	•		2943	V07	20011
ŕ	00		•		OMB No 1545-0047
Forr	. 9 9	JU	Return of Organization Exempt From Income Tax	<u> </u>	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private four	ndations)	2019
D		of the Tuesday	▶ Do not enter social security numbers on this form as it may be made public.	120	Open to Public
Inter	artment d nal Reve	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	HV	Inspection
Ā	For the	e 2019 calen	dar year, or tax year beginning 06/01 , 2019, and ending 05/3	1	, 20 20
В	Check i	f applicable	C Name of organization &ANNA FOUNDATION	D Employ	yer identification number
	Address	s change	Doing business as		27-2842024
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number
	Initial re	eturn	1099 E CHAMPLAIN DR STE A PMB 79	·	
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		
	Amende	ed return	FRESNO, CA, 93720	G Gross r	
	Applicat	tion pending	F Name and address of principal officer DARLENE HANSON H(a) is this a gro	oup return for	subordinates? 🔲 Yes 🖳 No
					s included? Yes No
<u></u>	Tax-exe	empt status		ı a lıst (see	e instructions)
<u>J</u>		_	ANNAFOUNDATION ORG	emption n	umber ►
			Corporation	M State o	f legal domicile CA
P	art I	Summa			
•	1		cribe the organization's mission or most significant activities LANNA FOUNDATION		
2			INTEGRATED TRIBAL DEVELOPMENT PROGRAM BASED IN CHIANG MAI, THAILAND	TDP WO	RKS WITH
Activities & Governance			I on Schedule O, Statement 1)		
Š	2		box ► ☐ If the organization discontinued its operations or disposed of more than a	1 1	
Ğ	3		voting members of the governing body (Part VI, line 1a)	3	10
Se	4		independent voting members of the governing body (Part VI, line 1b)	4	10
įį	5		per of individuals employed in calendar year 2019 (Part V, line 2a)	5	2
į	6		per of volunteers (estimate if necessary)	6	2
⋖	7a		ated business revenue from Part VIII, column (c), in 6122.	7a	0
	b	Net unrelat	ted business taxable income from Form 990-T, line 39	7b	0
	8	Contributio	ons and grants (Part VIII, line 1h) CO AUG 17 2020 O Prior Year		Current Year
ıne	9		ons and grants (Part VIII, line 1h)	99,748	194,272
Revenue	10		t income (Part VIII, tille 29)	0	0
æ	11		(D 1) (III 1 (A) 1 5 TT B 10 10 11 11 11 11 11 11 11 11 11 11 11	0	0
	12			542 00,290	104.272
_	13			35,000	194,272
	14		aid to or for members (Part IX, column (A), line 4)	0	148,000
10	15			31,915	43,745
ıse	16a		al fundraising fees (Part IX, column (A), line 11e)	0	43,745
Expense	b		raising expenses (Part IX, column (D), line 25) 0		
Ä	17			17,885	21,103
	18			84,800	212,848
	19			15,490	-18,576
es o			Beginning of Curro	_ `	End of Year
Net Assets or Fund Balances	20	Total asset		97,696	79,188
t Ast d Ba	21		ties (Part X, line 26)	198	266
훏	22	Net assets	or fund balances Subtract line 21 from line 20	97,498	78,922
	rt II	Signatu	re Block		
		alties of perjury,	I declare that I have examined this return, including accompanying schedules and statements, and to the Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	•	y knowledge and belief, it is
Sig	n	Signa	re of officer Bhanor Date	3/11/	20
He	re	DARL	ENE HANSON, SECRETARY		
		1	r print name and title		
		Drint/Tuno	preparer's name Preparer's signature Date		DTIN

Paid **Preparer**

Cat No 11282Y

Check 🛂 ıf self-employed

SAPAH DAVIS

For Paperwork Reduction Act Notice, see the separate instructions.

