Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www irs gov/Form990 for instructions and the latest information

Open to Public

A .	That Nevenu				an a							
<u> </u>		2018 calendar year, or tax year beginning , 2018, and end	ing	5 F	, 20							
В	Check if a	applicable C Name of organization Abundance Foundation			er identification number							
╝	Address of				390469							
	Name cha	ange Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number							
	Initial retu	ım 127 University Ave.		(510)	841-4145							
	Final return	return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended	return Berkeley, CA 94710		G Gross re	eceipts \$ 673,259.							
	Application	on pending F Name and address of principal officer	H(a) Is this a q	roup return for	subordinates? Yes No							
	, ,	Stephen Kahn, 127 University Avenue, Berkeley, 4A 34										
 I	Tax-exem	npt status. 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or □ 527			list. (see instructions)							
J	Website:		H(e) Group	exemption	number ▶							
K		rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► \ L Year of form		T	of legal domicile: CA							
	art I	Summary										
		Briefly describe the organization's mission or most significant activities:	ince Poundation and its na	trare train com	ort and amount local leaders in committee							
Ö		worldwide to develop new capacities that build lasting impr										
auc	-	life by focusing on the intersection of Health, Arts										
Ĕ	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed										
Š	3			1 - 1	_							
S	4	Number of independent voting members of the governing body (Part VI, line 1b		<u> </u>	<u>3</u>							
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	,,	5	4							
Activities & Governance	2 .			6								
Ć	70 .	Total number of volunteers (estimate if necessary)		7a	4							
٦	1			<u> </u>								
	b	Net unrelated business taxable income from Form 990-T, line 38	Prior Ye	7b	Current Year							
		Contributions and greats (Dott \((III) line 1h)	 									
a	8	Contributions and grants (Part VIII, line 1h)		7,079.	673,259.							
Revenue	9	Program service revenue (Part VIII, line 2g) RECEIVE	D									
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38									
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10g and 110e) 1 9 201 Total revenue—add lines 8 through 11 (must equal Part VII, epiumn (A), line 12)	9 0 30									
			1 1001	7,079.	673,259.							
		Grants and similar amounts paid (Part IX, column (A), lines f=3).	475	6,681.	186,644.							
	ا مدا	Benefits paid to or for members (Part IX, column (A), line 4) . OGDEN, . U)	0.	0.							
ës	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	392	2,346.	348,139.							
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 47,871.										
_	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,756.	<u> 278,971.</u>							
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		783.	813,754.							
		Revenue less expenses. Subtract line 18 from line 12		,296.	-140,495.							
Net Assets or Fund Balances	3		Beginning of Cu	rrent Year	End of Year							
SSet	20	Total assets (Part X, line 16)	304	1,976.	210,056.							
Ž	21	Total liabilities (Part X, line 26)		0.	26,706.							
		Net assets or fund balances. Subtract line 21 from line 20	304	1,976.	183,350.							
	art II	Signature Block										
Ur	nder penaltue, correct.	ties of≨enury, I declare that I have examined this return, including accompanying schedules and stat , and cemplete Declaration of preparer (other than officer) is based on all information of which prepar	tements, and to the formal termination termination to the formal termination to the formal termination to the formal termination termination to the formal termination termination termination to the formal termination	he best of n edae	ny knowledge and belief, it is							
				11	18/10							
Qi,	gn	Signature of officer	Da	<u> </u>	10/19							
	ere		Da	10								
. 16	71 C	Stephen Kahn, MD, President Type or print name and title										
			Data		DTIN							
Pa	aid	1 0 0	Date	Check [
Pr	eparer		11/12/19	self-emp	Dloyed P01882984							
	se Only	Fire name Leventhal/Kline Management Inc.			94-3292172							
		Firm's address > 127 University Avenue, Berkeley, CA 94710	Pho	ne no (5	10)841-4123 1							
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	. <u></u> .		🔀 Yes 🗌 No							

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

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Form **990** (2018)

	00 (2018) Page 2
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The Abundance Foundation and our program partners train, support and empower local leaders
	in communities worldwide to develop new capacities that build lasting improvements in health
	and quality of life. We work to promote whole and healthy communities by focusing on the
	See Part III, Ln 1 statement
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	Lites MI40
2	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Les VIII
4	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
42	(Code:) (Expenses \$ 399,831. including grants of \$ 124,694.) (Revenue \$ 0.)
40	
	The Abundance Foundation provides direct programmatic support and makes grants
	to organizations aligned with its mission of incubating innovative educational
	projects to enhance youth development through creative self-expression, and the use of art to illuminate social justice issues.
	In 2018, the Abundance Foundation provided program services, staff support and
	grant administration for the implementation of Agency by Design (AbD), a research
	project exploring the promises, practices, and pedagogies of maker-centered
	learning. The project began in 2011 as a collaboration between the Abundance
	Foundation and Harvard Graduate School of Education's Project Zero. The
	Abundance Foundation received grant funding from the Harvard Graduate School
	See Part III, Ln 4a statement
4b	(Code:) (Expenses \$ 383,685. including grants of \$ 61,950.) (Revenue \$ 0.)
	The Abundance Foundation provides program support and grants to organizations
	aligned with its mission to improve global health by strengthening local health
	systems and by training and supporting local health practitioners and leaders.
	Dr. Stephen Kahn, the Foundation's President, is a board-certified emergency room
	physician with extensive experience working in the global health arena. He
	provides clinical expertise and on-the-ground engagement with the Foundation's
	Health program partners and represents the Foundation in various venues.
	The Abundance Foundation supported the Global Pediatric Alliance to improve
	maternal and infant health in Mexico and Central America in 2018 by funding the
	capacity building of their small grants program. This grant program supports
	See Part III, Ln 4b statement
	(Code: \/Evpances C \/Pauses C
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······
	•
	······
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 783,516.

