(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury

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

Inter	nal Revenu	e Service	► Go to www.irs.gov/Form990 for instructions and the lates	st infor	mation. \	412	Inspection	
Ā	For the 2	2019 calend	dar year, or tax year beginning January 1 , 2019, and end	ing	Decembe	r 31 ,	, 20 19	_
В	Check if a	pplicable:	C Name of organization Jason Mraz Foundation) Employer i	identification number	_
$\overline{}$	Address c		Doing business as			8:	2-0691460	
Ħ	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	uite E	E Telephone	number	_
\exists	Initial retur	•	P.O. Box 232639			•	8-252-4683	
\equiv		v/terminated	City or town, state or province, country, and ZIP or foreign postal code					
\equiv			Encinitae, CA 92023-2639		L	Gross rece	ipts \$ 234,50	27
=	Amended			1.			rdinates? Yes V	_
ш	Application	n pending	F Name and address of principal officer:				:luded? 🗌 Yes 🔞	
			☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527					40
<u> </u>	Tax-exem			*** -			e instructions)	
_			sonmrazfoundation.org		(c) Group exe			_
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	mation:	2017	VI State of leg	gal domicile: CA	—
	art I	Summa						_
_		-	cribe the organization's mission or most significant activities: Prom	otion o	f artistic tra	ining, dev	elopment and	
Governance	<u> </u>	personal ex	pression, advancing equality, and empowerment through education.					
ā	-							
Š			box ► ☐ if the organization discontinued its operations or dispose	ed of m	ore than 2	5% of its r	net assets.	
ઉ			voting members of the governing body (Part VI, line 1a)			3		4
مخ	4 1	Number of	independent voting members of the governing body (Part VI, line 1	b) .		4		4
Activities	5 7	Total numb	per of individuals employed in calendar year 2019 (Part V, line 2a)			5		1
₹	6 7	Total numb	per of volunteers (estimate if necessary)			6		8
Ą	7a 1	Total unrela	ated business revenue from Part VIII, column (C), line 12	٦. ٠		7a		0
	b 1	Vet unrelat	ed business taxable income from Form 990 R in 39 IVED	ļ		7b		0
				3	Prior Year		Current Year	_
Revenue	8 (Contributio	1,158	233,55	51			
	1		ons and grants (Part VIII, line 1h)	Ċ		0		_
Š		-	income (Part VIII, column (A), lines 3, 4, and 7d)	-	±	0		_
æ			nue (Part VIII, column (A), lines 5, 6d, 8d, 9c, (0c, and 11e) UT	1		265	OS OS	86
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\top	25	1,423	234,5	_
			similar amounts paid (Part IX, column (A), lines 1–3)	+		2,500	80,50	_
				\vdash		0	<i>50,</i> 30	~
	ŧ	-	id to or for members (Part IX, column (A), line 4)					<u></u>
8		-	her compensation, employee benefits (Part IX, column (A), lines 5–10)	-		4,998	56,69	"
Expenses			al fundraising fees (Part IX, column (A), line 11e)	-		0		
훘	•		aising expenses (Part IX, column (D), line 25) ▶0	-			·	ᆜ
w	ì	-	nses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		3,168	17,54	_
	1	•	nses. Add lines 13-17 (must equal Part IX, column (A), fine 25) .			0,666	154,74	
		Revenue le	ss expenses. Subtract line 18 from line 12	ļ	13	0,757	79,79	<u> 15</u>
it Assets or id Balances	ĺ			Begin	ning of Curren	it Year	End of Year	_
	20 1	Total asset	s (Part X, line 16)	<u> </u>	32	6,625	406,42	20
₽₽ PB	21 T	Total liabilit	ties (Part X, line 26)			0		0
£ £	22 N	let assets	or fund balances. Subtract line 21 from line 20		32	6,625	406,42	20
Pa	art II	Signatu	re Block					
			I declare that I have examined this return, including accompanying schedules and sta				owledge and belief, it	l IS
true	e, correct,	and complete	Declaration of preparer (other than officer) is based on all information of which preparer	arer has a	any knowledge	θ.		
	ľ							
Sig	jn	Signatu	pe of officer		Date /	. / /	1	
He	re		Shal /mys		1	0/15/	20	
		Type or	print name and title	· · · · · · · · · · · · · · · · · · ·	-			_
	• _0	Print/Type		Date	T	heck [] if	PTIN	
Pai						oneck ∟ if elf-employed	1	
	eparer	Firm's nam			Firm's E			_
Us	e Only	Firm's add		·				_
Mar	the IDC	<u> </u>	his return with the preparer shown above? (see instructions)		Phone n	Ю.	☐Yes ☐ No	
					• • • •			_
ror	raperwo	ork Reducti	on Act Notice, see the separate instructions. Cat	t, No. 112	262Y		Form 990 (201	19)