457 W. BIRCH AVE, CLOVIS, CA 93611

Firm's EIN ▶ Phone no

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

Yes No Form **990** (2019)





ABFD

Part IV Checklist of Required Schedules

				1.40
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	7	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		,
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		~
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	:	,
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		~
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_		V
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? <i>If "Yes," complete Schedule D, Part V</i>	10		v
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		,
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		,
С	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		٧
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		>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		٧
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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		>
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	v	
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? <i>If</i> "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		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		~
			000	(0010)

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 Schodule, I	23		
	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		1	
	\$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	240		
C	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		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		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		v
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		
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		.,
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		7
	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		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Ť
00	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		V
	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		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	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 '		, 55		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
		Forr	n 990	(2019)

Part.	V 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			22
	Statements, filed for the calendar year ending with or within the year covered by this return 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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,			
	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 ▶			海西
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	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	,	
		Va		
ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _]
	required to file Form 8282?	7c	Sillanora "	Judden od
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		13140974
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		
9	Sponsoring organizations maintaining donor advised funds.	-2484924 -2484924	Michiga Michig	a tree
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	CEPTES	1888
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter		JOHN.	250
·, a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	100		
b	Gross income from other sources (Do not net amounts due or paid to other sources			3 -1,
	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		
	If "Yes," enter the amount of tax-exempt interest received or acciued during the year . 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			157
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			1
С	Enter the amount of reserves on hand		200	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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	30.00g**CMC**	/
	If "Yes," see instructions and file Form 4720, Schedule N.			(C. 6)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	794 679444	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	If "Yes," complete Form 4720, Schedule O.	[388]	医多种性	(在2)

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 10		188	33.23
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 10			
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 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		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
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,			
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	KA.). 2
а	The governing body?	8a	>	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
. p	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	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	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	22 J. Harin.	-Advisor of the
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?			
· a	The organization's CEO, Executive Director, or top management official	15a	~	<u> </u>
b	Other officers or key employees of the organization	15b	3"84405	Ma Shirth
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	装金		
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			
Casti	organization's exempt status with respect to such arrangements?	16b	L	L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available Check all that apply.	ı (Sec	tion 5	001(C)
	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 and financial statements available to the public during the tax year	of inter	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	
	DADI ENE HANSON (559)779.8800			

_		-
Pac	36	•

Form	aan	(201	a
rorm	990	1201	91

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. See instructions for the order in which to list the persons above

☐ Check this box if neither the organization noi	any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
		(C)								
(A) Name and title	(B) Average hours	box,	unles	Position ot check more th unless person is to a and a director/to			h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	~ <u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DEBBIE TINGLEY	40 00									
DIRECTOR	0 00				1			10,500	0	c
DR WILLIAM CARVETH	0 00]								
DIRECTOR	0 00	~	<u></u>	<u></u>		<u> </u>		0	0	c
DR ERIC HANSON	10 00		1							
CHAIRMAN	0 00	~						0	0	o
DARLENE HANSON	10 00]								
SECRETARY	0 00	~				<u> </u>		0	0	[c
JESSIE THEISSEN	0 00									
DIRECTOR	0 00	~						0	0	c
JAIME STRMISKA	0 00									
DIRECTOR	0 00	~						0	0	o
KELLY AMEND	5 00					į			1	
BOARD MEMBER	0 00	~				į		0	0	į o
JULIA CARDOZA	0 00		-			ĺ				
BOARD MEMBER	0 00	~						0	0	
JAMIE CARDOZA	0 00				-					
DIRECTOR	0 00	~						0	0	o
BRYAN FEIL	0 00									
DIRECTOR	0 00	~					L.,	0	. 0	0
							_			,

Part	VII Section A. Officers, Directors,	<u>Frustees,</u>	Key	Em,	plo	yee	s, an	d F	lighest Compe	nsated Em	ploye	ees (continu	ied)
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe	erson	e than of the sortion	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	on	(F) Estimated amout of other compensation	
		(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)	organization (W-2/1099-MI	SC)	from the organization ar elated organizati	nd
					-	-		ļ			-+		
					<u> </u>	<u>.</u>							
												. <u></u>	
		ļ	ļ										
								 					
					<u> </u>	ļ							
					┢						+		
				L	<u> </u>	<u> </u>					_		
	Subtotal	<u> </u>		<u></u>	<u> </u>	<u> </u>	<u> </u>		10.500		_		
1b c	Total from continuation sheets to Part	. VII, Sectio	n A	•		•	· ·	•	10,500		0		0
<u>d</u>	Total (add lines 1b and 1c)							▶	10,500		0		0
2	Total number of individuals (including but reportable compensation from the organi		d to th	1056	e list	ted	above	e) w		e than \$100,	000 o	of	
	reportable compensation from the organi	Zation							0			Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s						-	mpl	loyee, or highes	st compensa	ated	3	<u>, </u>
4	For any individual listed on line 1a, is the organization and related organizations											4	
5	individual .Did any person listed on line 1a receive of for services rendered to the organization?									tion or indivi	dual		
Secti	on B. Independent Contractors	: 11 163, 0	Julipi	CIC	001	100	110 0 1	0, 3	sucii persori			<u> </u>	
1	Complete this table for your five high compensation from the organization. Report												
	(A) Name and business add	Iress							(B) Description of sen	/ices	Cc	(C) ompensation	
None		_											
								-					
			•••••					 					
		_											
2	Total number of independent contractor received more than \$100,000 of compens		-					o th	nose listed abov	e) who	3,1,	* * * * * *	,-,

