990 or	990-EZ?								. Yes	X No
	If 'Yes	s,' desc	nbe these ne	ew service	es on So	hedule O					_	_
3	Did th	e orga	nization ceas	e conduc	cting, or	make significan	t changes in how i	t conducts	s, any program se	rvices?	. Yes	X No
	If 'Yes	s,' desc	nbe these ch	anges or	n Schedi	ule O.					_	
4	Section	on 501((c)(3) and 50°	1(c)(4) or	ganızatı	ons and section	ents for each of its 4947(a)(1) trusts rogram service rep	are require	gest program served to report the ar	rices, as measure mount of grants ar	d by expens nd allocation	es s to
	(Code)) (Ex	penses	s	297,600.	including grants	of \$	105,500	.) (Revenue		0.)
	•					See Sched				<u>. </u>		~ ′
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41	(Code	· - · · -) (Ev	nenses	ج -	181 346	_ including grants	of S	98 500	\ (Revenue S	<u> </u>	0.)
71.	•						_ medule O	οι γ <u> </u>	30,300	·) (Nevenue .	·——	
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4 0							_ including grants	of \$	127,387	<u>.</u>) (Revenue :	·	0.)
	Arts	S_&	Educatio	<u>n - s</u>	ee sc	hedule O				-	- -	
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Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election ın effect during the tax year? If 'Yes,' complete Schedule C, Part II Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. N/A 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х 10 · 10 30 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х 15 Х 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 Х

20b N/A

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		_x_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		x
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	N/A	
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d	N/A	
2 5 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		<u>x</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI	37		х_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Forn	n 990 ((2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			Д
	$\overline{}$	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>		ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	N/A	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 2			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	N/A	
4 a 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)?	4 a		х
b If 'Yes,' enter the name of the foreign country.			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	N/A	<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	N/A	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	***********	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_	N/A	_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7 c	ļ	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			ļ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	N/A	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8	N/A	
9 Sponsoring organizations maintaining donor advised funds.			I
a Did the organization make any taxable distributions under section 4966?	. 9 a	N/A	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	N/A	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A			
11 Section 501(c)(12) organizations. Enter	1.		
a Gross income from members or shareholders	_j *	,	1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)]		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	N/A	L
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year	_	Ì	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	N/A	4
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
William the organization to hoomed to hood qualified heart plane 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	4		
c Enter the amount of reserves on hand	+44=	 	+
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	N/F	/ X
um des mas icilied a como /zono reporcinese payments/ ir ivo, provide an explanation in Schedule U	. i 140	/ -	4

Form 990 (2011) Abundance Foundation 20-1390469 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent . . . 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? . . . 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . 9 Х (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b N/A 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11 a х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х 13 Did the organization have a written whistleblower policy? . . . 13 Χ Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the N/ organization's exempt status with respect to such arrangements? . . . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Leventhal Kline Mgmt Inc. 127 University Ave.

TEEA0106 01/23/12

Form 990 (201	1) Abundan	ce Foundation
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20-1390469

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

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

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

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

Check this box if neither the organization r	nor any rela	ated or	rgan	ızatı	on c	ompe	nsat	ed any current officer,	director, or trustee.	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el trustee or director	urshtutional kustee	Offi ei	אפע פיווןטאיאפפ	High est cointensaled employee	กับเกลเ	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Stephen Kahn President, CEO, Director	50.00	Х		Х				148,849.	0.	9,331.
(2) Elizabeth Kahn Secretary, Director	20.00	Х		Х				40,000.	0.	15,979.
(3) Berit Ashla Director	4.00	Х						0.	0.	0.
(4) Daniel Federman Director	1.00	Х						0.	0.	0.
(5) Mary Moran Perry Director	1.00							0.	0.	0.
(6) Harald Leventhal CFO	0.25			х				0.	0.	0.
(7) Benita Kline Asst Secretary	0.25			х				0.	0.	0.
_(8)	0.25							<u> </u>		<u></u>
_(9)		•	_							
(10)										
(11)										
(12)										
(13)										
(14)										
				-					·	

Part VII Section A. Officers, Directors, Trust	ees, l	Cey	Em	plo	oye	es,	and	d Highest Con	pensated Em	ployees (cont)
				(C	;)					
(A) Name and title	(B) Average hours	box	, unle:	ss pe	more rson ::	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (descnb	or d	Inst	Officer	Key	High	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
	e hours	Individual trustee or director	itution	cer	employee	nest c ployee	mer			and related organizations
	for related organi-	trust	nal tru		oyee	ompe				
	zations in Sch O)	ee	stee			Highest compensated employee				
<u>(15)</u>	:									
<u>(16)</u>										
<u>(17)</u>										,,,,,,
(18)									·	
<u>(19)</u>										
(20)					-					
(21)								-		
(22)										
(23)										
(24)							_			
(25)										
1 b Sub-total								188,849.	0	. 25,310.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								188,849.	0	. 25,310.
Total number of individuals (including but not limited to										
from the organization • 1									· · · · · · · · · · · · · · · · · · ·	-
Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv	trustee,	, key	emp	oloye	e, o	r hig	hes	t compensated em	ployee	Yes No
For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	able co	mpe	nsat	ion a	and (othe	r cor	mpensation from		3 X
such individual	 pensati	 on fr	··. om a	· ·	unre	 lated	 Loro			• • 4 X
for services rendered to the organization? If Yes, com Section B. Independent Contractors	plete S	chea	ule .	J for	suc	h pe	rson	· · · · · · · · · · · · · · · · · · ·	<u> </u>	5 X
Complete this table for your five highest compensated	ındepei	nden	t cor	ntrac	tors	that	rec	eived more than \$1	00,000 of	
compensation from the organization Report compensation (A)	ation for	the	cale	ndar	yea	ir en	dıng	with or within the		
Name and business address	3							Description of		(C) Compensation
None			<u>-</u>							
·										
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►	not lim	iited	to th	ose	liste	d ab	ove) who received mo	re than	