Form 99	7 1 1 0		1	Page
Part	V Checklist of Required Schedules			
			Yēs	Nö
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		V
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		V
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		٧
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_
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		~
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		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
20a	ff "Yes," complete Schedule G, Part III	19 20a		<u> </u>
	g			-

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

Part	V Checklist of Required Schedules (continued)			
00	Did the constitution of th		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		v
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		v
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		,
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		٧
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	<u> </u>	~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 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		v
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	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· _•		
4.	Enter the number reported in Pay 2 of Form 1006. Fator 0. 4 and any final to		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
-	reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	\	i	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	<u> </u>
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,	4		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	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).	5a		~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		~
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 ~		<u> </u>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6ā		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		V
7	Organizations that may receive deductible contributions under section 170(c).		:	l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 7a	_	V
L	and services provided to the payor?	·		7
Þ	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			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		7
9	Sponsoring organizations maintaining donor advised funds.			
ã	Did the sponsoring organization make any taxable distributions under section 4966?	9ā		V
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		~
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420	<u> </u>	~
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which		Ì	'
_	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14a 14b	-	~
	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		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	,		
	If there are material differences in voting rights among members of the governing body, or			l i
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	1		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 4	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct		İ	
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	 	~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		0
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ŀ
	stockholders, or persons other than the governing body?	7b		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		
	the year by the following:			
a .	The governing body?	8a	~	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	$oxed{oxed}$	~
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
	5.4.1.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1 1	1	1
	describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14	~	L
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	<u>15b</u>		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	[]	. [
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		•
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b]	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ California		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	「(Sec	tion 5	i01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords		

Pone	•

Sam	aan	(2019)	

OIIII 330 (ED 1	Tu	.90 .
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	and
	ndependent 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. See instructions for the order in which to list the persons above.

☑ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
		1		(9					
(A)	(B)	l			rtion			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours per week		er an	dad	irect	or/trus	iee)	compensation from the	compensation from related	of other compensation
	(list any	유표	Institutional trustee	Officer	Key employee	多를	Former	organization	organizations	from the
	hours for related	Individual trustee or director	₹	Ę	ŝ		į	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	₫₫	1 2	l	물	2 8	ĺ			TOLLOG O. gas Lapason
	dotted (ine)	1 2	ğ	l	8	1 §		<u> </u>		
	dotted inter	•	8			Highest compensated employee	l			,
(1) Jason Mraz	 			-	-		-			
Chairperson of the Board of Directors		1 ~	l	1	İ	İ		ľ	o	0
(2) Christina Carano-Mraz										
Vice President - Board of Directors		<u>'</u>		~				0	0	0
(3) Sarah Carano										
Treasurer	<u>.</u>	-	Ļ	~	<u> </u>	ļ		0	0	0
(4) Connie Corn	ļ	1.	ł		ł	Ì			_	
Secretary	<u> </u>	~	1	~	<u> </u>	<u> </u>	Ļ	0	0	0
_(5)	 	1				Ì				
<u>(6)</u>			T							
(7)			<u> </u>		-	<u> </u>				
(8)			╫	_	\vdash	<u> </u>	\vdash			
	<u> </u>	ļ	<u> </u>		L					
(9)	 	1	Ì			ł		į		
(10)										
(11)		1	╁╌							
(12)	1	-	-	\vdash	\vdash	_	┝			
X	†	1	ł					ļ		
(13)										
(14)										
		1								