	AP 10	1	1	11
0 () V	Checklist of Required Schedules		<u>. ل</u>	Page 3
V	Checklist of Nequired Schedules	<u> </u>	Yes	No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," omplete Schedule A.	1	×	110
	s the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	-
D	old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to andidates for public office? If "Yes," complete Schedule C, Part I	3		×
S e	ection 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) lection in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
ls a:	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, ssessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
h	the organization maintain any donor advised funds or any similar funds or accounts for which donors ave the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part I	6		×
D th	the organization receive or hold a conservation easement, including easements to preserve open space, ne environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
	ond the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," omplete Schedule D, Part III	8		×
С	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a sustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or ebt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
D e	nd the organization, directly or through a related organization, hold assets in temporarily restricted indowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, II, VIII, IX, or X as applicable.			
	ond the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," omplete Schedule D, Part VI	11a	×	
D o	old the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
0 0	old the organization report an amount for investments—program related in Part X, line 13 that is 5% or more fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
	the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	×
	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
D th	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses are organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
	id the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete chedule D, Parts XI and XII	12a		×
W	/as 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 and XII is optional	12b		×
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E id the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	148		×
D	d the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking		Ì	1 1

	for any foreign organization / if "Yes," complete Schedule F, Parts II and IV	15 ∤	×	ľ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	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	L	
18	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		

fundraising, business, investment, and program service activities outside the United States, or aggregate

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

20 a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $\,H\,$. **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E:\(\text{Wee}_0\)'16 PRoplete Schedule I, Parts I and II .

19

20a

20b

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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	×	
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	<u> </u>	ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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	×	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
·-	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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		×
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		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4-	Enter the number reported in Poy 2 of Form 1000 Fator 0 if and analysis in the		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	- 1c	×	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Takes the number of employees reported on Form W.S. Transmittel of Wage and Tay	1250 N N S	Yes	No
2a	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 4		ا الرائز المراجعة	3.5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		NA.	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	CONCERN.	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	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)?	4a	Ber Hey	X
ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1 T	in a	1.48°
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1000	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		<u>×</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 _ 1		
-	gifts were not tax deductible?	6b	26 TL	.c2.24
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>×</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		<u>×</u> _
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 9		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			類几
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Market C	4777.9 EA:**	愛 口
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	448777	2mixt-134
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	8324	illegen och	
11	Section 501(c)(12) organizations. Enter		整備	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	35.558K	stev drak I
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	876 GJ	K Milita 1
_	Note. See the instructions for additional information the organization must report on Schedule O.	100 mg/ C	30.43	er de
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ <u>×</u> _
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.		No.'s	Thurs
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	مثعثده	*##***********************************
	If "Yes," complete Form 4720, Schedule O	EFE.	2.3	#WE
		Form	990	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.	-			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>	. 🗵
Secti	on A. Governing Body and Management			T	Τ
40	Enter the number of voting members of the governing hody at the end of the tay year	1a :	<u>. 1777</u>	Yes	No This series
1a	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	1a	1		7.6.77 7.6.5.1
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.			Br.	
b	Enter the number of voting members included in line 1a, above, who are independent	1b :	2 4 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2	257	
3	Did the organization delegate control over management duties customarily performed by or	Under the direct		_	×
·	supervision of officers, directors, or trustees, or key employees to a management company or other		3	×	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		×
6	Did the organization have members or stockholders?		6	<u> </u>	×
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
	stockholders, or persons other than the governing body?		7b	×	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	學德	變了	1.19
_	the year by the following:		سَرِّ وَرَجُّ		1.721
a b	The governing body?		8a 8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the section of the governing body.	 at he reached at	90	×	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Secti	ion B. Policies (This Section B requests information about policies not required by th	e Internal Reve	nue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		T.M		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	×	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×	-
С	Did the organization regularly and consistently monitor and enforce compliance with the parameter of the describe in Schedule O how this was done.	policy? If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review a	and approval by	ر در د کسیکیهاژی	SECT.	72.7
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		Min		
a	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	X Internal	Odja souri
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	_		Z Z	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similarly with a taxable entity during the year?	lar arrangement	16a	eying inc	×
b	, , , , , , , , , , , , , , , , , , , ,		12.72	计量	
	participation in joint venture arrangements under applicable federal tax law, and take steps t			1997°	<u>E</u>
Sacti	organization's exempt status with respect to such arrangements?	· · ·	16b		L
3ecti					
18	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable		T (0.0-		
10	(3)s only) available for public inspection Indicate how you made these available Check all that	it apply.	, (Sec	uon 5) (C)
	Own website Another's website Upon request Other (explain in Sci	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of in	terest	policy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	n'e booke and =	200242		
20	Leventhal Kline Momt Inc. 127 University Ave. Berkeley CA 9/				

		· ugo ·
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
•	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a 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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than on box, unless person is both a officer and a director/trustee in institut of directory or directory o					one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Stephen Kahn President, CEO, Director	40.00	×		×				169,457.	0.	21,879.
(2) Berit Ashla Secretary, Director	2.00	×		×				0.	0.	0.
(3) Mary Moran Perry Treasurer, Director	2.00	×		×				0.	0.	0.
(4) Paula Morris Director	2.00	×						0.	0.	0.
(5) Harald Leventhal CFO	0.50			×				0.	0.	0.
(6) Benita Kline Asst. Secretary	0.50			×				0.	0.	0.
(7)										
(8)										
(9)										
(10)										-
(11)										
(12)										
(13)										
(14)							-			
								1		

