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Form **990**(Rev. January 2020)
Department of the Treasury

### 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

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

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change NAMASTE FOUNDATION Name change 68-0159559 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 229 BRANNAN ST., #3A (415) 412-2057 termin-ated 278,330. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN FRANCISCO, CA 94107 H(a) Is this a group return Applica-F Name and address of principal officer: ROBERT GRAHAM Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NAMASTE-DIRECT.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1988 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO DIRECTLY CONTRIBUTE TO Governance WOMEN'S ECONOMIC EMPOWERMENT BY PROVIDING BUSINESS DEVELOPMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 1 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Prior Year Current Year** 283,241. 276,827. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 1,503. 1,556. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 284,797. 278,330. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 220,279 159,420. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 60,159. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 82,679. 94,820. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 302,958. 314,399. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -18,161. -36,069. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 204,751. 247,930. Total assets (Part X, line 16) ,349. 239. 21 Total liabilities (Part X, line 26) Net/ 240,581. 512. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT GRAHAM, CEO/TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed TARA EASTWOOD TARA EASTWOOD 08/12/20 P00539129 Paid Firm's EIN **94-1481988** Firm's name BOWMAN & COMPANY, LLP Preparer Firm's address 10100 TRINITY PARKWAY, STE 310 Use Only Phone no. (209) 473-1040 STOCKTON, CA 95219

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

X Yes

The Steldy describe the organizations mission:  TO PROVIDE MICROCREDIT LOAN FUNDS WITH BUSINESS AND VOCATIONAL TRAINING AND MENTORSHIP FOR POOR ENTREPRENEURS IN DEVELOPING COUNTRIES.  2. Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 990427.  2. Did the organization undertake any significant program services during the year which were not listed on the prior form 300 or 990427.  3. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fam, for each program service expenses.  Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fam, for each program service expenses.  Section 501c(s) and 501c(s) organization organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, fam, for each program service expenses.  Section 501c(s) and 501c(s) organization organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, fam, for each program service sporter.  THE ORGANIZATION PROVIDES BUSINESS DEVELOPMENT SERVICES TO LOW INCOME WOMEN IN DEVELOPING COUNTRIES. DURING THE YEAR, THE ORGANIZATION PROVIDED PRESONALIZED BUSINESS DEVELOPMENT SERVICES TO LOW INCOME WOMEN IN DEVELOPING COUNTRIES. DURING THE YEAR, THE ORGANIZATION PROVIDED PRESONALIZED BUSINESS DEVELOPMENT SERVICES TO LOW INCOME SMALL BUSINESS LOANS TO MORE THAN 500 LOW INCOME BUSINESS WOMEN.  4d. (Coate	Pai	Statement of Program Service Accomplishments	
TO PROVIDE MICROCREDIT LOAN FUNDS WITH BUSINESS AND VOCATIONAL TRAINING AND MENTORSHIP FOR POOR ENTREPRENEURS IN DEVELOPING COUNTRIES.  2 Did the organization undertake any significant program services during the year which were not issed on the prior form 980 or 980 cf 27	_		<u></u>
TRAINING AND MENTORSHIP FOR POOR ENTREPRENEURS IN DEVELOPING COUNTRIES.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980 E2?  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these new services on Schedule 0.  If "Yes," describe these changes on Schedule 0.  If "Yes," describe these changes on Schedule 0.  18	1		
COUNTRIES.   COUNTRIES   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?			
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?			
prior Form 990 or 990 €27    Yes   X No   If Yes, describe three new services on Schedule O.		COUNTRIES.	
prior Form 990 or 990 €27    Yes   X No   If Yes, describe three new services on Schedule O.		Did the averagination undertaken and significant programme and integrable accounting the control of the same and the	
If "Yes," describe these new services on Schedule 0.   Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Г	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			Yes _A_No
## 16 "Yes," describe these changes on Schedule O.    Sescitor Section Section (10(s)) and 501 (s)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.   159,420.   (Revenue \$ 213,584.   Including grants of \$ 159,420.   (Revenue \$ 159,420.	•	·	Ves Y Ne
40 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (coos ) (seconds 2 213,584. moduling grants of \$ 159,420.) (seconds 2 159,420.) (seconds 2 159,420.) (seconds 3 159,420.) (seconds 4 159,420.) (seconds 5 159,420.) (seconds 5 159,420.) (seconds 5 159,420.) (seconds 6 159,420.) (seconds 6 159,420.) (seconds 7 159	3		Yes LALINO
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# Form 990 (2019) NAMASTE FOUN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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		X
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			x
10	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	
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		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	Х	
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	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del>                                     </del>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