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	ĒΜ	pło	yec	s, an	d H	lighest Compe	nsated E	mplo	ees (d	contir	nued)
(A) Name and title		(B) Average hours	(C) Position (do not check more than o box, unless person is both officer and a director/trust					an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizat (W-2/1099-	tions	fr	om the ization	and
(15)														
(16)								T					_	
(17)						\vdash								
(18)					-	-		-						
(19)				-	-			\vdash						
(20)						-		\vdash						
(21)				┢	-	-	-	├					••	
(22)			 	-				\vdash						
(23)						-				****				
(24)				-			-					_		
(25)					-	-								
1b	Subtotal		<u> </u>	<u> </u>	•	<u>. </u>	٠	>	0	<u></u>	0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•				>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited			e list	ted	above	e) w	ho received mor	e than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	officer, dire						mpl	loyee, or highes	st comper	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio	on a s,"	nd other compe complete Sche	nsation fro dule J foi	om the r such	4		•
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	 ompe	nsa lete	tion Scl	fro hedi	m any ule Jii	un or s	related organiza such person	tion or ind	ividual	<u> </u>		
Secti	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep	nest comport comper	ensat satio	ed n fo	inde r the	epe e ca	ndent lenda	r ye	entractors that one of the contractors in the contractors are contractors and contractors are contractors and contractors are	received in within the	more t e organ	han \$ ization	100,00 's tax	00 of year.
	(A) Name and business add	lress			·				(B) Description of sen	/IC8S		(C) Compens	ation	
								L						
							,							
2	Total number of independent contractor received more than \$100,000 of compens	-	-) th	nose listed abov	e) who				

Part	VIII	Statement of Revenue Check if Schedule O contains a response	nse or note to ar	w line in this Pa	o+ \/III		П
<u>.</u>	•	Check if Schedule O contains a respo	inse of flote to at		(B)	(0)	(D)
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
के क	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b					
S, E	C	Fundraising events 10					
ar /	d	Related organizations 1d					
imi ji	e	Government grants (contributions)	<u>'</u>				
lion r S	T	All other contributions, gifts, grants, and similar amounts not included above	233,551				
Contributions, Gifts, Grants and Other Similar Amounts	q	Noncash contributions included in	1,				!
d C	3	lines 1a-1f 1g	s				
ğ ğ	h	Total. Add lines 1a-1f	▶	233,551			
			Business Code				
Program Service Revenue	2a	None					
ج و م	ь						
gram Ser Revenue	C		-				<u> </u>
gra Re	d						
Ď.	f	All other program service revenue	•				
_	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividend			,		
		other similar amounts)		0			
	4	Income from investment of tax-exempt b	-	0			
	5	Royalties		0			
	6-	(i) Read	(ii) Personal		•		
	6a b	Gross rents 6a Less: rental expenses 6b			•		
	c	Rental income or (loss) 6c				:	
	ď	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					'
901	b	Less: cost or other basis					
enue	_	and sales expenses . 7b Gain or (loss) 7c	1				
	d	Gain or (loss)		0			<u>' </u>
Other R	8a	Gross income from fundraising	i				
ਠ	-	events (not including \$	}				
		of contributions reported on line	1				
	_	1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	C	Net income or (loss) from fundraising ev	rents ▶	0			
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a	j				
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activity	- 1. 	0			
	10a	Gross sales of inventory, less					
		returns and allowances 10:	a				
		Less: cost of goods sold 101				*	
	C	Net income or (loss) from sales of inven	T .	0			
SUC	44-	Bonk goggernt intermed our and	Business Code	~~~			
1 8 E	11a	Bank account interest accrued	· 	986			
scellanec Revenue	Б					<u></u> , , , , , , ,	
Miscellaneous Revenue	d	All other revenue			· · · · · · · · · · · · · · · · · · ·		
Σ	ē	Total. Add lines 11a-11d	🕨	986			ų
	12	Total revenue. See instructions	🕨	234,537			