rai	t viii Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
CONTRIBUTION AND OTHER SI	f All other contributions, gifts, grants, and similar amounts not included above 1 f 955, 258 . g Noncash contributions included in lns 1a-1f \$ h Total. Add lines 1a-1f	955,258.			
ш	Business Code			· · · · · · · · · · · · · · · · · · ·	
- ⊋	\				
PROGRAM SERVICE REVENUE	2a None N/A b	0.	0.	0.	0.
_ ≩					
8	f All other program service revenue	0.	0.	0.	0.
뚪	g Total. Add lines 2a-2f	0.			
	 Investment income (including dividends, interest and other similar amounts)	0.	0.	0.	0.
	5 Royalties	0.1	0.	0.	0.
	(i) Real (ii) Personal				
	6 a Gross rents	a della la consuma del	to a madema		
	d Net rental income or (loss)	0.	0.	<u> </u>	0.
	7 a Gross amount from sales of assets other than inventory . b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)	0.	0.	0.	0.
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)	<u> </u>	-		0.
<u>~</u>	See Part IV, line 18 a 0.				
丰	b Less: direct expenses b 0 .				
٥	c Net income or (loss) from fundraising events ▶	0.		0.	ō.
	9 a Gross income from gaming activities See Part IV, line 19	<u> </u>			
1	b Less: direct expenses b 0 .				
	c Net income or (loss) from gaming activities ▶	0.	0.	0.	0.
	10 a Gross sales of inventory, less returns and allowances		:		,
			¬	·	
İ	c Net income or (loss) from sales of inventory ▶	0.	0.	0.	0.
- 1	Miscellaneous Revenue Business Code				l .
	11a None N/A	0.	0.	0.	0.
		<u> </u>	<u> </u>		
,	b			-	ļ
1	c				
ŀ	d All other revenue	0.	0.	0.	0.
	e Total. Add lines 11a-11d	0.	- •	· · · · · · · · · · · · · · · · · · ·	i
- 1	•		_	ļ	
1	12 Total revenue. See instructions	955,25 <u>8</u> .	0.	0,] 0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a res	sponse to any question in	n this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments				
and organizations in the United States See Part IV, line 21	157,887.	157,887.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0.	0.		}
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	173,500.	173,500.		
4 Benefits paid to or for members.	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	214,159.	190,437.	7,907.	15,815.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salanes and wages	0.	0.	0.	0.
Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits		0.	0.	0.
10 Payroll taxes		11,121.	398.	797.
11 Fees for services (non-employees)	==,			
a Management	60,000.	33,000.	21,000.	6,000.
b Legal		7,336.	4,125.	0.
c Accounting		0.	9,343.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services See Part IV, line 17	0.			0.
f Investment management fees	0.	0.	0.	0.
g Other		13,800.	0.	0.
12 Advertising and promotion		0.	0.	<u> </u>
13 Office expenses	1,138.	1,027.	111.	0.
14 Information technology	66,343.	57,938.	2,824.	5,581.
15 Royalties		0.	0.	0.
16 Occupancy		2,520.	360.	720.
17 Travel	3,838.	3,838.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings		24,379.	47.	0.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	4,157.	2,910.	416.	831.
23 Insurance	6,742.	3,815.	2,069.	858.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Dues & Subscriptions	23,762.	23,738.	8.	16.
b Supplies	6,415.	5,150.	422.	843.
c Bank Fees	1,750.	55.	25.	1,670.
d_Staff_Development	930.	930.	0.	0.
e All other expenses	95.	0.	95.	0.
25 Total functional expenses. Add lines 1 through 24e	795,662.	713,381.	49,150.	33,131.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ►				
SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>	<u> </u>	

Part X	Balance Sneet	(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	139,606.	1	264,057.
2	Savings and temporary cash investments	0.	2	0.
3	Pledges and grants receivable, net	0.	3	0.
4	Accounts receivable, net	0.	4	0.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).	0.	6	0.
§ 7	Notes and loans receivable, net	0.	7	0.
S 7 S 8 T 9	Inventories for sale or use	0.	8	0.
s 9	Prepaid expenses and deferred charges	4,957.	9	31,986.
10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
1	Less accumulated depreciation	8,818.	10 c	8,439.
11	Investments — publicly traded securities	0.	11	0.
12	Investments – other securities. See Part IV, line 11	0.	12	0.
13	Investments – program-related. See Part IV, line 11	0.	13	0.
14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	0.	15	2,975.
16	Total assets. Add lines 1 through 15 (must equal line 34)	153,381.	16	307,457.
17	Accounts payable and accrued expenses	7,793.	17	2,273.
18	Grants payable	0.	18	0.
19	Deferred revenue	0.	19	<u> </u>
L 20	Tax-exempt bond liabilities	0.	20	0.
A 21 B 22	Escrow or custodial account liability Complete Part IV of Schedule D	<u>.</u>	21	
ī 22 L I	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
1 22	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
E 23 S 24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25	7,793.	26	2,273.
N E T	Organizations that follow SFAS 117, check here ► X and complete lines			
Ť	27 through 29 and lines 33 and 34.			
§ 27	Unrestricted net assets	145,588.	27	305,184.
\$ 27 \$ 28 \$ 29	Temporanly restricted net assets	0.	28	0.
	Permanently restricted net assets	0.	29	0.
R	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
F 30	lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	·
용 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
L 32	Retained earnings, endowment, accumulated income, or other funds		32	
B 31 32 NC 33 S 34	Total net assets or fund balances	145,588.	33	305,184.
S 34	Total liabilities and net assets/fund balances	153,381.	34	307,457.