Part	VIII	Statement of Rev Check if Schedule				uso or note to e	av line in this Bo	o≠ \/III		
		Check ii Schedule	0 00	intains a re	spon	ise of flote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
g g	1a	Federated campaig	ns .		1a	0			STATE OF THE STATE	10.5
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
عَ ق	С	Fundraising events			1c	-5,000				
fts,	d	Related organization			1d	199,272				
	e	Government grants			1e	0				
ns,	f	All other contribution	•							
er (-	and similar amounts no			1f	l 0				
ib F	g	Noncash contribution	ons in	cluded in						
Contributions, and Other Sım		lines 1a–1f 1g \$								
S E	h	Total. Add lines 1a-	-1f .			🕨	194,272			
						Business Code		74.839.54E	43/44/4/40/40/	WEST STATE
Çe	2a									
ه ∑	b									
S	С									
gram Ser Revenue	d									
Program Service Revenue	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f .			•	0	NI WALLEY	(Markettania	ASSESSED FACES
	3	Investment income	(ıncl	luding divid	dends	s, interest, and				
		other similar amoun	ıts) .			•				
	4	·				ond proceeds ►				
	5	Royalties	<u></u>			<u>></u>				
				(ı) Real	1	(ii) Personal			Security States	ere i se i se i
	6a	Gross rents	6a							
	b	Less rental expenses	6b							
	С	Rental income or (loss)	6c	<u> </u>	0	0		With the second	12.27 87.24	868 124 208 H
	d	Net rental income o	r (los:	1		<u> ▶</u>	and I have a Physical Advantage William	and the second s	\$4. V. 2 34.5. X 3.26. 275. A 15/-4.3.5.	hanning the transfer of the same has
	7a	Gross amount from		(ı) Securit	ies	(II) Other				
		sales of assets								
		other than inventory	7a	ļ						
<u>n</u>	b	Less cost or other basis								
e e		and sales expenses	7b							
Revenue	C .	Gain or (loss)	7c	<u> </u>	0	10	EAL-WARRENS		THANKET CAN	Rate and the second of
	ď	Net gain or (loss)			<u> </u>	🕨	SELECTO DE DESERVORA DE	industrial del del del del del del del del del de	OSCENINSIONALIA-NO N	Harania Ganarda (h. 1884)
Othe	8a	Gross income from		-						
J		events (not including		-5,000	ł					
		of contributions rep 1c). See Part IV, line		a on line	0-					
	L				8a					
		Less: direct expens			8b	ents . ▶	第9年第3年3年3年3年3年3月1日 第9年3月1日		satt Satisfacing College Hall	in the section of the
	C	Net income or (loss)			y eve	ano . 📂		DESIGNATION OF THE PARTY OF THE		
	9a	Gross income factivities. See Part I			9a					
	_ h	Less: direct expens			9b					
	b	Net income or (loss)				es .	MANAGEMENT OF THE PARTY OF THE	新工工中外的基本的企业的	PARTICIPANT VEGET	A SALMANTAL SAND A
	C 100	· · ·			LIVILIE	<u>P</u>	PHEISTER WHENTY	6303CBBBBBBBBB		
	iva	Gross sales of in returns and allowan		ory, less	10a					
	ь	Less: cost of goods		•	10b	1				
	c	Net income or (loss)				ny 🕨	Sant State S		\$30000 12000 1200 1200 1200 1200 1200 120	TOTAL STATE
		HELITICOTTE OF (1055)	, 11011	Jaico UI III	iveill	Business Code	W. State Contraction	Lean Cathair (Alle	New State Control	la ser establicación d
Miscellaneous Revenue	11a					- Dusiness Code	L' 10 -50 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LACTIC AND STREET, STR	1.49984-CERTIFET #5451/91-40-	ALMERICAN SERVICES
scellaned Revenue						 	<u> </u>	,	 	
lla ver	b	••••••						-	<u> </u>	
Se	C d	All other revenue	•••••			 			 	
Ξ̈́	e	Total. Add lines 11a	 a_11c				0			02.2344.4504.5
	10	Total revenue Soo				· · · · ·	104 272		11.20	Threat Street Control of Control