	(A) Name and title		(do n box, office	Position (do not check more than o obox, unless person is both officer and a director/truster Highest comparation of the compa				one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization	
		organizations below dotted line)		Institutional trustee		oloyee	Highest compensated employee					and	related nizations
(15)		 											
(16)												•	
(17)													
(18)							-						
(19)								-					
(20)													
			· · · · · · ·										*******
(22)													
(23)										<u> </u>		· ···	
(24)													
(25)										n			
1b c	Sub-total . Total from continuation sheets to Part	VII, Section	n A	L		!		>	169,457.		0.		21,879.
d	Total (add lines 1b and 1c) Total number of individuals (including but	not limited						>	169,457.	#b #4/	0.		21,879.
	reportable compensation from the organi		10 111	056	IISI		2	:) WI	no received me	ore man \$10	JU,UU() OT	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direct	tor, o	r tru	uste	e,	key e	emp	loyee, or high	est compe	nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep greater tha	oortat an \$1	ole c 50,0	om 000	per	satio	s, "	complete Sch	ensation fro edule J foi	om the r <i>suct</i>	⁷	×
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	ısatı	on	fror	n any	uni			ıvıdua	5	×
	on B. Independent Contractors											'	
1	Complete this table for your five highest of compensation from the organization. Replyear.	compensate ort comper	ed ind nsatio	n fo	nde r th	ent d e ca	contra	acto ar y	ors that receive ear ending with	d more thain or within t	n \$100 he org	0,000 of ganizatio	on's tax
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compens	ation
Lever	nthal Klıne Mgmnt Inc, 127 Universi	ty Ave, B	erkel	ey,	CZ	A 9	4710	Fou	ndation Admin	ıstration			00,408.
							-						-
2	Total number of independent contracto received more than \$100,000 of compensations.							the	ose listed abo	ve) who			

è

T GI		Check if Schedule C		esponse or note t	o anv line in this	s Part VIII.		
				graph Santa Maka	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is, Grants Amounts	1a b	Federated campaigns Membership dues	S . 1:					
	C	Fundraising events	10					
	d	Related organizations						
	e	Government grants (cor						
Sir	f	All other contributions, g	· —	-				ZAVIDA AKPAD
he i		and similar amounts not inc		f 673,259.				
Contributions, and Other Sim	g	Noncash contributions includ						
a S	h	Total. Add lines 1a-1	f		673,259.			
				Business Code	PERMINE	的學的問題物學	加烈型軍程行列	契付的基本的
š	2a			-			<u>.</u>	
e Ž	ь							
Š.	С			-				
Š	ď	***************************************		-	-			
Гап	e	All other program con			<u> </u>	<u> </u>		
Program Service Revenue	g	All other program ser Total. Add lines 2a-2		. •		Egrana a a a a a a a a a a a a a a a a a a	and and an area of the same of	
	3	Investment income		idends, interest,		12 400 4 200 5 400 0 2 1 - 400 0 2 1 - 400 0 4 1 V	Reprise March Control (1994)	55. Hills, "20035-121, 26714-255 5 1127-11
		and other similar amo		▶				•
	4	Income from investmen	it of tax-exempt	bond proceeds ▶	4,	-		
	5	Royalties	<u> </u>					
			(ı) Real	(II) Personal		ari examinaniminular		
	6a	Gross rents .	-					
	b	Less rental expenses						
	C	Rental income or (loss)			MACOUNTY (NO.		APPARENTAL PUR	Paratazian di Sala
	d	Net rental income or	<u> </u>	(ii) Other	PROVING ARREST ALCOHOL	22 S. 45G.25T-755S-1935T-75T	ZW. 1916/7/2007 Provide	William Antonio Company
	7a	Gross amount from sales of	(i) Securities	(ii) Other			30.4	
		assets other than inventory				(1) The contract		
12	b	Less cost or other basis and sales expenses		√ °				
٠,,	С	Gain or (loss)						27-1
	ď	Net gain or (loss)		. · •	and the the state of the second of the secon	THE TEXT OF THE PERSONS	A THE SECTION AND SECTION AND A PERSON OF THE PERSON AND A PERSON OF THE PERSON AND A PERSON AND	Saucerian in the Phinamata at the 1984 or printed
	_	34 ()			2000年	图的相对概则的	Secretarion	Mark Walley and Mark Mark Mark Mark Mark Mark Mark Mark
evenue	8a	Gross income from fu	undraising					
Ver		events (not including \$				Section of the sectio		
æ		of contributions reporte	ed on line 1c).		4334034			and Francisco
Other R		See Part IV, line 18		а				2.00
₹	b	Less direct expenses		b			基於地震等於	
	C	Net income or (loss) f			THE AT A PARKET AS A STATE OF THE STATE OF T		lock and 7 miles wooder at an a	Marine Marine Commission of the commission and
	9a	Gross income from ga See Part IV, line 19 .	aming activities					
	_			a				
	b	Less: direct expenses Net income or (loss) f		b		Tr. (140-24-24-24-24-24-24-24-24-24-24-24-24-24-		
	10a	Gross sales of in				FALCEMENT PERCENT	TACHELEN BRIGGER	Al-h-68ATAL-LARA
		returns and allowance		a ·	one of the Park			
	b	Less: cost of goods s		b				
	С	Net income or (loss) f			TO THE PROPERTY CAN SE	(No. 7 - 10 - 100 - 100 - 20 - 2 (No. 25.7)	Se a Walt Talanta takan	
		Miscellaneous R		Business Code	2005) 2 3 3 1 0 0 5 2 5 5 **********************************			
	11a					•		
	b							
	С							
	đ	All other revenue				AT MARK JOSEPH DE MARK DODGE DE LA CONTRACTOR DE LA CONTR	Was book that the same	allegano, possesso servicio
	e	Total Add lines 11a-		•	672 250	新的數數學的	AND PROPERTY.	

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).

Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, o, 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 domestic organizations								
	and domestic governments. See Part IV, line 21	156,694.	156,694.	为 产生的外别。					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	29,950.	29,950.						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	209,690.	0. 165,998.	5,729.	37,963.				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,960.	105,960.	0.	0.				
9	Other employee benefits	13,722.	13,722.	0.	0.				
10	Payroll taxes	18,767.	17,563.	278.	926.				
11	Fees for services (non-employees)								
а	Management	96,000.	87,900.	6,300.	1,800.				
b	Legal	3,308.	3,308.	0.	0.				
С	Accounting	6,330.	0.	6,330.	0.				
d	Lobbying	0.	0.	0.	0.				
е	Professional fundraising services. See Part IV, line 17	0.	spiritum notes	地域的影響	0.				
f	Investment management fees	0.	0.	0.	0.				
g	Other (If line 11g amount exceeds 10% of line 25 column (A) amount, list line 11g expenses on Schedule O.)	17 470	15 505						
40	- · ·	17,478.	15,595.	1,883.	0.				
12 13	Advertising and promotion	0.	0.	0.	0.				
14	Office expenses	4,937.	3,179.	1,758.	0.				
15	Royalties	0.	9,174.	1,133.	0.				
16	Occupancy	48,028.	31,876.	9,793.					
17	Travel	7,874.	7,874.	9,793.	6,359.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.				
19	Conferences, conventions, and meetings	70,366.	69,100.	1,266.	0.				
20	Interest	70,388.	0.	0.	0.				
21	Payments to affiliates	0.	0.	0.	0.				
22	Depreciation, depletion, and amortization	2,280.	1,596.	228.	456.				
23	Insurance	6,555.	2,654.	3,534.	367.				
24	Other expenses. Itemize expenses not covered	就是那些基本的 100%			West and the Control of the Control				
	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.)								
а	Dues & Subscriptions	4,244.	3,971.	273.	0.				
b	Bank Service Charges	475.	469.	6.	0.				
С	Taxes, Licenses, Fees	789.	5.	784.	0.				
đ									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	813,754.	726,588.	39,295.	47,871.				
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 if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0				
		REV 05/20/19 PRO	U	<u> </u>	0 . Form 990 (2018)				
		ALV USIZUITS FRU			1 OITH 334 (2018)				

· P	art X	Balance Sneet				
	•	Check if Schedule O contains a response or note to an	y line in this Pa	art X		<u></u> 🗆
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		182,721.	1	3,537.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		107,574.	4	200,010.
	5	Loans and other receivables from current and former offic		77.5		
		trustees, key employees, and highest compensated			132 հայ և հայաստանում անականում արգահանականում	
		Complete Part II of Schedule L		5	120.00.00.00.00.00.00.00.00.00.00.00.00.0	
	6	Loans and other receivables from other disqualified persons (as define	ed under section	and any of the second s	D100/5/1	الْ وَجُورُونَ الْمُعْلِمُونَا لِمُعْلِمُونَا لِلْمُعْلِمُونَا لِمُعْلِمُونَا لِمُعْلِمُونَا لِمُعْلِمُونَا ل
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			6	
		sponsoring organizations of section 501(c)(9) voluntary employe				
ţ		organizations (see instructions) Complete Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
ğ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,607.	9	2,238.
	10a	Land, buildings, and equipment, cost or		KANKI BROKEK		
	Ì	other basis Complete Part VI of Schedule D 10a	31,713.			
	b	Less accumulated depreciation 10b	27,442.	3,074.	10c	4,271.
	11	Investments—publicly traded securities .			11	· · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities See Part IV, line 11 .			12	
	13	Investments—program-related See Part IV, line 11.			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		304,976.	16	210,056.
	17	Accounts payable and accrued expenses		0.	17	26,706.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Sc	hedule D		21	
es	22	Loans and other payables to current and former office				
Ξ		trustees, key employees, highest compensated emp	oloyees, and			
Liabilities		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17–24). Co	mplete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	26,706.
S		Organizations that follow SFAS 117 (ASC 958), check he complete lines 27 through 29, and lines 33 and 34.	re 🕨 🗵 and			SEAST THE SEASON SEASON
ž				**************************************		
ala	27	Unrestricted net assets		304,976.	27	183,350.
B	28 29	Temporarily restricted net assets	•		28	
Ĕ	29	Permanently restricted net assets	ro la 🗆 and		29	はなった終えがられる数数数数できた。 リナノ (内になる) PN 3でも ***********************************
正		complete lines 30 through 34.	ere ▶ ∐ and			
Net Assets or Fund Balances	20			2-05/07/07/07/07/07/07/07/07/07/07/07/07/07/		
šet	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment ful			30	
As	32	Retained earnings, endowment, accumulated income, or other			31	
e	33	Total net assets or fund balances	iei iulius .	304,976.	32	102 250
z	34	Total liabilities and net assets/fund balances		304,976.	33 34	183,350. 210,056.
		Total nashines and net assets/fully balances		1 202,270.	- 04	210,036.

Form 990 (2018) Page **12**

	· ·				9~ -
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u> .		. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	73,2	259.
2	Total expenses (must equal Part IX, column (A), line 25)	2_	8	13,7	754.
3	Revenue less expenses Subtract line 2 from line 1	3	-1	40,4	95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	04,9	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9		-	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	64,4	81.
.Par	t XII. Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☐ Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or			-
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l	,	
b	Were the organization's financial statements audited by an independent accountant? .		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	•		
	separate basis, consolidated basis, or both				i '
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		,	
	Schedule O		<u> </u>		
За	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?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		l

Form **990** (2018)

1,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Abundance Foundation 20-1390469 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% 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 33½% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (n) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