BAA

Form **990** (2011)

Form	1990 (2011) Abundance Foundation 20-1390469		Pa	age 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	.П
1	Total revenue (must equal Part VIII, column (A), line 12)	9	55,2	<u> 58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	7	95,6	62.
3	Revenue less expenses. Subtract line 2 from line 1	1	59,5	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	45,5	88.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	3	05,1	84
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			. П
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	-	Х
t	Were the organization's financial statements audited by an independent accountant?	2 b		х
ď	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	N/A	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,*
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both	,		
	Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b	N/A	
BAA		Form	n 990 (2011)

TEEA0112 07/06/11

SCHEDULE A (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. ► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Abundance Foundation

Employer identification number

20-1390469

Par	<u>: I</u>	Re	ason	for Pub	olic (Charity	/ Status	s (All	l organiz	ations r	must co	mplet	e this p	art.) S	ee inst	ruction	IS.		
The c	rga	nizatio	on is no	ot a privat	e fou	ndation l	pecause if	tıs (F	For lines 1	through 1	11, check	only or	ne box.)						
1	\Box	A ch	urch, c	onventior	of ch	nurches	or associa	ation (of churches	s describ	ed in sec	tion 17	0(b)(1)(A	A)(i).					
2	П	A sc	hool de	escribed ii	n sec	tion 170	(b)(1)(A)((ii). (/	Attach Sch	edule E))								
3	П	A ho	spital d	or a coope	erative	e hospita	l service	organ	nization des	scribed in	section	170(b)	(1)(A)(iii).					
4	П	A me	edical r	esearch o	organi	ization o	perated in	n coni	unction wit	th a hosp	ital desci	nbed in :	section	170(b)(1	D(A)(iii)	Enter th	ne hospital's	s	
	_			and state	-				,										
5		An o	rganiza		rated	for the bete Part I	enefit of a	colle	ege or univ	ersity ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	ın section		
6 7	х	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 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.)																	
10		An o	rganiza	ation orga	nized	and ope	erated exc	clusiv	ely to test t	for public	safety S	See sec t	tion 509	(a)(4).					
11		more	e public	ly suppor	ted o	rganızatı	ons desci	nbed	ely for the in section to complete	509(a)(1)	or section	on 509(a	functions a)(2) Sec	of, or c e sectio	arry out n 509(a)	the purp (3). Che	oses of one eck the box	or that	
		a [Туре	1		b 🗌	Type II		с [Type III	I — Func	tionally i	ntegrate	d		d 🗌	Type III -	- Othe	r
е		othe	hecking r than to on 509	oundation	, I cer n man	rtify that nagers a	the organ nd other t	izatio han o	n is not co one or more	ntrolled d e publicly	lirectly or supporte	ndirect d organ	ly by one	e or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box																		
g		Sinc	e Augu	st 17, 200	06, ha	as the or	ganızatıor	n acce	epted any o	gift or co	ntribution	n from a	ny of the	followin	g persor	าร?			
																		Yes	No
		(i)	A per below	son who o	dırect eminç	ly or indi g body o	rectly con f the supp	trols, orted	either alor i organizati	ne or toge ion?	ether with	person	s descnl	oed in (ii) and (III) 	. 11g (i)		
		(ii)	A fan	nly memb	er of	a persor	describe	ed in (i) above?								. 11g (ii)		
		(iii)	A 359	% controll	ed en	itity of a	person de	escnb	ed in (i) or	(II) above	e?						. 11g (iii		
h		Prov							orted organ										
		(ı) Na	ime of su organiza	pported		(II) E		(ii	i) Type of orga described on li above or IRC (see instructi	anization ines 1-9 section	(iv) i organiz column (your go	s the ation in i) listed in everning ment?	the organ	rou notify lization in n (I) of upport?	(vi) li organiz colur organize U S	ation in nn (i) ed in the	(vii) Amou	int of sup	pport
								<u> </u>			Yes	No	Yes	No	Yes	No			
(A)																			
(B)																			
<u></u>					_			1			1			-	<u> </u>				
<u>(C)</u>					_	<u> </u>								_					
(D)																			
<u>(E)</u>																			
Total																			

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						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	0.	8,000.	500.	813,592.	955,258.	1,777,350.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4	Total. Add lines 1 through 3	0.	8,000.	500.	813,592.	955,258.	1,777,350.
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)						0.
6	Public support. Subtract line 5 from line 4						1,777,350.
Sec	tion B. Total Support					-	
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0.	8,000.	500.	813,592.	955,258.	1,777,350.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0.	0.	0.	0.	0.	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						1,777,350.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	0.
13	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>	nırd, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 201		•				100.00%
	Public support percentage from 20						100.00%
16 a	a 33-1/3% support test — 2011. If the and stop here. The organization of	he organization did qualifies as a public	I not check the box ly supported organ	on line 13, and the lization	e line 14 is 33-1/3°	% or more, check t	his box · · · · · · ► X
t	33-1/3% support test — 2010. If t and stop here. The organization of	he organization did qualifies as a public	I not check a box o ly supported orgar	n line 13 or 16a, a lization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV how	,
	o 10%-facts-and-circumstances to or more, and if the organization mo- organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes t The organization	t, check this box a qualifies as a publ	nd stop here. Exp licly supported org	olain in Part IV how anization	the ▶ □
18 BAA	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1			
BAA					S	cnedule A (Form 9	990 or 990-EZ) 2011