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, , 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	1			2.284 2.245 2.455					
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	148,000	148,000							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	39,744	31,794	7,950						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			•						
· 7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		ı							
. 9	Other employee benefits				, ,					
10	Payroll taxes	4,001	3,201	800						
11	Fees for services (nonemployees)		1,		•					
a	Management	w			·					
b	Legal									
c	Accounting	538	-	538						
. q	Lobbying	330		330						
	Professional fundraising services See Part IV, line 17		\$\$4-\$158-\$001-\$048\$2X	er e						
e f	Investment management fees		N (2012/25/5/190/2002/00/200/200/	F744180						
				"1	••••					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,392	5,114	1,278						
12	Advertising and promotion	579	463	. 116	_					
, 13	Office expenses	5,117	4,094	1,023						
14	Information technology	4,385	3,508	877	•					
15	Royalties		,							
16	Occupancy									
17	Travel	1,725	1,380	345	•					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .				,					
20	Interest									
21	Payments to affiliates	•	,	,	-					
22	Depreciation, depletion, and amortization .	B.	,							
23	Insurance	2,262	1,810	452						
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.)									
•	TAVEC		84	21	THE WEST TOP OF THE PROPERTY O					
a	TAXES	105	- 84		, ,					
b					· · · · · · · · · · · · · · · · · · ·					
C										
d	All II			, , , , , , , , , , , , , , , , , , ,						
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	212,848	199,448	13,400	0					
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 \Delta If		١.							
	following SOP 98-2 (ASC 958-720)		·							

_ P	art X	·			٠ _
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	İ	(B) End of year
	1	Cash—non-interest-bearing	97,696	1	79,188
	2	Savings and temporary cash investments	71,070	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,		(STATE OF A STATE OF
		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	
ţ	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)	97,696	16	79,188
	17	Accounts payable and accrued expenses	198	17	266
	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	
Liabilities	22	Loans and other 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		22	
Ë	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	198	26	266
ces	20	Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.	178	20	200
<u>a</u>	27	Net assets without donor restrictions	12.34	27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.		34	
. อั	29	Capital stock or trust principal, or current funds	0	29	(
ets.	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	97,498	31	78,922
Ť.	32	Total net assets or fund balances	97,498	1	78,922
Š	33	Total liabilities and net assets/fund balances	97,476	-	70,722

Form 9	90 (2019)			Page 12			
Par	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		194,272			
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3		-18,576			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		97,498			
5	Net unrealized gains (losses) on investments	5		0			
6	Donated services and use of facilities	6					
7	Investment expenses	7		0			
8	Prior period adjustments	8		0			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	·	78,922			
Part	XII. Financial Statements and Reporting			.0,,,,			
	Check if Schedule O contains a response or note to any line in this Part XII			. \square			
			Y	es No			
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other			第 数图			
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain in	4				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~			
b	If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	npiled or	2b				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	ted on a					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts		2c				
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kplain on					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the					

b 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.

3a

3b

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2019
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