Part IX	Statement of	Functional Ex	penses				
action 501/	a)(2) and 501(a)	(4) organizations	must complete a	lloolumne	All other organizations	must complete column	7

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, b, 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	80,500	80,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	50,000	10,000	40,000	Õ
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	6,697	1,339	5,358	0
7	Other salaries and wages	-,	.,		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u></u>		
10	Payroll taxes [
11	Fees for services (nonemployees):				
а	Management	j			
b	Legal				
č	Accounting				
đ	LőBBying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,176	6,176	4,000	0
12	Advertising and promotion				
13	Office expenses	354	0	354	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,490	3,490	0	0
18	Payments of travel or entertainment expenses	0,450	9,130		_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	3,069	0	3,069	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	· 1	į		
а	Mişc	456	300	156	0
b					
c					
d					
- e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	154,742	101,805	52,937	0
26	Joint costs. Complete this line only if the	.5-1,1-12	,		
-	organization reported in column (B) joint costs		1		
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)			0	n

Form	n 990 (21	019)			Page 11
P	art X	Balance Sheet			
-202		Check if Schedule O contains a response or note to any line in this Pa	rt X <u></u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	326,625	1	406,420
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	,		
	1	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	}	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
क्ष	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		_9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	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 33)	326,625	16	406,420
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
æ		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ☑ and complete lines 27, 28, 32, and 33.			
ᄪ	27	Net assets without donor restrictions	326,625	27	406,420
ã	28	Net assets with donor restrictions		28	
直		Organizations that do not follow FASB ASC 958, check here ▶ □			
Į,		and complete lines 29 through 33.			
ō	2 9	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
185	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	326,625	32	406,420
ž	33	Total liabilities and net assets/fund balances	326,625	_33_	406,420

om 9	90 (2019)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			23	4,537
2	Total expenses (must equal Part IX, column (A), line 25)			15	<u>4,742</u>
3	Revenue less expenses. Subtract line 2 from line 1			7	9,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	·		32	6,625
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			40	6,420
Part	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		- 1		ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in			
	Schedule O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		•
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			l
	reviewed on a separate basis, consolidated basis, or both:	ļ	- 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_			
b	Were the organization's financial statements audited by an independent accountant?		21Ն 📗		>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a			
	separate basis, consolidated basis, or both:	ł	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of	I		
	the audit review or compilation of its financial statements and selection of an independent accountant?		20		

If the organization changed either its oversight process or selection process during the tax year, explain on

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Schedule Ö.

Form **990** (2019)

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complète if the organization is a section 501(c)(3) organization or a section 4017(a)(1) noncompit charitable trust.

• Attach to Form 900 or Form 900-EZ.

► Go to www.irs.gov/Form690 for instructions and the intest information.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification numbe

laso	n Mnz Foundation					82-00	91460	
Pai	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he	organization is not a private found:	ation because it	is: (For lines 1 through	h 12, che	ck only o	ne box.)		
1	A church, convention of church	hes, or associat	ion of churches desci	ribed in s	ection 17	70 (b) (1)(A)(i).	n7	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (I	Form 990	or 990-E	Z).)	U '	
3	A hospital or a cooperative hos	spital service on	ganization described	in sectio	n 170 (b) (1)(A)(iii).		
4	A medical research organization		onjunction with a hos	pital desc	ni bedin:	section 170(b)(1)(A)	(iii). Enter the	
	hospital's name, city, and state							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in	
	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public	
8	A community trust described i	n section 170th	M1)(A)(vi). (Complete	Part II.)				
9		ization describe	d in section 170(b)(1)	(A)(b) or				
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	inctions—subject to d related business taxa	ertain ax ble incom	ceptions, ne (less s	, and (2) no more the ection 511 tax) from	in 331/3% of its	
11	== 0 1	•	•	-				
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ons described in sect	ion 509¢	u)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).	
a	 Type L A supporting organ the supported organization supporting organization. You 	n(s) the power to	regularly appoint or e	elect a ma	ajority of			
b	Type It. A supporting organic control or management of organization(s). You must	the supporting o	organization vested in	the same				
C	Type III functionally integ its supported organization(ally integrated with,	
đ	Type III non-functionally integrated in that is not functionally integredulement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
8	Check this box if the organ functionally integrated, or 1						e II, Type III	
f 9	Enter the number of supported of Provide the following information		oorted organization(s).					
	(i) Name of supported organization	(A) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rgenization or governing ment?	(v) Amount of monetary support (see instructions)	(vii) Amount of other support (see instructions)	
Ŋ								
3)								
7								
)								
}								

Pari	(Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ite Part III.)	···
	on A. Public Support		,				-
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			251, 1 22	251,158	283,551	735,831
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3	<u> </u>		251,122	251,158	233,551	735,831
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		THE WAY THE	A WATER TO	33005250	14.65.20.06	735,831
Secti	on B. Total Support		-				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	<u></u>		251,122	251,158	233,551	735,831
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						735,831
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	he organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>			► 🗹
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line	•	-	• • • • • • • • • • • • • • • • • • • •		14	%
15 16a	Public support percentage from 2018 Sci 331n% support test—2019. If the organi	ization did not	check the box	on line 13, an		15 ¹ 8% or more,	
b	box and stop here. The organization qua 331x% support test—2018. If the organi	zation did not	check a box o	n line 13 or 16		is 331/3% or ma	ore, check
	this box and stop here. The organization	•					▶ □
17a	10%-facts-and-circumstances test-21 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta umstances" te	inces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets th	e "facts-and-o	ircumstances" tances" test. 1	test, check t	his box and s	a, and line top here.
18	Private foundation. If the organization di	d not check a			or 17b, check	this box and	

Part	(Complete only if you checked the				nization failer	t to avalify un	der Part II
	If the organization fails to qualify						ues Partil.
Secti	on A. Public Support	dia die te	SIS INIEG CO.	ou, place o	3.1.p.0.0 / Car		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")			<u> </u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		ļ				
	furnished in any activity that is related to the	1		1			
3	organization's tax-exempt purpose		 	<u> </u>	/		
3	unrelated trade or business under section 513	ļ	ł	į		}	
4	Tax revenues levied for the			 	/		
•	organization's benefit and either paid to	i			1/	Ī	
	or expended on its behalf	i	}] ,	Y I		
5	The value of services or facilities						
	furnished by a governmental unit to the		[/			
	organization without charge						···
6	Total. Add lines 1 through 5			- /			
/a	received from disqualified persons .			1/			
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified		l /	į.		į	
	persons that exceed the greater of \$5,000			1]		
	or 1% of the amount on line 13 for the year	<u> </u>					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	沙里安斯					
Conti	on B. Total Support		Jan San San		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	343474	
	dar year (or fisca) year beginning in)	(a) 2015/	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(A) 20.0/	(6) 20.0	192011	(4) 2010	14 2015	(I) TOTAL
10a	Gross income from interest, dividends,			<u> </u>			
	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 /					l	
•	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business						···
	activities not included in line 10b, whether					Ì	
	or not the business is regularly carried on						
12	Other income, Do not include gain or						
	loss from the sale of capital assets					1	
12	(Explain in Part VI.)						· ······
13	Total support. (Add lines 9, 10c, 11, and 12.)				_	Į.	
14	First five years. If the Form 990 is for th	e omanization	's first secon	d third fourth	or fifth tax ve	er as a section	501(c)(3)
•	organization, check this box and stop he					• • • • •	
Section	on C. Computation of Public Suppor			·			
15	Public support percentage for 2019 (line 8					15	%
16	Public support percentage from 2018 Sct				<u> </u>	16	%
	on D. Computation of Investment Inc			in the do in the	(4)	Tast	
17 18	Investment income percentage for 2019 (Investment income percentage from 2018					17	%
	33°p% support tests—2019. If the organi					18 ore than 331,6%	% and line
	17 is not more than 331/2%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	rted organizatio	n . ► 🗌
b /	331/3% support tests—2018. If the organiz	ation did not d	heck a box on	line 14 or line 1	9a, and line 16	ie more than 33	1/e%, and
	line 18 is not more than 331,2%, check this i		-	-			
20	Private foundation, if the organization di	d not check a	box on line 14	, 19a, or 19b, o			
/					50	eddo A (Form 990	er 990-EZJ 2018

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

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	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

Sect	ion A. All Supporting Organizations			
		, versus	Yes	No
1	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.	1		
2	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).	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		MA
Þ	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.	30		
Ċ	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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," 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.	4b		
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.	4		
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 emendment to the organizing document).	5		
Þ	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?	5 b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
Þ	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.	9b	NA.	
	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.	9c	绿素	
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.	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	GHEK!	THE	WAS W

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)		2.20	
			Yes	No
11 .	Has the organization accepted a gift or contribution from any of the following persons?	1		34
a	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	<u> </u>	
	A family member of a person described in (a) above?	11b	ļ	ļ
	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	<u> </u>	
Secti	on B. Type I Supporting Organizations		<u> </u>	I aa
_		4975-52	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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,			
	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	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	44.220
2	Did the organization operate for the benefit of any supported organization other than the supported	影響		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	Vi how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	STANSFORM.	- A-Well
Secti	on C. Type II Supporting Organizations	<u> </u>		
			Yes	Nő
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		3.4	Sales Control
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	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			
			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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		2/30/2028	1822000	Simer of the
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	36		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			遊戲
3	•	2 ******	Total City	Banking Co.
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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.	3444	257623	Bran Da
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	nstruc	tion	s).
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truct	ions).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 that these activities constituted substantially all of its activities.			
	•	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			新新
•		2b	erangera.	15% (1 T 150 B
	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Fart VI.	3a	松城市	daily.
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Devica	100 Page
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this record.	30 30 S	A STEED	insi sheka

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On	jar	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g tr	ıst on Nov. 20, 1970 (explai	
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	Г		
collection of gross incomo or for management, conservation, or	Ì	İ	
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)
1 Aggregate fair market value of all non-exempt-use assets (see	藤		
instructions for short tax year or assets held for part of year):	额		
a Áverage 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	1		
factors (explain in detail in Part VI):			W. Carlotte
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
émergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)	Supporting Organ	izations (continued)	
Sect	ion D—Distributions	4		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of supp	orted	
3	Administrative expenses paid to accomplish exempt pur	ooses of supported orga	mizations	
4	Amounts paid to acquire exempt-use assets	rocco or capporate org		
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.		· ·· <u> </u>	
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6	 		
10	Line 8 amount divided by line 9 amount	1		/25h
Sect	ion E—Distribution Alfocations (see instructions)	() Excess Distributions	(ii) Underdistributions Pre-2019	(III) Distributable Amount för 2019
1	Distributable amount for 2019 from Section C, line 6	THE ACTIVITY OF	是 新 新 新 新 新 新 新 新 新 新 新 新 新	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See	1.0		
 	instructions,		16020-1602-1602-1602-1602-1602-1602-1602	
3_	Excess distributions carryover, if any, to 2019 From 2014			
a	From 2015	AND MORE DESIGNATION OF THE SECOND		
<u>b</u>	5			
d d	F 0047			
<u>u</u>	From 2018			
f	Total of lines 3a through e	AND THE PERSON OF A SAME AND ADDRESS.		
g	Applied to underdistributions of prior years		TO THE TAX PROPERTY	
h	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)	A TANK TANK TANK TANK TANK TANK		
<u>i</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount		新於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於於	
C	Remainder. Subtract lines 4a and 4b from 4.			非理解的基本的基本的
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
é	Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7		THE RESERVE THE PROPERTY OF THE	THE PARTY OF THE P	
7	Excess distributions carryovor to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:	建筑设置的	计数据的图像的系统	计和编码设施
a	Excess from 2015			
ь	Excess from 2016			
	Excess from 2017			
₫	Excess from 2018			
. 6	Excess from 2019			

Page	٤

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.)
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SCHEDULE (Form 990) Department of the Treasury internal Revenue Service

Jame of the organization

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

Complete if the organization anawered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go.to www.in.gov/Form880 for the latest; information.

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Inspection

Employer identification rumber

OMB No. 1546-0047

"Yes" on Form 990, (h) Purpose of great or essistance LIVE Art Program SHINE Program SHINE Program SHINE Program 82-0691460 X X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered 'Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncesh assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. C (e) Amount of noncash assistance Enter total number of eection 501(c)(3) and government organizations listed in the line 1 table 10,000 5,000 10,000 (d) Amount of cash E E Enter total number of other organizations listed in the line 1 table (o) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 54-1271768 20-4641700 59-0304537 36-4644986 S) EIN 1 (a) Name and address of organization School of the Performing Arts Maleshook Dange & Co In the Richmond Community Of government Jason Mrsz Foundation Banding Together Transcendance Part PartH 9 9

Schedule I (Form 990) 2020

Cert. No. 60066P

For Paperwork Reduction Act Notice, see the instructions for Form 860.

Schedule I (Form 990) 2020
Part III Grants a

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	imestic individu I space is needex	als. Complete if the វ.	organization answe	red "Yes" on Form 990,	Part IV, Ilne 22.
	(a) Type of grant or assistance	(b) Number of recipients	(e) Amount of cash grant	(d) Amount of noncesh essistance	(e) Method of valuation (book, FMV, appraisal, other):	(i) Description of nonceah sesistance
**						
8						
m						
4						
10						
9						
7						
Part I. Line	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part 1, Line 2: The Jason Max Foundation only considers requests from tax-exempt organizations that a larger and the Advancement of Equality. To do so.	the Information is	equired in Part i, lin	ie 2; Part III, columi:	(b); and any other addit	ional information.
prember e	a requesting organization must complete a "Request for information".	information" packa	and submit the follow	ring documents: (1) IR	8 letter of determination, (2)	packet and submit the following documents: (1) IRS letter of determination, (2) list of key staff members and
quelification	qualifications, (3), one of the following: organizational broohurs, sam		valetter, information or	n current program(s), () two most recently complete	ple newsletter, information on current program(s), (4) two most recently completed Form 990s (if applicable).
The compl	The completed "Request for information" packet is then presented to	presented to the Ba	and of Otreotone for re-	View.	the Baard of Directors for review.	
Part II, Line 1:						
Behool of	oming Arts in the Richmond Comm	nity address: 2106 h	Hamilton St. Richmon	M, VA 23230	191894111941VVVVVVVVVVVVVVVVVVVVVVVVVVVV	
Transcent	TrenscenDance address: 200 East 12th Street, National City, CA 91950	City, CA 91950				
Maleshoot	Maleshock Dance & Co address: 2650 Truxun Rd, #104, 8an Diego, CA 92106	San Diego, CA 921	90			
Bending T	Banding Together address: 7840 Mission Center Court, Sults 205, Ban Diego, CA 92108	Suite 205, 8an Dieg	o, CA 92108			
						Schadule (Form 000) 202

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection
Employer Identification number

Jason Mraz Foundation	82-0691460			
FORM 990, PART VI, SECTION A, LINE 2				
BOARD OF DIRECTOR MEMBERS JASON MRAZ AND CHRISTINA CARANO-MRAZ ARE HUSBAND AND WIFE.				
BOARD OF DIRECTOR MEMBER SARAH CARANO IS THE SISTER-IN-LAW TO BOTH JASON MRAZ AND CHRISTINA CARANO-MRAZ				
FORM 990, PARK VI, SECTION B, LINE 11B:				
A COPY OF FORM 990 WAS PROVIDED TO THE GOVERNING BODY THROUGH EMAIL DISTRIBUTION WITH THE	ABILITY TO COMMENT PRIOR TO			
FILING.	***************************************			

FORM 990, PART VI, SECTION B, LINE 12C;				
THE ORGANIZATION ANNUALLY DISCUSSES CONFLICT OF INTEREST AT THE BOARD OF DIRECTOR MEETING	S. FORMS TO BE FILED ANNUALLY			
BY BOARD MEMBERS.				
FORM 990, PART VI, SECTION C, LINE 19:				
ALL GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.				
	· ·			
				