 (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.) 								
Secti	on A. Public Support	4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and				1			
	membership fees received. (Do not					!		
	include any "unusual grants.")	1,603,842.	1,073,650	882,294.	1,307,079.	473,259.	5,340,124.	
2	Tax revenues levied for the							
	organization's benefit and either paid					1		
-	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	1,603,842.	1,073,650.	882,294.	1,307,079.	473,259.	5,340,124.	
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on	Provide:						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		1 Sept. 17					
6	•••	AND THE COLUMN	据2000年4月11日本		haleath in the tell		5 340 104	
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	機能がある。 いっぱい はんない	· 电电子系统 中国 1000 1000 1000 1000 1000 1000 1000 1			THE FOURIER	5,340,124.	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	1,603,842.			1,307,079.		5,340,124.	
8	Gross income from interest, dividends,	1,003,012.	1,073,030.	002,234.	1,307,073.	- 473,233.	3,340,124.	
Ū	payments received on securities loans,						1	
	rents, royalties, and income from							
	similar sources	0.	0.	o.	0.	О.	О.	
9	Net income from unrelated business							
	activities, whether or not the business	•				÷	-	
	is regularly carried on	0.	0.	0.	0.	ο.	0.	
10	Other income. Do not include gain or					-		
	loss from the sale of capital assets	,						
	(Explain in Part VI.)		1,600.	2,740.			4,340.	
11	Total support. Add lines 7 through 10	(表)为。· 党 初期4.6					5,344,464.	
12	Gross receipts from related activities, etc					12	0.	
13	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth	i, or fifth tax ye	ear as a section	on 501(c)(3)	
Coati	on C. Computation of Public Suppo			• • • •	• • •	• • • •	· · • <u> </u>	
14	Public support percentage for 2018 (line			1 column (f)		44		
15	Public support percentage for 2016 (infe					15	99.92%	
16a	331/3% support test—2018. If the organ				nd line 14 is 33		99.92 %	
	box and stop here. The organization qua						🕨 🛭	
b	331/3% support test - 2017. If the organ							
	this box and stop here. The organization						▶ □	
17a	10%-facts-and-circumstances test-2	018. If the ora	anization did n	ot check a bo	x on line 13. 1	6a. or 16b. an	d line 14 is	
	10% or more, and if the organization m	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here	. Explain in	
	Part VI how the organization meets the '	"facts-and-circ	umstances" te	st. The organi	zation qualifies	as a publicly	supported	
	organization			-			- `` ▶ 🗆	
b	10%-facts-and-circumstances test-2	017. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line	
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances'	' test, check t	this box and :	stop here.	
	Explain in Part VI how the organization in	meets the "fact	ts-and-circums	stances" test.	The organization	on qualifies as	a publicly	
							▶ 🗆	
18	Private foundation. If the organization d		box on line 13,	, 16a, 16b, 17a	ı, or 17b, checl	k this box and	see	
	instructions						▶ □	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedu	ıle A (Form 990 or 990-EZ) 2018		•				Page 3
Part							
	(Complete only if you checked to						nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201,8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, 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 its behalf				/		
5	The value of services or facilities furnished by a governmental unit to the			/			
	organization without charge		İ	/			
6	Total. Add lines 1 through 5.			/			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons			/			
b	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				-	_	
С 8	Add lines 7a and 7b		1 2 2 2 2 3	2.55 Y 40116	Set to Set on the second	# · ·	
	line 6.)						
Secti	on B. Total Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - X 20 th 1 St. 16	[2] [2] [[Sadd] 使符号曲	THE SECTION OF THE SE	\$ \$ 30 30 EV	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				, ,		
10a	Gross income from interest, 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	/	ĺ		,		
_	Add lines 10a and 10b	 					
11	Net income from unrelated business						
• •	activities not included in line 10b, whether						,
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of samelal access						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	(Explain in Part VI.)						
	(Explain in Part VI.)	ne organization	n's firet secon	d third fourth	or fifth tax v	oor as a sootio	501(a)(2)
13 14	(Explain in Part VI.)						
14	(Explain in Part VI.)	re .			, or fifth tax ye		
14	(Explain in Part VI.)	re rt Percentag	 e		<u> </u>		🕨 🛚
14 Secti	(Explain in Part VI.)	rt Percentag 8, column (f), d	e livided by line		<u> </u>		
Section 15 16 Section 15	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part come Perce	e livided by line III, line 15 ntage	13, column (f))		15	▶ □
14 Secti 15 16 Secti	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part come Perce line 10c, colum	e livided by line III, line 15 ntage nn (f), divided b	13, column (f))	mn (f))	15 16	▶ □ % %
14 Secti 15 16 Secti 17 18	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part come Perce line 10c, colun 7 Schedule A, l	e livided by line III, line 15 ntage nn (f), divided b	13, column (f))	mn (f))	15 16	% % %
14 Section 15 16 Section 17	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part come Perce line 10c, colun 7 Schedule A, l ization did not	e livided by line III, line 15 ntage nn (f), divided be Part III, line 17 check the box	13, column (f)) by line 13, column on line 14, ar	mn (f))	15 16 17 18 ore than 331/39	% % % % 6, and line
14 Secti 15 16 Secti 17 18 19a	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part come Perce line 10c, colum 7 Schedule A, l ization did not and stop here.	e livided by line III, line 15 ntage nn (f), divided b Part III, line 17 check the box. The organization	oy line 13, column (f)) oy line 13, colu on line 14, ar on qualifies as a	mn (f))	15 16 17 18 ore than 331/39 orted organizati	% % % % 6, and line on . ▶ □
14 Secti 15 16 Secti 17 18	(Explain in Part VI.)	rt Percentag 8, column (f), d hedule A, Part Come Perce line 10c, colum 7 Schedule A, lization did not and stop here.	e livided by line III, line 15 ntage nn (f), divided b Part III, line 17 check the box The organization	oy line 13, column (f)) oy line 13, colu c on line 14, ar on qualifies as a	mn (f)) ond line 15 is ma publicly suppo	15 16 17 18 ore than 331/39 orted organizati	% % % % 6, and line on . ▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Vac Na

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yos," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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0	354	44.5% 44.5%	
	10b		

Part	IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	養物	挪馬	被其實
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	Ťĸź	
b		11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		5 .5	調剤では
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			X M.J
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		200 M	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		3	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		Cen	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	W. 100	變力	STATE OF
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			E.M
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	District and the second of the	mp ^m 7).	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			100
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	Maile.	Name of the second	मध्ये सर्वे
•		1	16 82 FSM	234 m +1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		10.	
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	7/45,7 Y	**************************************
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u> </u>	1000.13
Secti	on E. Type III Functionally Integrated Supporting Organizations	, ,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	
а	The organization satisfied the Activities Test. Complete line 2 below.			-,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in:	struct	ions).
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3011	Villa:	SELE
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			W. 47
	that these activities constituted substantially all of its activities.	2a	30. STARLE	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		2000	
,	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7 - 34 - 7		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	- Line Star Tax	
3	Parent of Supported Organizations. Answer (a) and (b) below.	25555	1000	400
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		緇	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ucaničn i Si	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		"KÜL	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	de tablica.	الشنائب