27-2842024

LAN	VA I	-OUNDATION					27-28-	42024
Pai	tΙ	Reason for Public Char	rity Status (All	organizations must	: comple	te this p	art.) See instructio	ons.
The 4	orga	inization is not a private founda	tion because it is	s (For lines 1 through	12, ched	k only or	ne box.)	
1		A church, convention of church		· ·		-	•	+ a
2		A school described in section						1) 1
3		A hospital or a cooperative hos						\cup ()
		A medical research organization		=				(iii) Entartha
4	ш	hospital's name, city, and state	•	onjunction with a nosp	Jilai desc	noeu in s	section 170(b)(1)(A)((m). Enter the
5		An organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
•	ш	section 170(b)(1)(A)(iv). (Com		conege of university	OWNED C	Орогис	a by a government	ar arm accorded in
6		A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7		An organization that normally			port from	a gover	nmental unit or from	n the general public
_	_	described in section 170(b)(1)						
8 9	_	A community trust described in			-	من اممقمت		
3		An agricultural research organi or university or a non-land-gra university						
10	~	An organization that normally receipts from activities related support from gross investment	to its exempt ful	nctions—subject to c	ertain exc	ceptions,	and (2) no more that	n 331/3% of its
		acquired by the organization a						Dubinosoos
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	on 509(a)(4).	
12		An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	inctions of, or to car	rry out the purposes
		of one or more publicly support	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g.
а		Type I. A supporting organ	zation operated	. supervised, or contr	olled by i	ts suppo	rted organization(s).	typically by giving
_		the supported organization	•		•		•	
		supporting organization Y						
b		☐ Type II. A supporting organ	-	· ·			upported organizati	on(s) by having
		control or management of	•					
		organization(s). You must	, ,	_		persons	triat control of main	age the supported
_		☐ Type III functionally integ				onnoction	a with and functions	ally intograted with
С		its supported organization(any integrated with,
d		☐ Type III non-functionally i						orted organization(s)
_		that is not functionally integ						
		requirement (see instruction			-		·	
е								all Tuno III
C		Check this box if the organ functionally integrated, or T						з п, туре пі
f	_	nter the number of supported of	= :	tionally integrated sup	sporting (or garnizati	011.	
g		rovide the following information	-	orted organization(s)	• •	•		• •
9		Name of supported organization		<u> </u>				
	(1)	vame of supported organization	(II) EIN	(described on lines 1–10	(IV) Is the c	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					V			
					Yes	No		
(A)								
(B)								
(C)								
(D)		···						
(E)								

Total

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Sooti	on A. Public Support	o quality unde	er trie tests iis	ited below, p	lease comple	te Fart III.)	/
		(a) 2015	(b) 2016	, (a) 2017	(4) 2010	(a) 2010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(I) Totar
1	Gifts, grants, contributions, and membership fees received. (Do not					,	· /
	include any "unusual grants.")	*		٠.			
_	-	-		ŧ			
2	Tax revenues levied for the				l .		/
	organization's benefit and either paid				'.	/	' .
_	to or expended on its behalf						
3	The value of services or facilities					l . /	,
	furnished by a governmental unit to the		,			· /	,
	organization without charge						•
4	Total. Add lines 1 through 3		***************************************	a marrie description in a second	Done suit with one of contrast the man		
ີ 5	The portion of total contributions by					/ 500	
	each person (other than a						
	governmental unit or publicly	4412					
	supported organization) included on				/-		•
	line 1 that exceeds 2% of the amount	A Comment			1/4		
	shown on line 11, column (f) .				7.4.5.	600年600	
6	Public support. Subtract line 5 from line 4	的學家認識	经的关键	的是一个	No. of the same	CHANGE AND	
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	r					
8	Gross income from interest, dividends,				,		
_	payments received on securities loans,						
٠.	rents, royalties, and income from						
-	similar sources		/				
9	Net income from unrelated business						
	activities, whether or not the business				i		
	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	4341/746					
12 '	Gross receipts from related activities, etc			ose Para due repropriation	The security of a security was	12	· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 is for the	. ,		d. third. fourth	or fifth tax ve		n 501(c)(3)
	organization, check this box and stop he	, -					
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2019 (line			1 column (f))		14	%
15	Public support percentage from 2018 Sci					15	%
16a	331/3% support test—2019. If the organ						
	box and stop here. The organization qua						
b	331/3% support test - 2018. If the organi			-			
_	this box and stop here. The organization						
170	· / -	•		_			_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part VI how the organization meets the '						
	organization	iacis-anu-circ	umstances te	-	zation qualifies		supported -
_							
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r				rrie organizati	on qualifies as	a publicity
40	supported organization						· • 🗀
18	Private/foundation. If the organization di				•		
	instructions		<u> </u>		<u> </u>	<u> </u>	▶ 📋
	/				, Sch	edule A (Form 99	0 or 990-EZ) 2019