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### Part IV 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  •</del> •		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<del>                                     </del>		
J-7	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		<del></del> -
	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u></u>		
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	· · - ·

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Form **990** (2019)

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#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
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		X						
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		Х						
	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х						
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	OD								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
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.	_								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a b	Initiation fees and capital contributions included on Part VIII, line 12									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.									
а	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.									
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 13b									
	Enter the amount of reserves on hand	14a		X						
	· · · · · · · · · · · · · · · · · · ·									
	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v						
	excess parachute payment(s) during the year?	15		X						
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х						
16	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.	Form	990	(2010						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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									
	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									
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?									
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
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		X						
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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
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		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
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	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
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	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
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	X							
b	Other officers or key employees of the organization	15b		X						
	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		X						
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								
Sec	tion 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-T (Section 501(c)(3)	s)s only	/) avai	lable						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X 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 interest policy, are	ıd fina	ncial							
	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 records									
	ROBERT E. GRAHAM - (415) 412-2057									
	229 BRANNAN ST., #3A, SAN FRANCISCO, CA 94107									

932006 01-20-20

# 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.

The state of the s

PRESIDENT - EFF 10/2019	X Check this box if neither the organization ne	or any related	orga	aniza	ation	COI	mpei	nsat	ted any current officer, o	director, or trustee.	
Contended more than one of the compensation from the organizations (list any hours for related organizations below line)   Section of the compensation of the compensation from the organizations (W-2/1099-MISC)   Compensation from the organizations (W-2/1099-MISC)	(A)	(B)			_ ((	C)			1	(E)	(F)
hours per week (list any hours for related organizations below line)  (1) KAREN COPPOCK PRESIDENT - EFF 10/2019 (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER VICE PRESIDENT - EFF 10/2019 (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019 (4) ROBERT E. GRAHAM (5) ROBERT E. GRAHAM (6) LARA G. TRUPPELLI (7) SARAH A. GRAHAM (8) Compensation from the organizations (W-2/1099-MISC) (1) Compensation from the organization (W-2/1099-MISC) (2) MICHAEL T. BEROLZHEIMER (N-2/1099-MISC)  (2) MICHAEL T. BEROLZHEIMER (N-2/1099-MISC)  (3) DOUG SPENCER (N-2/1099-MISC)  (4) ROBERT E. GRAHAM (1.00) (5) RUTH KASLE GRAHAM (1.00) (6) LARA G. TRUPPELLI (7) SARAH A. GRAHAM (0.50) (7) SARAH A. GRAHAM (0.50) (8) SARAH A. GRAHAM (0.50) (9) SARAH A. GRAHAM (0.50) (1) SARAH A. GRAHAM (1) SOUR SARAHAM (1) SOUR SARAHAM (1) SARAH A. GRAHAM (1) SOUR SARAHAM (1) SARAH A. GRAHAM (1) SOUR SARAHAM (1) SOUR SARAHAM (1) SOUR SARAHAM (1) SARAH A. GRAHAM (1) SOUR SARAHAM (1) SARAH A. GRAHAM (1) SARAH A. G	Name and title	Average	(do					one	Reportable	Reportable	Estimated
Week (list any hours for related organizations below line)   To Hill related organizations (W-2/1099-MISC)   Week (list any hours for related organizations below line)   To Hill related organizations (W-2/1099-MISC)   Week (W-2/1099-MISC)   To Hill related organization (W-2/1099-MISC)   Week (W-2/109-MISC)   Week (W-2/109-MISC)   Week (W-2/109-MISC)   Week (W-2/109-MISC)   Week (W-2/109-MISC)   Week (W-2/109-MISC)   Week (W-2/109-			box	box, unless person is both an		'					
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50			_	Ler an	lu a u	recit	Jiriius	iee)			
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50		, ,	irecto						1		•
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50			or d	tee			sated			(W-2/1099-MISC)	
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50			rustee	l trus		e e	nben		(88-2/1099-181130)		•
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50			dual tr	tional	١.	nploy	st cor	_			
(1) KAREN COPPOCK PRESIDENT - EFF 10/2019  (2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  VICE PRESIDENT - EFF 10/2019  X X X  0. 0. 0.  (4) ROBERT E. GRAHAM CEO/TREASURER X X X  0. 0. 0.  (5) RUTH KASLE GRAHAM 1.00 SECRETARY - EFF 10/2019  X X X  0. 0. 0.  (6) LARA G. TRUPPELLI BOARD MEMBER X 0. 0. 0.  (7) SARAH A. GRAHAM 0.50			ndivic	nstitu	)fficer	(ey er	lighe:	orme			5.ga <u>_</u> a
(2) MICHAEL T. BEROLZHEIMER PRESIDENT THRU 9/2019 / BOARD MEMBER  (3) DOUG SPENCER VICE PRESIDENT - EFF 10/2019  (4) ROBERT E. GRAHAM (5) RUTH KASLE GRAHAM (5) RUTH KASLE GRAHAM SECRETARY - EFF 10/2019  (6) LARA G. TRUPPELLI BOARD MEMBER (7) SARAH A. GRAHAM  (0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(1) KAREN COPPOCK	1.00	_	_							
PRESIDENT THRU 9/2019 / BOARD MEMBER   X	PRESIDENT - EFF 10/2019		Х		Х				0.	0.	0.
1.00   X   X   X   0.	(2) MICHAEL T. BEROLZHEIMER	0.50									
VICE PRESIDENT - EFF 10/2019       X       X       X       0.       0.       0.         (4) ROBERT E. GRAHAM       40.00       X       X       0.       0.       0.       0.         (5) RUTH KASLE GRAHAM       1.00       X       X       0.       0.       0.       0.         SECRETARY - EFF 10/2019       X       X       0.       0.       0.       0.         (6) LARA G. TRUPPELLI       0.50       X       0.       0.       0.       0.         BOARD MEMBER       X       0.50       0.       0.       0.       0.       0.	PRESIDENT THRU 9/2019 / BOARD MEMBER		Х		Х				0.	0.	0.
(4) ROBERT E. GRAHAM       40.00       X       X       0.0.0.0.         CEO/TREASURER       X       X       X       0.0.0.0.         (5) RUTH KASLE GRAHAM       1.00       X       X       0.0.0.0.         SECRETARY - EFF 10/2019       X       X       0.0.0.0.       0.0.0.0.         (6) LARA G. TRUPPELLI       0.50       X       0.0.0.0.0.       0.0.0.0.0.         BOARD MEMBER       X       0.50       0.0.0.0.0.0.0.0.       0.0.0.0.0.0.0.0.0.0.0.0.	(3) DOUG SPENCER	1.00									
CEO/TREASURER       X       X       X       0.       0.       0.         (5) RUTH KASLE GRAHAM       1.00       X       X       0.       0.       0.         SECRETARY - EFF 10/2019       X       X       0.       0.       0.       0.         (6) LARA G. TRUPPELLI       0.50       X       0.       0.       0.       0.         BOARD MEMBER       X       0.50       0.       0.       0.       0.         (7) SARAH A. GRAHAM       0.50       0.       0.       0.       0.       0.	VICE PRESIDENT - EFF 10/2019		Х		X				0.	0.	0.
(5) RUTH KASLE GRAHAM  SECRETARY - EFF 10/2019  (6) LARA G. TRUPPELLI  BOARD MEMBER  (7) SARAH A. GRAHAM  1.00  X X 0.  0.  0.  0.  0.  0.  0.	(4) ROBERT E. GRAHAM	40.00								_	_
SECRETARY - EFF 10/2019       X       X       0.       0.       0.         (6) LARA G. TRUPPELLI       0.50       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (7) SARAH A. GRAHAM       0.50       0.       0.       0.       0.       0.			X		X				0.	0.	0.
(6) LARA G. TRUPPELLI  BOARD MEMBER  X  0.50  X  0.0.0.0.		1.00									
BOARD MEMBER         X         0.         0.         0.           (7) SARAH A. GRAHAM         0.50         .			Х		X				0.	0.	0.
(7) SARAH A. GRAHAM 0.50		0.50	l								
			X						0.	0.	0.
BOARD MEMBER X 0. 0. 0. 0.		0.50									
	BOARD MEMBER		Х						0.	0.	0.
			1								
			-								
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			1								
			1								

Part VII Section A. Officers, Director	s, Trustees, Key Em	ployee	s, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director options of the ordinate options of the	Pos check less pe and a c	c) sition more erson directo	1 than is bot	one n an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatic from related organizatior (W-2/1099-MI	on d is	Esti amo o comp fro orga and	(F) imated ount of ther ensation m the nization related nizations
		-									
		-									
Subtotal     Total from continuation sheets to     Total (add lines 1b and 1c)     Total number of individuals (includin compensation from the organization)	Part VII, Section A					<u> </u>	0 • 0 • 0 • eceived more than \$100	0,000 of reportab	0. 0. 0.		0.
<ul> <li>3 Did the organization list any former line 1a? If "Yes," complete Schedule</li> <li>4 For any individual listed on line 1a, is and related organizations greater th</li> <li>5 Did any person listed on line 1a recerndered to the organization? If "Yesection B. Independent Contractors</li> </ul>	e <i>J for such individual</i> s the sum of reportab an \$150,000? <i>If</i> "Yes, eive or accrue compe	ole comp ," <i>comp</i> nsation	pens	atior Sche	n and e <i>dule</i> y unr	otl	her compensation from for such individual	the organization		3 4 5	Yes No X X X
			ding v					year.		(C)	ı
Total number of independent contra     \$100,000 of compensation from the		not limit	ed to	tho (	se lis	stec	d above) who received n	nore than			00 (00 (0)

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response	or note to any in	(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	276,827. 1,025.	276,827.			
				Business Code				
Se	2	а						
Program Service Revenue		b						
n S		С						
grar Rev		d						
rog		e	·					
-			All other program service revenue					
_	3	g	Total. Add lines 2a-2f					
	3		other similar amounts)		1,503.			1,503.
	4		Income from investment of tax-exempt bond					
	5		Royalties	1				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue			Gain or (loss) 7c					
er R			Net gain or (loss)	<b></b>				
Othe	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18	<del>                                     </del>				
			Less: direct expenses 8b					
			` '	<b></b>				
	9	а	Gross income from gaming activities. See					
		<b>ل</b>	Part IV, line 19 9a Less: direct expenses 9b	<del>                                     </del>				
			Less: direct expenses					
			Gross sales of inventory, less returns					
	10	a	and allowances 10a	,				
		h	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
·				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
Sell €		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		050 000			4 500
	12		Total revenue. See instructions	<b>&gt;</b>	278,330.	0.	0.	1,503.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	Check if Schedule O contains a respons	se or note to any line in  (A)	this Part IX	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	150 400	150 400		
	individuals. See Part IV, lines 15 and 16	159,420.	159,420.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	FF 000		FF 000	
7	Other salaries and wages	55,989.		55,989.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	A 170		1 170	
10	Payroll taxes	4,170.		4,170.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 220		0 220	
С	Accounting	9,230.		9,230.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	14 245	14 245		
	column (A) amount, list line 11g expenses on Sch O.)	14,345. 6,000.	14,345.		6,000
12	Advertising and promotion	5,822.	2,546.	1,928.	1,348
13	Office expenses	1,872.	558.	558.	756
14	Information technology	1,0/2.	330.	330.	7.50
15	Royalties	451.		451.	
16	Occupancy	15,434.	12,972.	431.	2,462
17	Travel	15,454.	14,914.		2,402
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	16,653.	1,324.	15,329.	
19	Conferences, conventions, and meetings	10,033.	1,344.	15,349.	
20	Interest				
21	Payments to affiliates	22,695.	22,419.	276.	
22	Depreciation, depletion, and amortization	44,093.	44,413.	210.	
23	Other expenses. Itemize expenses not covered				
24	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 0.)				
a					
b					
C					
d	<u> </u>	2 210		1 004	1 00/
	All other expenses	2,318.	012 F04	1,084.	1,234
25	Total functional expenses. Add lines 1 through 24e	314,399.	213,584.	89,015.	11,800
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

# Form 990 (2019) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			37,815.	1	41,687.
	2	Savings and temporary cash investments			90,808.	2	56,452.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	10,000.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	329,164.			
	b	Less: accumulated depreciation	10b	232,552.	119,307.	10c	96,612.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	247,930.	16	204,751.
	17	Accounts payable and accrued expenses			7,349.	17	239.
	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	
es	22	Loans and other payables to any current or for	mer offic	cer, director,			
≣		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	). Complete Part X			
		of Schedule D			7 240	25	220
	26	Total liabilities. Add lines 17 through 25			7,349.	26	239.
S		Organizations that follow FASB ASC 958, ch	neck her	e ▶ 🕰			
Š		and complete lines 27, 28, 32, and 33.			228,702.		204,512.
sala	27	Net assets without donor restrictions			11,879.	27	0.
P P	28	Net assets with donor restrictions			11,0/9.	28	0.
뒫		Organizations that do not follow FASB ASC	958, che	eck here			
ᅙ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or e				30	
et /	31	Retained earnings, endowment, accumulated		<b>_</b>	240,581.	31	204,512.
Ž	32	Total liebilities and get seeds (find belowed			247,930.	32	204,312.
	33	Total liabilities and net assets/fund balances			4=1,330•	33	Form <b>990</b> (2019)

Pa	rt 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			8,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,3		
3	Revenue less expenses. Subtract line 2 from line 1	3			6,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		24	0,5	81.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain 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		20	4,5	12.	
Pa	rt 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 X Accrual Other		[				
	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?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NAMASTE FOUNDATION 68-0159559 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	359,823.	391,857.	271,326.	283,241.	276,827.	1,583,074.
2	Tax revenues levied for the organ-						
	ization'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	252 222	224 255	004 006	000 044		
4	Total. Add lines 1 through 3	359,823.	391,857.	271,326.	283,241.	276,827.	1,583,074.
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)						575,214.
	Public support. Subtract line 5 from line 4.						1,007,860.
	ction B. Total Support				<b>T</b>	г т	
	ndar year (or fiscal year beginning in)	(a) 2015 359,823.	(b) 2016	(c) 2017 271, 326.	(d) 2018 283,241.	(e) 2019	(f) Total
	Amounts from line 4	359,8∠3.	391,857.	2/1,326.	283,241.	276,827.	1,583,074.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		625	401	1 556	1 500	4 044
	and income from similar sources	57.	637.	491.	1,556.	1,503.	4,244.
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.)						1 505 210
	Total support. Add lines 7 through 10		,				1,587,318.
12	Gross receipts from related activities,	•	,			[ <b>12</b> ]	
13	First five years. If the Form 990 is for						. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2019 (I			column (f))		14	63.49 %
						15	58.14 %
	15 Public support percentage from 2018 Schedule A, Part II, line 14						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
		•					•
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						<b>&gt;</b>
18							

Schedule A (Form 990 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.)

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(6) 2511	(4) 2010	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	(u) 2010	(3) 2010	(0) 2017	(4) 2010	(6) 2010	(i) rotar
	Gross income from interest,						
.00	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	` '						
	acquired after June 30, 1975						
44	Add lines 10a and 10b						
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u>
Sec	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2019 (lin	ne 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom					
17	Investment income percentage for 201	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					ightharpoons
b	33 1/3% support tests - 2018. If the o						and
-	line 18 is not more than 33 1/3%, chec	•			•	•	
20	Private foundation. If the organization						

### 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
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		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		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 <b>Part VI</b> 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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	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		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	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			
	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		
Sec	tion 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 yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
b	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(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			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	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			
С	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.
	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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