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	·	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	10.44.4		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	A CANADA A CAMARANTANA A TAN METADARA	1 ST. AND AND SERVICE OF THE FEET
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		1	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	The state of the s	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
4 Enter greater of line 2 or line 3.	4	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5 Income tax imposed in prior year	5	The state of the s	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	-		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations	.=	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			**
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	, , , , , , , , , , , , , , , , , , , 		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		a thurst at our	
2	Underdistributions, if any, for years prior to 2018	网络沙克罗斯		
,	(reasonable cause required—explain in Part VI) See			
	instructions.		and the state of t	
3	Excess distributions carryover, if any, to 2018	The same of the sa		
a	From 2013	And have a supplied to the supplied of the sup		The state of the s
b	From 2014	The state of the s		in the same of the
С	From 2015			
<u>d</u>	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e	د مد د در استان المعالم		The State of the S
<u>g</u>	Applied to underdistributions of prior years		and a second sec	Washington and
<u>h</u>	Applied to 2018 distributable amount	是146530万代理1683300000000000000000000000000000000000		ATM COLD OLDS ARROWING NOT ALL HOLDS OF SAME
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.	and the court of t		
4	Distributions for 2018 from			
	Section D, line 7.		ii ioonii kaliinka kila kali as (kaliiniiki ed 1997 ida kankii Mikalii kalii as (kaliinii as (kil	and the state of t
<u>a</u>	Applied to underdistributions of prior years		We for the first state of the fi	以在水水中发展。1970年,
<u> </u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4			was seed to gradest that to sever the
_ <u>_c</u>		The Control of the Co		A THE STATE OF THE
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI . See instructions			
			velogistations. The strategistation	2015 30 19 19 19 19 19 19 19 19 19 19 19 19 19
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3	SERVICE A PROPERTY CONTRACTOR		
•	and 4c.			
8	Breakdown of line 7		rendiki ili minai malkalari ndi addi di sali ali ali ali ali ali ali ali ali ali	5.17人,中心都是他的心理的话。
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
ď	Excess from 2017 .		* 11227 E. P. C. L. E. B. E. B. C. L. E. B	
e	Excess from 2018			PATRICIA DI MATRICIA PATRI

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II	Ln 10: Other Income Part II, Line 10 Description: Workshop 2015: 1600.
2016:	2740.
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SCHEDULĘ D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

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" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 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? . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a 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 last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 XIII, 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. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · **▶ \$** 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: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

Page 2

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition,	accession, and oth						
	collection items (check all that apply):							
а	☐ Public exhibition				or exchange			
b	☐ Scholarly research		е	Other	r			
С	Preservation for future generation:							
4	Provide a description of the organiza XIII.	tion's collections a	ind expla	ain how t	hey further t	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easures	s, or other simil	lar
	assets to be sold to raise funds rather	r than to be mainta	ined as p	oart of the	e organizatı	on's co	llection?	☐ Yes ☐ No
<u>Part</u>								-
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, f	Part IV, line	9, or	reported an ai	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or othe		nediary fo			other assets n	ot Yes 🗀 No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing to	able [.]			
				•			<i>F</i>	Amount
С	Beginning balance					1c		,. <u>.</u>
d	Additions during the year					1d		
е	Distributions during the year					1e		-
f	Ending balance					1f		
2a	Did the organization include an amou	nt on Form 990, Pa	ırt X, line	21, for e	scrow or cu	istodial	account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII Check here	of the ex	xplanatio	n has been j	provide	d on Part XIII .	<u> </u>
	t V Endowment Funds.							
	Complete if the organization	answered "Yes"	on For	m 990, f	Part IV, line	10.		
		(a) Current year	(b) Pro	or year	(c) Two years	s back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships						<u> </u>	
е	Other expenditures for facilities and programs							
f	Administrative expenses				-			
g	End of year balance							-
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1a	L column (a)) held a	ıs.	
a	Board designated or quasi-endowmer		%	· (,, 00.0 (4)	,		
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and		00%					
3a	Are there endowment funds not in the organization by.	•		zation tha	at are held a	and adr	nınıstered for ti	he Yes No
	(i) unrelated organizations .							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" on line 3a(ii), are the related o		as requi	red on Sc	chedule R2	•		3b
4	Describe in Part XIII the intended uses	•						30
Part								
	Complete if the organization		on For	m 990. F	Part IV line	11a S	See Form 990	Part X line 10
	Description of property	(a) Cost or oth			or other basis		ccumulated	(d) Book value
		(investme			ther)		preciation	(d) Dook value
1a	Land	.						
b	Buildings				-			
c	Leasehold improvements .							
d	Equipment	. 31	,713.				27,442.	4,271.
e	Other							1,2,1.
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part)	(, column	(B), line 10d	c.)	•	4,271.

Part VII	Investments – Other Securities Complete if the organization ans			a 11h Can Form	2000 Port V line 10
	(a) Description of security or category	1	(b) Book value	· -	hod of valuation
	(including name of security)	,	(b) BOOK Value	1 ' '	-of-year market value
(1) Financial	derivatives			-	
(2) Closely-h	neld equity interests	[
(3) Other				ı	
(A)					
(B)					
(C)					
(D) (E)					
(F)				-	
(G)	••••				
(H)					· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col (B) line 12.) ▶				
Part VIII	Investments-Program Related	<u>.</u> d.		Carl Best weeks of secondation.	21.23.24**
	Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Mei	thod of valuation
				Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)	•	8			
(5)					
<u>(6)</u> (7)	 				
(8)			****	-	
(9)					
	b) must equal Form 990, Part X, col (B) line 13)			7041	
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, lir	ne 11d. See Form	990, Part X, line 15.
	(a	a) Description			(b) Book value
_(1)		, ,	-		<u>. </u>
(2)		•			
(3)			· · · · · · · · · · · · · · · · · · ·		
(4) (5)					
(6)				•	
(7)	· ·		<u>-</u>		
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol (B) line 15.)		, .	
Part X	Other Liabilities.			,	
	Complete if the organization answ	wered "Yes" on Forr	n 990, Part IV, Iır	ne 11e or 11f. See	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4) (5)					
(6)				era dia a	
(7)		•			
(8)					
(9)				ALF##	
	b) must equal Form 990, Part X, col (B) line 25)				igiyeni Rozari
	uncertain tax positions. In Part XIII, provi	de the text of the footno	te to the organization	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	e D (Form 990) 2018 XI Reconciliation of Revenue per Audited Financial Statem	onto l	Mith Povonue no	r Poturn	Page 4
Part	Complete if the organization answered "Yes" on Form 990,			r neturn.	
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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	·		
d	Other (Describe in Part XIII.)	2d	 ;		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		-	
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	/, line 12a.		
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.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		 	
b	Other (Describe in Part XIII.)	4b			
С 5	Add lines 4a and 4b	. 101		4c	
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	ie 10.)	<u>:.::</u>	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Pa	art IV. lines 1b and 2	2b: Part V. line	4: Part X. line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part				.,
		•	·		

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Schedule D (Fo	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization
Abundance Foundation

Employer identification number 20-1390469

Par	General Information Form 990, Part IV, line	on Activit	ties Outside	the United States. Con	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility		ts or assistance, and the		☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	ın Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)		<u> </u>				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal			Parki Likima		
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

THE THE PROPERTY OF THE PROPER

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part II Grants ar

						-		
7 (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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation , (book, FMV, appraisal, other)
		Central America	Planning Grant	29,950.	Bank Wire	0.	N/A	N/A
			,					
	5 m m 1234							
	是是可能在今 上是可能是有一个							
(6)	OF CONTRACT							
	A STATE OF THE STA					:		
(16)								
2 Enter total nun by the IRS, or f	nber of recipier for which the g	nt organizations liste grantee or counsel h	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 the grantee or counsel has provided a section 501(c)(3) equivalency letter	gnized as charities 501(c)(3) equivaler	s by the foreign count acy letter	ry, recognized as ta	x-exempt	1
3 Enter total nun	nber of other o	Enter total number of other organizations or entities	les				A	
							Sch	Schedule F (Form 990) 2018

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Page 3

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III **E** (10) <u>£</u> (12) (13) (14) (15) (16) (17) **8** (3) <u>4</u> 9 9 E (8) (6)

Schedule F (Form 990) 2018

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(18)

Part	V 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).		⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)		⊠ 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)		⊠ 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)		⊠ 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)		⊠ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)		⊠ No
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Schedule F (F	Form 990) 2018 Page
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information.
Pt I L	ine 2: Monitoring of Grants: The Abundance Foundation works very closely
with th	he grantee in developing the proposals and monitoring the use of the funds.
The Fo	undation reviews and discusses the submissions with a representative of
the re	ciplent. Once funds are awarded, a progress report is provided to and reviewed
by the	Foundation. Additionally, the President of the Foundation performs periodic
site v	isits to confirm the information presented.
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SCHEDULEI (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2018

OMB No 1545-0047

Open to Publi Inspection

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-1390469 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance Abundance Foundation Part

% □ X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? N

Part IV, line 21, for any recipient that received r	ny recipient that	received more th	an \$5,000. Part I	I can be duplica	more than \$5,000. Part II can be duplicated if additional space is needed.	pace is needed.	nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Oakland Int'l High School 4521 Webster Street Oakland CA 94609	94-6000385	Public School	. 26, 000.				Maker Leader
(2) Chapter 510 Ink 2301 Telegraph Avenue Oakland CA 94612	47-2793034	509(a)(1)	10,000.				General Support
(3)Out of Eden Walk P 0 Box 1754 Columbus NM 88029	46-1228334	509(a)(1)	22,694.				General Support
(4) Grass Valley Blementary 4720 Dunkirk Ave Oakland CA 94605	94-6000385	Public School	26,000.				
(5) Global Pediatric Alliance P O. Box 640046 San Francisco CA 94164	46-2277766	509(a)(1)	30,000.				General Support
(6) Volce of Witness 849 Valencia Street San Francisco CA 94110	26-3648452	509(a)(1)	10,000.				General Support
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
	n 501(c)(3) and go	vernment organizat	ions listed in the li	ne 1 table			9
3 Enter total number of other organizations listed in the line 1 table	organizations lister	In the line 1 table					0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructior	is for Form 990.					Schedule I (Form 990) (2018)

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Schedule I (Fo	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Part III can be duplicated if additional space	nestic Individual space is needed.	is. Complete if the	organization answe	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	,
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
က						
4					;	
တ						
9			,			
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	quired in Part I, line	e 2; Part III, column	(b); and any other additi	onal information.
Pt I Line	ine 2: All grantees are required	to submit	a program narrative	and	financial report on the	e use of grant
funds.	Additionally, site visits	and monitoring of	of program imp	program implementation may be conducted	/ be conducted.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	\ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		DEN 44/06/40 DD				

SCHEDULE J (Form 990),

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Abundance Foundation Employer identification number 20-1390469

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			25.0
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			18.3
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
		2		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			200 F. C.
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	35217.5	<u> </u>	1035.24
	explain	1b		
٠ _		1	R:L	نَّدُ عُنْ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	×	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		泛網	
	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a	11.7° 25.7°	Ench.	() X
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III	17	£073	N. 12 12 12 12 12 12 12 12 12 12 12 12 12
	Compensation committee Wintten employment contract	3.20	(A).	4.0
	☐ Independent compensation consultant ☐ Compensation survey or study		-50 m	200
				123
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			Night.
	organization or a related organization		高業	
а	Receive a severance payment or change-of-control payment?	4a	ميطا استقلمتن	×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			- 4,,9- (1,7, 8
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			(12.5%)
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	3.5		
	compensation contingent on the revenues of			
а	The organization?	5a	TSERGERISE.	×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III		100	45.60
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of.			36.5
а	The organization?	6a		×
b	Any related organization?	6b	_	×
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			 ^
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
	In Part III			
		8	935.41	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		CHE	3,44,
•	Regulations section 53 4958-6/c)?			