N/A

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)

sec	tion A. Public Support						
alen	dar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions		` '	```	` '		
	and membership fees received (Do not include			i			
	any 'unusual grants ')						
2	Gross receipts from admis-						
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
•	organization's benefit and						
	either paid to or expended on						
5	its behalf						
-	facilities furnished by a						
	governmental unit to the						
_	organization without charge				<u> </u>		
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons						
ь	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line		and the formal of the same of the state of the	* >		CONTRACTOR OF	
•	7c from line 6)	**	<u>, </u>	- * - * *			
Sec	tion B. Total Support						
alen	dar year (or fiscal yr beginning ın) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	····	` '				
	Gross income from interest,						<u></u>
	dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business				<u></u>		· · · · · · · · · · · · · · · · · · ·
• •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carned on						
12	Other income. Do not include gain or loss from the sale of			l			
	capital assets (Explain in			l			
	čapital assets (Explain in Part IV)		-			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	čapital assets (Explain in Part IV)					· · · · · · · · · · · · · · · · · · ·	
	čapital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 is	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
14	capital assets (Explain in Part IV)	top here		hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
14 Sec	capital assets (Explain in Part IV)	top here blic Support P	ercentage		· · · · · · · · · · · · · · · · · · ·		
14 Sec 15	capital assets (Explain in Part IV)	top here blic Support P 1 (line 8, column (f)	ercentage) divided by line 13	, column (f))		15	96
14 Sec 15 16	Capital assets (Explain in Part IV)	top here	ercentage) divided by line 13	, column (f))		15	
14 Sec 15 16	capital assets (Explain in Part IV)	top here blic Support P 1 (line 8, column (f) 10 Schedule A, Pa estment Incon	ercentage) divided by line 13 art III, line 15	, column (f))		15	ક
14 Sec 15 16	Capital assets (Explain in Part IV)	top here blic Support P 1 (line 8, column (f) 10 Schedule A, Pa estment Incon	ercentage) divided by line 13 art III, line 15	, column (f))		15	ક
14 Sec 15 16 Sec	capital assets (Explain in Part IV)	blic Support P 1 (line 8, column (f) 10 Schedule A, Parestment Incom 2011 (line 10c, col	ercentage) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by	, column (f)))		90
14 Sec 15 16 Sec 17 18	capital assets (Explain in Part IV)	blic Support P 1 (line 8, column (f) 10 Schedule A, Pa estment Incom 2011 (line 10c, column 2010 Schedule A) the organization di	dercentage) divided by line 13 art III, line 15 are Percentage lumn (f) divided by A, Part III, line 17 d not check the bo	line 13, column (f))		\$ \$ \$ \$
14 Sec 15 16 Sec 17 18 19 a	capital assets (Explain in Part IV)	blic Support P 1 (line 8, column (f) 10 Schedule A, Pa estment Incom 2011 (line 10c, column 2010 Schedule A the organization dinis box and stop he the organization dinis box and stop he	ercentage) divided by line 13 art III, line 15 are Percentage lumn (f) divided by A, Part III, line 17 d not check the boere. The organizate d not check a box	line 13, column (f)	ine 15 is more that	15	% % % ≥ 17 ▶ □
14 Sec 15 16 Sec 17 18 19 a	Capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and stion C. Computation of Pul Public support percentage for 201 Public support percentage from 201 Public support percentage from 201 Investment income percentage for Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check the	blic Support P 1 (line 8, column (f) 10 Schedule A, Pa restment Incom 2011 (line 10c, col m 2010 Schedule A the organization di shox and stop he the organization di check this box and	drivided by line 13 art III, line 15 are Percentage lumn (f) divided by A, Part III, line 17 and not check the boere. The organizated not check a box stop here. The organization of the propersists of of	line 13, column (f)	ne 15 is more than bublicly supported and line 16 is as a publicly supported sand line 16 is as a publicly sup	15 16 17 18 133-1/3%, and line organization	% % % % % 17

Schedule A	(Form 990 or 99	0-EZ) 2011	Abundance	Foundation		20-1390469	Page 4
PartilV.	Supplemen Part II, line 1 (See instruc	tal Informa 7a or 17b; tions).	ition. Complete and Part III, line	this part to provide 12. Also comple	de the explanations req te this part for any addi	20-1390469 uired by Part II, line 10; itional information.	
							
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Abundance Foundation 20-1390469 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?...... Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the 2 last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? l No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X .

Schedule D (Form 990) 2011 Abundance Fou	ındation		20-1390	0469	Page 2
Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (contin	nued)
3 Using the organization's acquisition, accession, a items (check all that apply)	and other records, check	any of the following that a	ire a significant use of its	collection	
a Public exhibition	d Loan o	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations	_				
Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organization solicit or re- assets to be sold to raise funds rather than to be	ceive donations of art, his maintained as part of the	torical treasures, or other organization's collection	sımılar ? [Yes	No
Part IV Escrow and Custodial Arranger Ine 9, or reported an amount on F	nents. Complete if the form 990, Part X, line	ne organization ansv e 21.	vered 'Yes' to Form	990, Part I	V,
1 a Is the organization an agent, trustee, custodian, included on Form 990, Part X?	or other intermediary for	contributions or other ass	ets not	Yes	□No
b if 'Yes,' explain the arrangement in Part XIV and	complete the following ta	ble	•	_	_
	•			Amount	
c Beginning balance			. 1c		_
d Additions during the year				<u> </u>	
e Distributions during the year				· ·	
f Ending balance					
2 a Did the organization include an amount on Form				Yes	No
b If Yes,' explain the arrangement in Part XIV	000,1 dit 21, iii 0 21			163	
Part V Endowment Funds. Complete if the	ne organization answ	vered 'Yes' to Form (990 Part IV line 10		
(a) Current				(e) Four ye	are back
1 a Beginning of year balance	year (b) r nor year	(c) Iwo years back	(u) Three years back	(e) Four ye	als vack
b Contributions				 	
b Contributions				 	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				y	n
f Administrative expenses				*	
g End of year balance				<u> </u>	
2 Provide the estimated percentage of the current	year end balance (line 1g	ı, column (a)) held as			
a Board designated or quasi-endowment	%				
b Permanent endowment ► %					
c Temporanly restricted endowment	%				
The percentages in lines 2a, 2b, and 2c should e	qual 100%				
3 a Are there endowment funds not in the possessio	n of the organization that	are held and administere	d for the		_
organization by	ir or the organization that	are note and administere	a for the	Yes	No
(i) unrelated organizations				3a(i)	
(ii) related organizations			• • • • • • • • • • • • • • • • • • • •	3a(ii)	
b If 'Yes' to 3a(II), are the related organizations liste	ed as required on Schedu	ıle R?		. 3b	
4 Describe in Part XIV the intended uses of the org	anization's endowment f	unds			
Part VI Land, Buildings, and Equipment					
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book	value
	(investment)	basis (other)	depreciation	(4) 5001	· · · · · · · · · · · · · · · · · · ·
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment		14,360.	5,921.		8,439.
e Other					, =
Total. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X. colur	nn (B), line 10(c))			8,439.
		17/			- ,

BAA

Schedule **D** (Form 990) 2011

(a) Description (b) Book value (1) (2)(3)(4) (5)(6) (7) (8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, column (B), line 15) Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25).	▶

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	edule D (Form 990) 2011 Abundance Foundation	20-1390469	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses	—	
_	Prior period adjustments		-
7	Other (Describe in Part XIV)	<u> </u>	
8	· ·		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	· 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments		
	b Donated services and use of facilities	_	
(Recovenes of prior year grants		
(d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	*	
á	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
1	b Other (Describe in Part XIV)		
(c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	À	
í	a Donated services and use of facilities	vy.	
ı	b Prior year adjustments	· ·	
	c Other losses		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٠,	a Investment expenses not included on Form 990, Part VIII, line 7b 4a	< s ₂₀	
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	rt XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this additional information	s 1b and 2b, part to provide	
			- -
			
			

Schedule D (Form 990) 2011	Abundance Fou	ındation			20-1390469	Page 5
Part XIV Supplemental	Information (cor	ntinued)				
						
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Schedule F (Form 990)

Statement of Activities Outside the United States

2011

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

	nce Foundation	20-1390469
Part I	General Information on Activities Outside the United States. to Form 990, Part IV, line 14b.	Complete if the organization answered 'Yes'

- For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?.... X Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The fo	ollowing Part I, line	3 table can be du	plicated if additional space is ne	eded)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America	0	0	3 grants	3 grants	73,500.
(2) Sub-Saharan Africa	0	0	3 grants	3 grants	100,000.
(3)	-				
(4)					
(5)					
(6)					
(7)					
(8)					
_(9)					
(10)					<u></u>
(11)		. ,			
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0			173,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			173,500.

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Abundance Foundation

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)		Central America	ral America Microinsurance	20,500.	Check	0.	N/A	N/A
(2)		Central America	Adolescent Girls NW	20,000.	Check	0.	N/A	N/A
(3)		Central America	Gender Based Violence	33,000.	Check	0.	N/A	N/A
(4)		Sub-Saharan Africa FEED Africa	FEED Africa	50,000.	Check	0.	N/A	N/A
(5)		Sub-Saharan Africa Deep well for School	Deep well for School	25,000.	Check	0.	N/A	N/A
(6)		Sub-Saharan Africa Women's Health Init	Women's Health Init	25,000.	Check	0.	N/A	N/A
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which	ions listed above that	are recognized as cha	anties by the fore	ign country, recogn	zed as tax-exempt	by the IRS, or for w	hich	4

the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities. BAA

Schedule F (Form 990) 2011

Page 3

20-1390469

Schedule F (Form 990) 2011 Abundance Foundation

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)		i																	Schedule F (Form 990) 2011
(g) Description of non-cash assistance																			Schedule F
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																			
(b) Region																			
(a) Type of grant or assistance				((A
	Ξ	8	ම	(4)	(5)	9	6	€	<u> </u>	5	£	(12)	13	5	135	99	5	(18)	BAA

		1390469	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	. Yes	X No
BAA	TEEA3505 01/17/12	Schedule F (For	m 990) 2011

Schedule F (Form 990) 2011	Abundance Foundation	20-1390469 Page 5
Complete this 3, column (f) (accounting n	al Information s part to provide the information required by Part I, line 2 (accounting method; amounts of investments vs expendinethod); Part III (accounting method); and Part III, columns applicable. Also complete this part to provide any addition	(monitoring of funds); Part I, line tures per region); Part II, line 1 n (c) (estimated number of onal information (see instructions).
Pt_I_Line_2	Abundance Foundation staff have direct k	knowledge of the ongoing
	work of grantees and make site visits wh	nen_possibleAll_foreign
	grants require reports. Grantee pre-gra	ant inquiry, award agreements,
	payments, and reports are administered by	by Leventhal Kline
	Management Inc.	

SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Bublica

OMB No 1545-0047

Capacity Bldg **≗** □ (h) Purpose of grant or assistance Education Education Employer Identification number X Yes Arts Arts Partell | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 20-1390469 Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 10,000. 20,000 82,387 10,000 (d) Amount of cash grant 30,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 501(c)(3) 501(c)(3) 501(c)(3)501(c)(3)501(c)(3)Part II can be duplicated if additional space is needed Part্যাক্ষ General Information on Grants and Assistance 26-3648452 94-2368070 27-3457152 94-3308627 94-3042571 (P) EIN Yerba Buena Ctr for Arts (5) Sustainable Sciences Inst - 870 Market St. Ste 764 San Francisco CA 94102 - 849 Valencia Street San Francisco CA 94110 San Francisco CA 94103 11111 1 (a) Name and address of organization or government 701 Mission Street Abundance Foundation (4) Voice of Witness Oakland CA 94609 Oakland CA 94611 Park Day School 360 42nd Street P.O. Box 11567 111 (2) United Roots Name of the organization ١ 6 9

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Page 2

Schedule I (Form 990) (2011) Abundance Foundation

Rank Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

rari III can be duplicated II additional space is needed	iai space is lieeded				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
2					
4					
S.					
9					
7					
Partily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	elete this part to pro	vide the information	required in Part I,	ine 2, and any other ad	ditional information.
Pt_L_Line_2All_grants_that_are_not_gen		ral support re	quire reports.	eral support require reports. Grantee pre-grant	1t.
inguiry, award agreements,	l <u>agreements, p</u>	payments, and reports	are	administered by	
Management.		Only 501(c)(3) public charities	_public_charit:	ies are eligible	
for general support.	pport	 	 		
	 		1	1 1 1 1 1 1 1 1 1 1	
	! ! ! !	 	1 1 1 1 1 1 1 1	1	

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Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Abundance Foundation

► Attach to Form 990. ► See separate instructions.

Employer identification number

20-1390469

Par	t I Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any VII, Section A, line 1a Complete Part III to provide any relevan	of the following to or for a person listed in Form 990, Part it information regarding these items.		:	
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			ĺ
	Discretionary spending account	Personal services (e.g , maid, chauffeur, chef)			
ь	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described ab	n follow a written policy regarding payment or pove? If 'No,' complete Part III to explain	1 b	N/A	,
2	Did the organization require substantiation prior to reimbursing trustees, and the CEO/Executive Director, regarding the items	or allowing expenses incurred by all officers, directors, checked in line 1a?	2	х	
3	Indicate which, if any, of the following the filing organization us CEO/Executive Director Check all that apply Do not check an establish compensation of the CEO/Executive Director Explain	ed to establish the compensation of the organization's y boxes for methods used by a related organization to n in Part III			:
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			'
b	Participate in, or receive payment from, a supplemental nonqu	alified retirement plan?			X X X
	Only section 501(c)(3) and 501(c)(4) organizations must co	omplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did contingent on the revenues of				
			<u>5 a</u>		X
t	Any related organization?		5 b		Х
6	For persons listed in Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of	the organization pay or accrue any compensation	· • • • • • • • • • • • • • • • • • • •		
			6 a		Х
t	Any related organization?		6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did described in lines 5 and 6? If 'Yes,' describe in Part III	the organization provide any non-fixed payments not	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accontract exception described in Regulations section 53 4958-4	rued pursuant to a contract that was subject to the initial I(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable		9		

20-1390469

Page 2

Abundance Foundation

Schedule J (Form 990) 2011

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

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

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

	-		(R) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	1	(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
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Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization		Employer identification number
Abundance Foundat	ion	20-1390469
Pt_VI,_Line_2	RE: Family & Business relationships among fiduci	aries:
	Officer/directors Stephen and Elizabeth Kahn hav	re_a_family
	family relationship.	
Pt_VI,_Line_3	RE: Delegation to Management Company:	
	The Foundation delegates many functions by contr	ract to Leventhal
	Kline Management Inc. ("LKM"), a philanthropic m	nanagement and
	advisory services firm that provides the Foundat	ion a full
	range of management & administrative services ar	nd_back_office
	support, including accounting and tax preparation	on, purchasing
	_insurance_and_risk_management,_mailing_address_a	and_phone,
	_administrative_and_vendor_managment, and grants	administration.
	The Foundation's directors approved payment of \$	668,244_to
	LKM for services in 2011.	
Pt_VI, Line 7a	RE: Persons who elect directors and must approve	decisions:
	Under the Foundation's Bylaws and California Pub	olic Benefit
	Nonprofit Corporation Law, Stephen and Elizabeth	Kahn serve as the
	_Foundation's designators	
Pt_VI,_Line_7b	and thereby hold the power to elect the Foundati	lon's directors.
	As is customary with Designator Bylaws, the Designator	gnators must
	_approve_any_Bylaw_amendment	
Pt_VI,_Line_11a_	RE: Board review of 990 prior to filing:	
	Prior to filing; Form 990, including all schedul	les and attachments,
	are sent to the directors and members of the boa	ard in draft

Schedule O (Form 990 or 990	D-EZ) 2011	Page 2
Name of the organization Abundance Foundat	ion	Employer identification number 20 - 1390469
Apundance roundae	1011	1330103
	seeking review and comment, along with a transmi	ittal email
	_calling_their_attention_to_sections_of_the_Form	most likely
	to be of interest to memebers of the public and	potential
	_donors	
Pt VI, Line 12c	RE: Monitoring and enforcement of conflict police	 :y:
	_The_Abundance_Foundation_is_a_small_organization	n, so relationships
	which could give rise to conflicts are easily io	dentifiable. Each
	year, a form requesting information on conflicts	s resulting
	from any family and business relationships is se	ent to members
	of the board and corporate officers. When such a	relationship is reported
	or known, the directors consider it and unless	a correction is
	necessary, the policy directs full disclosure of	f all the facts
	_and_circumstances_and_that_the_potentially_inte	rested person
	recuse themselves from any decision which could	benefit
	_them_personally	
Pt VI, Line 15	RE: Process for reviewing compensation:	
	a) CEO - The Compensation Committee consults wi	th legal
	Counsel, reviews compensation surveys and mater	ials compiled
	by Counsel and by the Committee, and speaks with	<u>h</u>
	_individuals_working_in_the_nonprofit_field_to_re	ecommend to
	the Board a reasonable salary for the CEO based	on_the_job
	_description_and_professional_credentials_require	ed.
	b) Other Officers - The Compensation Committee	consults with legal
	Counsel, reviews compensation surveys and mater	ials compiled
	by Counsel and by the Committee, and speaks wit	h other

Schedule O (Form 990 or 990	D-EZ) 2011	Page 2
Name of the organization	ion	Employer identification number 20-1390469
Abundance Foundat	1011	120-1390469
	individuals working in the nonprofit field to re	ecommend to
	the Board a reasonable salary for the Programs (Officer_based
	on the job description.	
Pt VI, Line 19	RE: Disclosure policies:	
	The Foundation will provide copies of its three	most recent Form
	990s, masked only with regard to donor identity	upon_request
Part III, Line 4a	Statement of Program Service Accomplishments:	
	The Abundance Foundation provides support and ca	apacity
	building, in the form of grants and the experti-	se and involvement
	_of_its_President_&_CEO_and_other_staff_and_board	d members, to
	_nonprofit_organizations_who_are_working_to_promo	ote_its_mission
	_DrStephen_Kahn, the Foundation's President & @	CEO is a board-
	certified emergency room physician and provides	clinical
	expertise and on-the-ground engagement with the	Foundation's
	program partners on their capacity building, cl	inical support and
	_strategic growth needs	
	_Global_Health_Delivery:	
	Expenses: \$297,600; Grants: \$105,500; Revenue:	\$0
	The Abundance Foundation provides on-the-ground	capacity
	_building, program support and makes grants to o	rganizations
	_aligned_with_its_mission_to_improve_global_heal	th_through
	_strengthening local health_systems_by_training,	supporting and
	_empowering_local_health_leaders	

Name of the organization		Employer identification number
Abundance Foun	dation	20-1390469
	The Abundance Foundation made a grant to Vil	lage Health
	Partnerships to support sustainable communit	y-based programs
	for_safer childbirth and the prevention and	treatment of obstetric
	and_gynecological_complications_of_childbirt	h in rural Ethiopia.
	The Abundance Foundation made a grant to Sus	tainable Sciences
	Institute to build the capacity of local pub	olic_health_professionals
	to address HIV, HPV and tropical diseases in	Central and South
	America.	
	The Abundance Foundation partnered with the	FEED Foundation
	and American Jewish World Service to support	the immediate
	need for emergency food and nutrition in the	Horn of Africa and
	to support grassroots efforts to address lor	nger-term structural
	issues of food insecurity and sustainability	·
	In 2011, the Abundance Foundation contribute	ed in-kind support
	through the engagement of its President and	CEO, Dr. Stephen
	Kahn, in partnership with Harvard Medical So	chool, Partners In
	Health, and the Global Health Delivery Progr	ram to fulfill and
	expand a 2010 Clinton Global Initiative comm	nitment: the
	Abundance Project for Global Health. This pa	artnership, led by
	Chief Abundance Partners Dr. Corrado Cancedo	da and Dr. Louise
	Ivers empowers local doctors and nurses in F	Haiti and Rwanda
	and_trains_a_new_generation_of_health_care_l	Leaders. Dr. Kahn also
	contributed his expertise in partnership wit	th the Global Health
	Delivery Program at Harvard to support the d	development and
	dissemination of essential medical knowledge	e to a global network
		== ===== == ==

Schedule O (Form 990 or 990	-EZ) 2011	Page 2
Name of the organization Abundance Foundat:	ion	Employer identification number 20-1390469
Abundance Foundat.	i di	120 1330403
	of doctors, nurses, and community health workers	through
	Global Health Delivery Online (GHDonline.org).	
	In addition, Dr. Kahn contributed his time and p	professional
	expertise as an emergency department physician a	at Hospital St.
	Nicholas in St. Marc, Haiti working with Haitia	an doctors and
	nurses to better understand the daunting challer	nge_that_these
	clinicians face. Hospital St. Nicholas is the or	nly_major_public
	hospital serving the Lower Artibonite region wh	ich_is_at_the
	epicenter of the fight against the cholera epide	emic. Dr. Kahn
	worked with Partners In Health leadership and ot	ther
	organizations to support the strategic planning	for a Family
	Medicine Residency and Nurse Training program at	Hospital St.
	Nicholas.	
Part III, Line 4b	Youth & Female Empowerment:	
	Expenses: \$181,346; Grants: \$98,500; Revenue: \$0	<u>o</u>
	Recognizing that women and youth are disproport	ionately
	impacted by war, natural disasters, economic dis	sadvantage and
	violence, the Abundance Foundation focuses on you	outh and female
	empowerment as a strategy to leverage change.	The Foundation
	provided support to AmeriCares for the Haiti Add	olescent Girls
	Network that empowers the most vulnerable Haitig	an girls, ages
	10-19 to continue to rebuild their lives follows	ing_the_devastating
	earthquake. The program helps break the cycle	of poverty and
	violence for 1,000 girls and 80 peer mentors and	d builds capacity of
	local and international NGOs to implement girl-	centered

Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number 20-1390469
Abundance Foundation	[20 1350405
programming. Advocacy by Abundance Foundation	's staff
catalyzed additional funding for the Haiti Ado	lescent Girls
loss of their investments in their new businesses as	a result of another natural
Network that dramatically leveraged the direct	grant.
The Abundance Foundation partnered with Fonkoz	e_to_provide
funds to rebuild homes for women earthquake vi	ctims in the
hard-hit region_of Kabare in 2010. In 2011, th	e_Foundation
provided support to launch a new micro-insuran	ce program to
protect_Fonkoze_micro-finance_clients_from_the	possible loss of
their investments in their new businesses as a	result of another
natural disaster or other catastrophic event.	Fonkoze is the
alternative bank for the poor, working with fe	male_clients_to
promote democracy in Haiti through economic de	velopment
The Foundation partnered with the Valentino Ac	hak Deng
Foundation to support the development of a wat	er system for the
only_secondary_school_in_South_Sudan_to_provid	e_safe_water_for
drinking and the school farm.	
The Abundance Foundation collaborated with Dig	ital_Democracy
(Dd) to launch Haiti's first Emergency Respons	e Hotline for rape
and sexual violence in partnership with the gr	assroots Haitian
women's group KOFAVIV. The 572 Hotline and Cal	l Center are
dedicated to helping survivors of gender-based	_violence_connect
to free medical, legal & psychosocial services	. Dd empowers
marginalized communities to use technology to	encourage
democratic engagement, protect human rights an	d_empower

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Name of the organization Abundance Foundati	0.7	Employer identification number 20-1390469
Abundance Foundati	OII	120-1390409
	marginalized voices globally.	
Part III, Line 4c	Arts & Education:	
	Expenses: \$234,435; Grants: \$127,387; Revenue: \$	80
	The Abundance Foundation provides direct program	nmatic
	me manage roundation provided direct program	midele
	support and makes grants to organizations aligne	ed_with_its
	mission of incubating innovative educational pro	ojects for the
	purpose of enhancing youth development, creative	e_self
	expression and the use of art to illuminate soc	ial justice issues.
	·	
	In 2011, the Abundance Foundation supported Voice	ce of Witness
	(VOW) by providing sponsorships for ten educator	rs to attend
	"Amplifying Unheard Voices: The Power of Story,	a training for
	educators from Grade 8 through college to introd	duce the skills,
	ethics and social significance of creating oral	history to enable
	them to empower their students to create their of	own_oral_history
	Voice of Witness is a nonprofit book series that	provides its
	readers - from high school students to educators	s, policy makers
	and advocates - with compelling, reality-based l	numan rights
	documentation that can be used for teaching, tra	aining and
	advocacy. The Abundance Foundation also supporte	ed VOW to
	expand its capacities in digital media production	on and to increase
	its outreach to educators.	
	The Abundance Foundation supported United Roots	the first arts
	The mandance roundacton supported united ROOES	, che lital dila
	and multimedia center dedicated to ecological and	wareness and
	artistic and professional development for youth	in Oakland and

Schedule O (Form 990 or 990-E2	Z) 2011	Page 2
Name of the organization Abundance Foundation	n	Employer identification number 20-1390469
	he greater San Francisco Bay Area. The Abundanc	
i	s providing support for the Yerba Buena Center	for the Arts
(YBCA), a multi-disciplinary arts center with a	vision to "place
c	ontemporary art at the heart of community life.	" The Abundance
F	oundation is partnering with YBCA to expand the	eir efforts to
e	ngage diverse Bay Area communities in civic dia	logue,
e	xploring the connections between art and social	justice. The
F	oundation is providing support to Park Day Scho	ool_to_provide
s	cholarships for its new hot lunch program and c	ther programs
t	hat support its social justice mission and enri	ch_the_educational
e	xperiences of its students.	
	he Abundance Foundation is providing fiscal spo	onsorship for
L	akou Mizik, a multi-media celebration of Haitia	n music and
c	ulture which is focused on the recording of a n	new_album_of
c	lassic Haitian music and creating a documentary	film telling the
s	tories of the lives of the musicians. Lakou Mi	zik will be a unigue
p	ortal to experience and preserve the cultural s	trength and
b	eauty of Haiti.	
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