NAMASTE FOUNDATION

68-0159559

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

# NAMASTE FOUNDATION 68-0159559

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZiF + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 15,350.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir + +	\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$16,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

NAMAS'	TE FOUNDATION	68	8-0159559
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$6,300.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$6,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$25,000.	Person X Payroll

Name of organization Employer identification number

### NAMASTE FOUNDATION

68-0159559

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		<u> </u>	

Name of organization **Employer identification number** 68-0159559 NAMASTE FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NAMASTE FOUNDATION

Employer identification number 68-0159559

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring			
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recreated	ation or education) Preservation of a his	storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements		•			
	Number of conservation easements on a certified historic st		. 2c			
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	panization during the tax			
	year >					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
•	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conserva	ation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concentration	accoments during the year			
′	*     *  Amount of expenses incurred in monitoring, inspecting, name     *  *  *  *  *  *  *  *  *  *  *  *	diling of violations, and emorcing conservation	easements during the year			
8	Does each conservation easement reported on line 2(d) abo	was satisfy the requirements of section 170/h//	\/D\/i\			
0	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •				
9	In Part XIII, describe how the organization reports conservat					
5	balance sheet, and include, if applicable, the text of the foot	-				
	organization's accounting for conservation easements.	inote to the organization o infanoial statements	That docombed the			
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	r Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and I	palance sheet works			
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furthe	erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 9		nce sheet works of			
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:		•			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1		▶ \$			
	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019			

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a	a   Public whibition   d   Loan or exchange program   b   Scholarly research   e   Other	Pai	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, d	or Other	Similar A	Assets(c	ontinue	ed)
a Public exhibition d	a Public achibition d Loan or exchange program  b Scholarly research  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  to be sold to raise funds rather than to be maintained as part of the organization scollection? Ves No  Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes, explain the arrangement in Part XIII and complete the following table:  Additions during the year  c Beginning balance  1b Additions during the year  c Beginning balance  1c Beginning balance  1d Beginning of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  1b Contributions  1a Beginning of year balance  2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:  a Board designated or quasistations  3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  1b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?  2 Description of property  2 Agent Scheduler R?  3 Are there endowment funds not in the possession of the organization sendowment funds.	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following tha	t make sig	nificant use	of its		
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b Scholarly research c		collection items (check all that apply):									
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b Scholarly research c	а	Public exhibition	d		Loan or exc	hange progra	am				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  1c Amount 1c Beginning balance 1c 1d	c	b	Scholarly research	е								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization and collection?	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part VI  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    Complete organization and the year			_								
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds that than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11 the arrangement in Part XIII and complete the following table:    I	_	· ·	ollections and explain	n how th	ev further t	he organizati	on's exem	nt nurnose i	n Part XII	ı	
to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV	Does sold to raise funds rather than to be maintained as part of the organization's collection?		-	•		-	-			iii aici	•	
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part IV, line 10, line 10	·									٠. [	No
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Pai										
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?			-	oto ii tiio	organizatio	or anowored	100 0111	01111 000, 1 0	2111, 11110	0, 01	
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Endowment Funds. Endowment Funds. Endowment Funds. Endowment Funds. Endowment Funds not in the possession of the organization that are held and administered for the organization by:	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount  C Beginning balance  I d  Additions during the year  E Distributions during the year  E Ending balance  I E Inding balance  I E Inding balance  I E Inding balance  I E Inding palance  I I I I Inding palance  I I I Inding palance  I I I Inding palance  I Inding palance  I I I Inding palance  I I I Inding palance  I Inding palance  I I I Inding palance  I I I Inding palance  I I I I Inding palance  I I Inding palance  I I Inding palance  I I Inding palance  I I Inding palan				diary for	contribution	ns or other as	sets not in	cluded			
b   f 'Yes," explain the arrangement in Part XIII and complete the following table:    Amount   It   It   It   It   It   It   It	b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance				-						٥ [	No
c Beginning balance	c Beginning balance d Additions during the year e Distributions during the year 1 te	h								— •	,,,	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1 Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four ye		Tres, explain the arrangement in rare Air	and complete the to	nowing i	abic.				Δπ		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back for the investment earnings, gains, and losses for Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d Additions during the year   1 d   1   1   1   1   1   1   1   1	_	Reginning balance						10	All	ount	
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Incompared 1 Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Tall Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions (e) Contribu								<b>—</b>			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the explanation has been provided on Part XIII    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds not in the possession of the organization that are held and administered for the organization by:   Part V   Land, Buildings, and Equipment.											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (d) Three years back   (e) Four years back     c   Rot investment earnings, gains, and losses   (e) Four years back   (e) F											
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four years   (e) Four years back   (e) Four years		· ·		•			•			[	III NO
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years   (e) Four years back   (e) Four years   (e) Four year										<u></u>	
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Fai	t v Endowment Funds. Complete				1			h l		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two year	S Dack (d	) Triree years	Dack (e)	Four ye	ars dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
d Grants or scholarships e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships									
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses									
a Board designated or quasi-endowment ▶	a Board designated or quasi-endowment	g	End of year balance									
b Permanent endowment ▶	b Permanent endowment ▶	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (	a)) held as:					
c Term endowment ▶	c Term endowment ▶	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Residual organizations  (iii) Residual organizations  (iii) Residual organizations  (iiii) Residual organizations  (iiiii) Residual organizations  (iiiiii) Residual organizations  (iiiiii) Residual organizations  (iiiiii) Residual organizations  (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  90, Part V, line 11a. See Form 990, Part X, line 10.  (d) Book value  1 a Land  b Buildings  c Leasehold improvements  d Equipment  9 3,564 3,381 183.  183.  183.  183.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iiii) Related organizations  (iiii) Related organizations  (iv) In a second in a sec	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  Other  3a(i)  (b) Cost or Other basis (other)  (c) Accumulated depreciation  (d) Book value  183.  183.  183.  183.	С	Term endowment	<del></del> %								
by:   Ves   No	by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
by:   Ves   No	by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	За	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the	organizatio	n		
(i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization Schedule R? (2) Cost or other Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, Round, Buildings, Round, Buildings, Round, Round			· ·					J		Ye	es No
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  3 , 564 • 3 , 381 • 183 • 29 , 429 • 20 , 429 • 20 , 429 • 30 .		-							3	_	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  3,564.  3,381.  183.  e Other  325,600.  229,171.  96,429.										``	
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  C) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  c Other  3,564.  3,381.  183.  e Other	h										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  3 , 564 • 3 , 381 • 183 • 26	_								·····		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  3 , 564 • 3 , 381 • 183 • 29 , 429 •	Ė			WITHOTTE	arido.						
	Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Equipment  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (h) Cost or other basis (other)				). Part I\	/. line 11a. \$	See Form 990	). Part X. liı	ne 10.			
	basis (investment)         basis (other)         depreciation           1a Land         Image: Control of the						1			(d)	Book v	alue
	1a Land         b Buildings         c Leasehold improvements         d Equipment       3,564.       3,381.       183.         e Other       325,600.       229,171.       96,429.		Description of property	1 ' '		. ,				(",	Doon v	aiao
	b Buildings       c Leasehold improvements         c Leasehold improvements       3,564.       3,381.       183.         e Other       325,600.       229,171.       96,429.		Land	<del>-   ` ` </del>			. ,					
	c Leasehold improvements       3,564.       3,381.       183.         e Other       325,600.       229,171.       96,429.										-	
	d Equipment 3,564. 3,381. 183. e Other 325,600. 229,171. 96,429.											
2 564 2 224 402	e Other 325,600. 229,171. 96,429.						3.564		3.381	1		183.
205 600 100 151 06 100						3.2		2.	-		96	
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X colun					1		

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 NAMASTE FOUN	DATION	68	-0159559 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Do	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.			I.
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability	,,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

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SCITE	edule D (Folili 990) 2019 112 12 13 13 13 13 13 13 13 13 13 13 13 13 13			. J J J J J Faye <del>T</del>
Pa	rt XI Reconciliation of Revenue per Audited Finan	cial Statements With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stater	ments	1	278,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	1 Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	278,330.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 12.)	5	278,330.
Pa	art XII Reconciliation of Expenses per Audited Finar		ses per Return	•
	Complete if the organization answered "Yes" on Form 990,	·		
1	Total expenses and losses per audited financial statements		1	314,399.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	d Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	314,399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5		rt I, line 18.)	5	314,399.
Pa	art XIII Supplemental Information.			
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	s 1a and 4; Part IV, lines 1b and 2b; F	art V, line 4; Part X,	line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS BY THE INTERNAL REVENUE SERVICE UNDER IRC SECTION 501(C)3 AND THE CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 23701(D). THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN OTHER-THAN-PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	NAMASTE FOUNDATION	68-0159559 Page <b>5</b>
Schedule D (Form 990) 2019  Part XIII   Supplemental Info	rmation (continued)	
-		

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

ARUBA, BAHAMAS,

SOUTH ASIA

### Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

123,481.

32,939.

Name of the organization

Employer identification number

SMALL BUSINESS LOANS.

SMALL BUSINESS LOANS.

1)PERSONALIZED BUSINESS ADVISORS,2) FINANCIAL LITERACY TRAINING AND 3)

NAI	NAMASTE FOUNDATION   68-0159559						9	
Pai	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
	Form 990, Part IV, line 14b.							
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes X No	
2	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.						side the	
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)			
	(a) Region	<b>(b)</b> Number of offices in the region	`employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region	
CENT	RAL AMERICA AND				1)PERSONALI	ZED BUSINESS		
THE	CARIBBEAN -				ADVISORS,2)	FINANCIAL		
א אזרי ד	CIIX C DADDIIDA				TTTTDXCV TD	ATMING AND 31	1	

PROGRAM SERVICES

PROGRAM SERVICES

0

0

3 a Subtotal	0	0			156,420.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			156,420.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019					

Part II	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.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &						
		BARBUDA, ARUBA,	PROGRAM SUPPORT	123,481.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM SUPPORT	32 939	WIRE TRANSFER	0.		
			THOUSING BOTTON	32,333.	WINE INDIVIDUAL			
2 Enter total number of								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

	2
	0

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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.
PART I, LINE 2:
NAMASTE FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS THAT SETS POLICY
AND IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF GRANTS. THE MONITORING
PROCESS CONSISTS OF SITE VISITS, INTERNET-FACILITATED COMMUNICATIONS, AND
QUARTERLY REPORTING.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### 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

Open to Public Inspection

Name of the organization

NAMASTE FOUNDATION

Employer identification number 68-0159559

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRAMS THAT INCREASE THE BUSINESS CASH FLOW OF LOW INCOME WOMEN. FORM 990, PART VI, SECTION A, LINE 2: ROBERT E. GRAHAM, RUSH KASLE GRAHAM, AND SARAH A. GRAHAM HAVE A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS REVIEWED BY THE CFO. THE CFO FORWARDS THE APPROVED COPY VIA EMAIL TO THE BOARD FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY TO ENSURE ADEQUATE MONITORING AND COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD PERFORMS AN ANNUAL REVIEW OF THE PRESIDENT/CEO AND DETERMINES THE AMOUNT OF COMPENSATION THROUGH COMPARABILITY DATA OF THE GUIDE STAR NONPROFIT COMPENSATION GUIDE. THE REVIEW IS DOCUMENTED IN THE BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.			
Autom	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corpo	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	s, REMIC	cs, and trusts	
Type or					Taxpayer identification number (TIN)	
print	NAMASTE FOUNDATION	TE FOUNDATION		68-0159559		
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  229 BRANNAN ST., #3A					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SAN FRANCISCO, CA 94107					
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1
Application			Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above) ROBERT E. GRAHA			Form 8870			12
Telep  If the	blooks are in the care of ► 229 BRANNAN ST whone No. ► (415) 412-2057  organization does not have an office or place of business is for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group, c	
1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2019 or  ▶ tax year beginning , and ending .  2 If the tax year entered in line 1 is for less than 12 months, check reason:						
3a If t	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			
	any nonrefundable credits. See instructions.				\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if req				155		
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3с	\$	0.
Caution	: If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	r payment
instruction	nns					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)