Page 2

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on 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 aren't 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 column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation		-		Ţ
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)→(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Stephen Kahn	(i)	169,457.		21,879.	0.	0.	191,336.	0
1 President, CEO, Dire	Director (0)		0	.0	.0	.0	O	.0
	9	(
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16	Ξ							
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Schedule J (Form 990) 2018

REV 11/05/18 PRO

BAA

SCHEDULE L

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the	he organization							1	Employ	er ider	ntificat	ion nu	mber		
Abund	ance Foundat:	10n							20-	1390	1469				
Part I	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	01(c)(29) org 5a or 25b, c	ganıza or For	ations m 990	only) 0-EZ,	Part	V, line	40b.	
1 ((a) Name of disqualified	norcon	(b) Relationship be	etween o	disqualified	person and		(c) Des	cription	of tran	neaction	_		(d) Cor	rected?
	(a) Name of disquaimed	person		organiza	ation		Ì	(C) Des	criptioi	i Oi tiai	Saction	•		Yes	No
(1)															
(2)	<u>-</u>														
(3)	<u></u>							•							
(4)															
(5)	- - · · ·														
(6)															
	Inter the amount under section 4958		by the organ		n manag		qualif	ied persor	ns dui	ring ti	he ye	ar ▶ 4	:		
3 E	Enter the amount o	if tax. if anv. on	line 2. above.				zatio	n				▶ \$	<u></u>		
		,	,			3				,	•				
Part II	Complete if the	l/or From Inter ne organization eported an amo	answered "Ye	s" on	Form 99 art X, line	0-EZ, Part \ e 5, 6, or 22	V, line 2.	e 38a or Fo	rm 99	90, Pa	ırt IV,	line 2	6; or	if the	
(a) Nam	e of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal am		(f) Balance	due	(g) In c	default?	by be	proved pard or nittee?		ntten ment?
				То	From					Yes	No	Yes	No	Yes	No
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(2)	-														
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(5)															
(6)															
(7)															
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<u>(9)</u>															
(10)					_										
Total	<u> </u>						<u> </u>	<u>\$</u>				<u> </u>			
Part II	Grants or Ass Complete if the	sistance Bene ne organization	fiting Intereste answered "Ye	ed Pe s" on l	rsons. Form 99	0, Part IV, I	ine 27	7.							
(a) Na	ame of interested person		ship between inter- and the organization		(c) Amount	of assistance	((d) Type of as:	sistanc	е	(e) Purpo	se of a	ssistan	ce
(1)												-			
(2)			·					-							
										-					
(3) (4)													-		
(5)															
(5) (6) (7) (8) (9)															
(7)															
(8)															
(9)						· - · · ·		_							
(10)								••							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 28a,	28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Leventhal Kline Mgmnt	Owned by officers	100,408.	Management services		×
(2)		· -			
(3)					
(4)		,			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)			<u> </u>	\dashv	

Part V	Supplemental Information.
	Provide additional information for responses to questions on Schedule L (see instructions)

Part IV Line 1: Harald Leventhal and Benita Kline, as individuals serve as officers
but not directors of the Abundance Foundation. They receive no compensation for
serving as officers (and not board members). Mr. Leventhal and Ms. Kline are
also owners of Leventhal Kline Management Inc. which provides a wide range of
services to Abundance including accounting, financial reporting, program and grant
administration, mailing address and phone services, tax preparation and overall
administrative management. The board of Abundance approved payments to Leventhal
Kline Management Inc. totaling \$100,408 for services provided during 2018.
······································

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Abundance Foundation 20-1390469 Pt VI, Line 3: RE: Delegation to Management Company: The Foundation delegates many functions by contract to Leventhal Kline Management Inc. ("LKM"), a philanthropic management and advisory services firm that provides the Foundation a range of management and administrative services and back office support, including accounting and tax preparation, purchasing insurance and risk management, mailing address and phone, administrative and vendor management, grants administration and program support and administration. The Foundation's directors approved payments of \$100,408 to LKM for services in 2018. Pt VI, Line 7a: RE: Persons who elect directors: Under the Foundation's Bylaws and California Public Benefit Nonprofit Corporation Law, the Foundation's designators elect the Foundation's directors. Pt VI, Line 7b: RE: Governance decisions: The Foundation's designators approve any Bylaw amendment. All other governance decisions are made by the full board of directors. Pt VI, Line 11b: RE: Board review of 990 prior to filing: Form 990, including all schedules and attachments, are sent to the directors and members of the board in draft form seeking review and comment, along with a transmittal email calling their attention to sections of the form most likely to be of interest to members of the public and potential donors. Pt VI, Line 12c: RE: Monitoring and enforcement of Conflict of Interest policy: The Abundance Foundation is a small organization, so relationships which could give rise to conflicts are easily identifiable. In 2011, a form requesting information on conflicts resulting from any family or business relationship was sent to and completed by members of the board and corporate officers with a request to advise

other members of the board of any changes that may occur in subsequent years.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2			
Name of the organization Abundance Foundation	Employer identification number 20-1390469			
The form was updated by all directors and officers in 2018. If such	a relationship			
is reported or known, the directors follow the procedures of the Conflict of				
Interest Policy which directs the full disclosure of all facts and circumstances,				
consideration by the board of the nature and seriousness of the con	flict and			
makes a decision about whether to enter into the transaction and, i	f so, to ensure			
the terms of the transaction are appropriate. The potentially interested person				
must recuse him or herself from any decision which could benefit hi	m or her personally.			
Pt VI, Line 15a: RE: Process for reviewing compensation: CEO - The	independent			
members of the Board consult with legal Counsel, reviews compensation surveys				
and materials compiled by Counsel and confer with individuals working in the				
nonprofit field to determine a reasonable salary for the CEO based on the job				
description and professional credentials required.				
Pt VI, Line 15b: RE: Other Officers & Key Employees - The full Boar	d consults			
with legal Counsel, reviews compensation surveys and materials comp	iled by Counsel			
and confer with other individuals working in the nonprofit field to determine				
a reasonable salary for the Programs Officer based on the job description.				
Pt VI, Line 19: RE: Disclosure policies: No documents other than Form 990 and				
1023 are available to the public.				
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