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	under the te	sis listed beit	ow, please cc	impiete Fart	11.)	
	on A. Public Support	1	#1.00/0				
	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						
0	received (Do not include any "unusual grants")	195,262	335,101	501,331	279,257	199,272	1,510,223
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 .	32,408	55,645	38,903	33,928	0	160,884
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.						
6	Total. Add lines 1 through 5 .	227,670	390,746	540,234	313,185	199,272	1,671,107
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	. 0	0	0
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	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from			\$3.50 Table			
Cask	Ine 6.)					#12.00 P.00 C.00 E.00 C.00 E.00 C.00 E.00 E.00 E	1,671,107
	on B. Total Support	1 (2) 0045	#1.0010	4.3.0047	1.0010	43.0040	
Calen	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_		227,670	390,746	540,234	313,185	199,272	1,671,107
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources	00.050					00.050
٠ ـ	•	93,258	0	0	0	0	93,258
D	Unrelated business taxable income (less section 511 taxes) from businesses				*		
	acquired after June 30, 1975	1			•		
_	Add lines 10a and 10b	93,258					02.250
С 11	Net income from unrelated business	93,258	0	0	0	. 0	93,258
11	activities not included in line 10b, whether				•]	
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						0
12	loss from the sale of capital assets				,		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	320,928	390,746	540,234	313,185	199,272	1,764,365
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he						. ▶ 🗆
Section	on C. Computation of Public Suppo	rt Percentage	e ,				
15	Public support percentage for 2019 (line			13, column (f))		15	94 71 %
16	Public support percentage from 2018 Sc			<u> . . </u>	<u> </u>	16	96 34 %
Section	on D. Computation of Investment In						
17	Investment income percentage for 2019	•		•		17	5 29 %
18	Investment income percentage from 2018					18	38 %
19a	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box		_			_	
b	331/3% support tests—2018. If the organization						
	line 18 is not more than 331/3%, check this		=				
20	Private foundation. If the organization d	id not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

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 govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated 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 state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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 discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and E 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 acti was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 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 integrat supporting organizations)? If "Yes," answer 10b below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

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Part	Supporting Organizations (continued)			
	Health a consequence of the fall of the constant of the fall of the consequence of t	CONTROL OF	Yes	No GABAR
11	Has the organization accepted a gift or contribution from any of the following persons?			
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	-	12.15.27
h	A family member of a person described in (a) above?	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	110		<u> </u>
	, , , , , , , , , , , , , , , , , , , ,		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			# 1
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported		類類	1
	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		
Secti	on C. Type II Supporting Organizations			
		36.034.823r	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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)	Sec. 20.		
Socti	on D. All Type III Supporting Organizations			L
Secu	on b. 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	18 9 Y	le N. N.	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	5 - C		
	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?	1	alian market	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			Y
- ,	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)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	NO.	類	24
_	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		
	on E. Type III Functionally Integrated Supporting Organizations	·	- 4.7	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	cuons	S)
a b	☐ The organization satisfied the Activities Test. Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	caa in	etrict	ione)
2	Activities Test. <i>Answer (a) and (b) below.</i>	300 111	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	明神教	are	3236
а	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			3.5
	that these activities constituted substantially all of its activities	2a	200.00	alimetau
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	TO BE		
	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	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			推盟
а	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 Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		200	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Section	ns A through E.
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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)		AND THE PROPERTY OF THE PARTY O	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	•	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	154 Y		
factors (explain in detail in Part VI):			
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	EXAMPLE BUILDING	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	想的社会的特殊的各种的	
4 Enter greater of line 2 or line 3.	4	可能的企业的证明	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	第二条数据的	
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see
instructions)			

Schedu	le A (Form 990 or 990-EZ) 2019			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	-
Sect	ion D—Distributions			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 suppo	orted	
				
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anızatıons	
	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.	h the every		
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	en the organization is re	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Distributable amount for 2019 from Section C, line 6			77 28 MAY IN ARROY WART MAKE H N.M. CA.Z. 100 Ma.
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See			
	instructions.		Manda and the same of contracts when the	
3_	Excess distributions carryover, if any, to 2019	The survey of the state of the		Photograph and the first in
a	From 2014			
b	From 2015	MANAGEMENT AND A		
<u>c</u>	From 2016		Market Control of the	
d	From 2017			
e	From 2018			CELEGRATICA SA MARANTA TERRETARIA
f	Total of lines 3a through e		Assistantian (2004) assistantian (2004) a	
<u>g</u> _	Applied to underdistributions of prior years Applied to 2019 distributable amount		 Teller New York New York	
<u>;;</u>	Carryover from 2014 not applied (see instructions)	STATES AND STATES AND AND STATES AND		
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f			Commence of the Commence of th
4	Distributions for 2019 from			
•	Section D, line 7.			
a	Applied to underdistributions of prior years		Courses to the second s	
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	-		
	Remaining underdistributions for years prior to 2019, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			All Sections
6	Remaining underdistributions for 2019 Subtract lines 3h			Transmitter in the control of the co
•	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7.	沙洲和紫江东西里		7.500.20.000
а	Excess from 2015	36.55 \$3.65 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1.00 \$1	Wetter was the second	THE RESIDENCE OF STREET
b	Excess from 2016	CONTRACTOR CONTRACTOR		Marketin inkale.
С	Excess from 2017			
d	Excess from 2018	2517/2007 (NO) 65		
<u>e</u>	Excess from 2019	THE STATE OF THE S	RASIC LIBERAL	

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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.)
••••	
•••••	

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.

2019

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number

Name o	of the organization					Employer #	dentification number
	IA FOUNDATION			 			7-2842024
;⁴Par	General Information Form 990, Part IV, line	n on Activi t 14b	ties Outside	the United States. Com	plete if the orga	anization a	inswered "Yes" or
2	For grantmakers. Does the other assistance, the grant award the grants or assistant award the grantmakers. Describe outside the United States.	ees' eligibility ice?	y for the gran	ts or assistance, and the s	selection criteria	used to	✓ Yes ☐ No d other assistance
. 3	Activities per Region. (The fo	ollowing Part	I. line 3 table o	can be duplicated if addition	al space is need	ded)	
•	(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 lists a program se describe specifi service(s) in the	ed in (d) is ervice, ic type of	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific	0	2	Program Services		·····	148,000
(2)	•		,	٠.			
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(17)						i	

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3a Subtotal **b** Total from continuation sheets to Part I . . Totals (add lines 3a and 3b)

148,000

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) 2019

Part II Grants a

(i) Method of valuation (book, FMV, appraisal, other)					,			•		<u>'</u>			•			* .
(h) Description of noncash assistance	- te								-	,	-		-		, , ,	
(g) Amount of noncash assistance	, ,							•	•			,		•	-	ro recognized as ta
(f) Manner of cash disbursement	148,000 WIRE TRANSFER	•		7			,		, ,	-				دي	-	, by the foreign count
(e) Amount of cash grant	148,000	,	-	••. • • • • • • • • • • • • • • • • • •								. •	٠	-		Separation
(d) Purpose of • . grant	SEE EXPLANATION -			,			· -		,					•		Enter total number of recinient organizations listed above that are recognized as charities by the foreign country recognized as tax-exempt
(c) Region	East Asia and the Pa			,	•			•	٠	,				•	•	ot organizations liste
(b) IRS code section and EIN (if applicable)			14 14 15 15 15 15 15 15 15 15 15 15 15 15 15											3. E.		and recipies
1 (a) Name of organization	(I)	(2)	(0)	(4)	(5)	(9)		(8)	(6)	(10)	((11))	(12)	(63)	(14)	(15)	(16)

. by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

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Schedule F (Form 990) 2019

Page 3

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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. Schedule F (Form 990) 2019

Part III Grants au

(g) Description (h) Method of volution (book, FMV, appraisal, other)					-													
(f) Amount of (g) noncash of non assistance																		
(e) Manner of cash disbursement																		
(d) Amount of cash grant																		
(c) Number of recipients																		
e of grant or assistance (b) Region (c) Number of recipients																		
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

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Schedu	ule F (Form 990) 2019		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ 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)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ 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)	☐ Yes	☑ No

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. See instructions.

Schedule F, Part I, Line 2 - THE GRANTS WERE AWARDED TO AN ENTITY IN THAILAND THAT SUPPORTS COMMUNITY
DEVELOPMENT FOR THAI TRIBES THE ENTITY, INTEGRATED TRIBAL DEVELOPMENT PROGRAM (ITDP) PREPARES REPORTS
ON THE USE OF THESE FUNDS ANNUALLY MEMBERS OF THE LANNA FOUNDATION BOARD TRAVEL TO THAILAND TO INSPECT
THE WORK DONE IN THE VILLAGE AT LEAST ONCE PER YEAR
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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.

OMB No 1545-0047

Open to Public Inspection

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

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

Name of the organization Employer identification number LANNA FOUNDATION 27-2842024 Form 990, Part VI, Section A, Line 2 - DR ERIC HANSON IS CHAIRMAN AND HIS WIFE, DARLENE HANSON, IS THE SECRETARY Form 990, Part VI, Section B, Line 11b - NO REVIEW WAS OR WILL BE CONDUCTED Form 990, Part VI, Section B, Line 15 - THE BOARD REVIEWS THE COMPENSATION OF ALL EMPLOYEES AND APPROVES THEM ANNUALLY Form 990, Part VI, Section C, Line 19 - GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST