

The Sundari Foundation, Inc. Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BDO USA, LLP 100 SE 2ND STREET, SUITE 1700 MIAMI FL 33131

or Fax to: 305-374-1135 Attn: E-FILE DEPT.

or Email to: mcouto@bdo.com

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Form 8879-EO

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

r year 2018, or fiscal year beginning 01 ,	/01 , 2018, and ending $12/31$	

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

81-0652266

_ , ₂₀_18

Name of exempt organization

THE SUNDARI FOUNDATION, INC.

Name and title of officer

Department of the Treasury

Internal Revenue Service

CONSTANCE COLLINS, PRESIDENT

For calenda

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	10386575.
2a	Form 990-EZ check here 🕨 🔄 b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
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For Pa	perwork Reduction	Act Not	ice, see back	of form.							F	orm 88	79-1	ΕŌ	(2018)
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So														
ERO's sig	gnature 🕨		Alla	- far		Date	▶_		10/2	2/20	019				
Informa	ation for Authorized	IRS e-file	Providers fo	r Business Return	ns.	,			,,					,	,
indicate	ed above. I confirm	that I am	submitting t	his return in acco	ordance with	the requirements	s of I	Pub. 4	1163.	Mo	derr	nized e	-File	(Me	eF)
Loortify	/ that the above nun	noric onti	vie my DIN	which is my sign	pature on the	2018 electronic	ally f	ilod re						n	
nambe		your nve	aigit sell-sel				Ľ	5 2	. <u> </u>	not e	<u> </u>	all zeros		<u> </u>	
	EFIN/PIN. Enter you r (EFIN) followed by	0		0	1		6	5 2	2	0	3	1 3	5	3	8
					2										
Part I		and Aut	thentication					-							
Officer's	signature					п	ate								
	ERO to enter my F As an officer of the If I have indicated the IRS Fed/State	e organiz within thi	ation, I will e s return that	nter my PIN as n a copy of the ret	ny signature turn is being f	iled with a state	age								
	on the organization being filed with a s	tate age	ncy(ies) regu	lating charities a	as part of the										
	ERO firm name							Enter fi do not				t			
X	I authorize <u>BDO</u>	USA,				to enter my PIN		7 2		3	T	as m	ıy sig	gnat	ure
									<u> </u>	h	1				

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

Open to Public

~ -	or the	o 2019 colondar year or toy year baringing		and and a				00			
	or the	e 2018 calendar year, or tax year beginning	, 2018	, and ending	п	Employer ide	ntific	, 20 ation numbe	•r		
Β	Check if ap	applicable: C Name of organization THE SUNDARI FOUNDATION	N THC			81-0652			-1		
	Addre	220	N, INC.			01-0052	220	0			
_	chang	Doing business as	not delivered to street address)	Room/suite		Telephone nu	mhor				
_	-			100m/suite		E Telephone number (305) 613-1573					
_		I return 3921 ALTON ROAD #468 City or town, state or province, country, a	and ZIP or foreign postal code		(303) 01	3-1	575			
_	termir Amen	inated	and zin of foreign postal code			Cross ressints	. ¢	10	500	,242.	
_	return	ication F Name and address of principal officer:	CONSTANCE COLLINS			Gross receipts a) Is this a grou			Yes	X No	
	pendi	ling				subordinates	?		ł		
-	T		, MIAMI, FL 33140		H	b) Are all subord		ncluded?	Yes	No	
<u>-</u>											
				I. V		C) Group exem				FL	
			Association Other	L Year of f	ormation:	2004 M	State	of legal don	nicile:	г Ц	
P	art I	Summary									
		Briefly describe the organization's mission or	r most significant activities: <u>SEE</u> S	CHEDULE O							
nce					_						
rna					050(6						
Governance	2		iscontinued its operations or dispos				1 1			27.	
ي 2		Number of voting members of the governing					3			27.	
		Number of independent voting members of t					4			182.	
Activities		Total number of individuals employed in cale					5			800.	
Acti		Total number of volunteers (estimate if necess					6		±,	0.	
		Total unrelated business revenue from Part VI					7a				
	D	Net unrelated business taxable income from I	Form 990-1, line 38				7b	0			
				_		Prior Year	1		ent Ye	193.	
ne	8	Contributions and grants (Part VIII, line 1h)	/	114,30							
Revenue	9	Program service revenue (Part VIII, line 2g)					23.	171,859.			
Be	10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						112	667.	
				-46,23 ,468,00			575.				
		Total revenue - add lines 8 through 11 (must			/	,400,00	0.	10,	, 000		
		Grants and similar amounts paid (Part IX, colu					0.			0.	
		Benefits paid to or for members (Part IX, colu				061 41	1 1	122			
ses	15	Salaries, other compensation, employee bene			2	2,961,41		4,0	JZZ,	763.	
Expenses	16a	Professional fundraising fees (Part IX, column		、・・・・・⊦			0.			0.	
Ä	b	Total fundraising expenses (Part IX, column (I	,, · · · · · · · · · · · · · · · · · ·			140 00	4	5,389,773.			
		Other expenses (Part IX, column (A), lines 11				,142,63					
		Total expenses. Add lines 13-17 (must equal			/	,104,05				536.	
- 0	19	Revenue less expenses. Subtract line 18 from	1 line 12			363,95				039.	
Net Assets or Fund Balances					-	g of Current Y			of Yea		
Sse Bala	20	Total assets (Part X, line 16)		•••••	2	2,855,34				514. 474.	
nd I	21	Total liabilities (Part X, line 26)		••••+		199,34				040.	
		Net assets or fund balances. Subtract line 21	from line 20	••••	2	,000,00	1.	3,0	o30,	040.	
	art II	Signature Block				4 - 41 - 1 4 - 4	.			11.4 14 1.	
true	e, corre	nalties of perjury, I declare that I have examined thi ect, and complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	any know	ledge.	my	knowledge a	and be	nei, it is	
Sig	ın	Signature of officer				Date					
He		CONSTANCE COLLINS		TENIT		Date					
-	-	Type or print name and title	PRESID	ENT							
		Print/Type preparer's name	Preparer's signature	Date				PTIN			
Paid	ł		Freparers signature		0.1.0	Check				4	
	parer	ALAN KIRZNER CPA	Alla tim	10/22/2		self-employ		P0045		4	
Use	Only	Firm's name BDO USA, LLP		5 2 2 1 2 1		m's EIN ▶ 1					
N/~:	v tha	Firm's address 100 SE 2ND STREET						-381-80			
-		IRS discuss this return with the preparer)			• •	. X Ye		No	
For	Paper	erwork Reduction Act Notice, see the separate	e instructions.					Form	AA 0	(2018)	
10 1											

THE	SUNDART	FOUNDATION,	TNC
T 11 TT	DOMDRICE	100MDAIION,	THC.

-	n 990 (<mark>2018)</mark>	Page 2
Pa	art III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	. X
1	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mea	ourod by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations t the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 6,971,988. including grants of \$) (Revenue \$ 1,124.)
	ATTACHMENT 1	- 1
<u>4h</u>	(Code:) (Expenses \$ 2,254,263. including grants of \$) (Revenue \$ 170,735.)
70	THROUGH ITS WHOLLY OWNED SUBSIDIARY LOTUS HOUSE THRIFT, LLC, THE	_)
	FOUNDATION HAS ESTABLISHED A WORK PROGRAM AND COMMUNITY OUTREACH	
	THRIFT SHOP, BENEFITING LOTUS HOUSE WOMEN'S SHELTER, PROVIDING JOB	
	TRAINING, CLOTHING AND FURNISHINGS FOR HOMELESS, POOR, DISTRESSED,	
	AND DISADVANTAGED WOMEN IN THE FURTHERANCE OF THE FOUNDATION'S	
	CHARITABLE AND EDUCATIONAL PURPOSES.	
	· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 9,226,251.	
JSA 8E1	020 1.000 Form 9	90 (2018)

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)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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,			
	VII, 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		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
<u> </u>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Λ
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2018)

	990 (2018)		F	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, 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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		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?			
		25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
~	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Fait IV	204		
	Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ŭ	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
Dort	19? Note. All Form 990 filers are required to complete Schedule O.	38		
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?		x	
			i .	1

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Form	990 (2018)		F	Page 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 182							
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 <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O							
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		Х				
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization							
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
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.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10								
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	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.)							
12 a	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 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	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							
с	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
-	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes." complete Form 4720. Schedule O.							

Form 9	190 (2018) THE SUNDARI FOUNDATION, INC.	81-0652	2266	I	Page 6
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7b below;	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>		X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 27	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	1b 26	-		
b	Enter the number of voting members included in line 1a, above, who are independent		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		2	x	
•	any other officer, director, trustee, or key employee?		-		
3	Did the organization delegate control over management duties customarily performed by or un		3		х
4	supervision of officers, directors, or trustees, or key employees to a management company or othe Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5	Did the organization make any significant changes to its governing documents since the prior roll soo was in Did the organization become aware during the year of a significant diversion of the organization's a		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 el				
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken 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				x
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Inte		9 Code	<u> </u>	Δ
0000			0000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5			
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 t	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p				
	describe in Schedule O how this was done		12c	X X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review an				
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization		15b	Х	
2	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 simila	r arrangement			
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u></u>	16b		
Sect	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \frac{FL, NY}{N}$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		(Sec	tion 5	o01(c)
	X Own website Another's website X Upon request Other (explain in Sch				
10		,	oract	nolic	1 000
19	Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.	.s, connict of iffl	erest	POIC	y, and
00	State the name, address, and telephone number of the name who necessary the arranization's t	a alka and ra r-			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CONSTANCE COLLINS 3921 ALTON ROAD MIAMI, FL 33140 305-613-1573

81-0652266

Part VII	Compensation of Independent Con		Directors,	Trustees,	Кеу	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule	O contains a r	esponse or n	ote to any line	e in thi	s Part VII				
Section A.	Officers, Directors	, Trustees, Ke	ey Employee	s, and Highe	st Con	pensated Emp	loyees			

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CONSTANCE COLLINS	30.00									
PRESIDENT & EXECUTIVE DIRECTOR	26.00	х		x				0.	0.	0.
(2)CYNTHIA BELL	2.00									
DIRECTOR	0.	x						0.	0.	0.
(3)KIM ABREU	1.00									
TREASURER & DIRECTOR	0.	х		х				0.	0.	0.
(4)JULIE LOTSPEICH	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(5)COBI MOON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)ANTONIA WRIGHT	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) MARTIN MARGULIES	5.00									
DIRECTOR	15.00	Х						0.	0.	0.
(8)KATHRYN VILLANO, M.D.	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9)JOHN SUMBERG, ESQ.	1.00									
VICE PRESIDENT & DIRECTOR	4.00	Х		Х				0.	0.	0.
(10)GORDON MILLER, M.D.	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) DEBRA WECHSLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)FAITH XENOS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)MIROSLAV 'MISHA' MLADENOVIC	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) ^{MARK} TAMIS	1.00]						
DIRECTOR	0.	Х						0.	0.	0.

JSA

Part VII Section A. Officers, Directors,		j										
(A)	(B)			(C	-			(D)	(E)		F)	
Name and title	Average hours per	(do i	not ch	Posi neck i		e than c	one	Reportable compensation	Reportable compensation from		nated unt of	
	week (list any	•				is both		from	related		her	
	hours for					or/trust		the	organizations	compe	ensatio	n
	related	Indi or c	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)		n the	
	organizations below dotted	vidu	ituti	6er	em	nest	ner	(W-2/1099-MISC)		•	nizatior related	
	line)	tor tr	ona		Key employee	e con				organ		
		Individual trustee or director	Institutional trustee		ee	npei						
		ĕ	stee			Highest compensated employee						
						ed						
15) MARIA R MILLARES	1.00											
DIRECTOR	0.	X						0.	0.			0
16) RAI JOHNSON	40.00											
DIRECTOR	0.	X						60,096.	0.			0
17) SETH CASSEL	1.00											
DIRECTOR	0.	Х						0.	0.			0
18) DWAYNE ROBINSON	1.00											
DIRECTOR	0.	X						0.	0.			0
19) RACHEL WAGNER FURST	1.00											
DIRECTOR	0.	Х						0.	0.			0
20) TIFFANY ZIENTZ HECKLER	1.00											
DIRECTOR	0.	Х						0.	0.			0
21) TOMAS REGALADO	1.00											
DIRECTOR	0.	X						0.	0.			0
22) ANASTASIA COUSINS	1.00											
DIRECTOR	0.	X						0.	0.			0
23) GISELLE DEVERA	1.00											
DIRECTOR	0.	X						0.	0.			0
24) EVELYN GREER	1.00											
DIRECTOR	0.	X						0.	0.			0
25) BRITTANY SLATER	1.00											
DIRECTOR	0.	x						0.	0.			0
1b Sub-total							►	0.	0.			0
c Total from continuation sheets to Part VI	I. Section A	•••			• •			149,596.	0.			0
d Total (add lines 1b and 1c)	-							149,596.	0.			0
2 Total number of individuals (including but r reportable compensation from the organiza	not limited to t			d ab	ove	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former	fficer directo	or or	tru	istee	ا ڊ	kev e	mn	lovee or highest	compensated		-	
employee on line 1a? If "Yes," complete Scl										3		Х
4 For any individual listed on line 1a, is the										-		

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Section B. Independent Contractors

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Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
Αſ	TTACHMENT 2		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization > 1	e listed above) who received	

Х

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Form 990 (2018)													Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and H	lig	hest Compensat	ed Employ	ees (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos neck is pe	more rson lirect	e than c is both or/trust emp	an	(D) Reportable compensation from the organization	(E) Reporta compensatio relate organizat (W-2/1099-	on from d tions	othe compen from		f on
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ber	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and	inizatio relatec nizatior	ł
26) NENA RICH DIRECTOR	1.00	x						0.		0.			0.
27) SHEILA ORETSKY DIRECTOR	1.00	x						0.		0.			0.
28) ANNA FRUSCIANTE SECRETARY	40.00			х				89,500.		0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A				•••								
 d Total (add lines 1b and 1c)	limited to t		liste				o re	ceived more than	\$100,000 ¢	of			
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ıal	• •	• • •	• •				3		X
4 For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,0	00?	lf	"Yes	s," (complete Schedu	le J for s	such	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ya	accrue co	mpen	satio	on 1	from	n any	un	related organizatio	on or indivi	dual	5		X
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	78,446.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
A D. C	c	Fundraising events 1c	540,740.				
ar ,		Related organizations					
s, C	d		5,766,185.				
ion Sign	e						
the	f	All other contributions, gifts, grants,	2 042 022				
ē		and similar amounts not included above . 1f	3,942,822.				
Cor	g	Noncash contributions included in lines 1a-1f: \$	2,037,924.				
	h	Total. Add lines 1a-1f		10,328,193.			
ň			Business Code				
eve	2a	THRIFT SHOP SALES	453310	170,735.	170,735.		
е	b	LOTUS HOUSE - JAIL DIVERSION	813211	1,124.	1,124.		
Program Service Revenue	c						
Ser	d						
E	е						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		171,859.			
	3	Investment income (including divider					
		and other similar amounts).		190.			190.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
¢)	8a	Gross income from fundraising					
ň		events (not including \$540,740.					
eve		of contributions reported on line 1c).					
г Б		See Part IV, line 18	0.				
Other Revenue	h	Less: direct expenses	110.667				
0	b c	Net income or (loss) from fundraising events	· · · · · · · · · · · · · · · · · · ·	-113,667.			-113,667.
				,,			-,,-
	9a	Gross income from gaming activities. See Part IV, line 19 a	0.				
	b	Less: direct expenses b	·	0.			
	c	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		10,386,575.	171,859.		-113,477.

Section 501(c)(3) and 501(c)(4) organizations mu				
Check if Schedule O contains a res				<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	89,500.	88,621.	440.	439
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$) and	0.			
persons described in section 4958(c)(3)(B)	3,431,182.	3,397,472.	16,855.	16,855
7 Other salaries and wages	5,451,102.	5,597,472.	10,055.	10,055
8 Pension plan accruals and contributions (include	0.			
section 401(k) and 403(b) employer contributions)	208,536.	206,488.	1,024.	1,024
9 Other employee benefits	293,545.	290,661.	1,442.	1,442
10 Payroll taxes				_,
a Management	0.			
b Legal	3,916.		3,916.	
c Accounting	106,960.		106,960.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion	0.			
3 Office expenses	69,719.	33,831.	35,888.	
4 Information technology	0.			
5 Royalties	0.	00.050		
6 Occupancy	29,350.	29,350.		
7 Travel	0.			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0. 8,352.	8,352.		
9 Conferences, conventions, and meetings	8,352.	0,352.		
20 Interest	0.			
21 Payments to affiliates	21,389.	21,389.		
2 Depreciation, depletion, and amortization	78,625.	78,625.		
23 Insurance 4 Other expenses. Itemize expenses not covered	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aSUPPLIES-SPECIAL NEEDS	1,741,480.	1,741,480.		
bRENT-TBRA & RRH	1,444,159.	1,444,159.		
cFOOD AND MEALS	462,523.	462,523.		
dSUPPORTIVE SERVICES	683,986.	683,986.		
e All other expenses	739,314.	739,314.		
25 Total functional expenses. Add lines 1 through 24e	9,412,536.	9,226,251.	166,525.	19,760
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising equivitation. Check here be a set of the set of				
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0.			

0.

following SOP 98-2 (ASC 958-720)

Form	~ 000 (THE SUNDARI FOUNDAL.	ION, INC.		01-	Page 11
	n 990 (art X	Balance Sheet				
Га		Check if Schedule O contains a response or no	to to onviling in this D	ort V		
		Check il Schedule O contains a response of no	le to any line in this P		•••	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,734,894.	1	1,688,121.
	2	Cash - non-interest-bearing Savings and temporary cash investments		0.	2	0.
	3	Pledges and grants receivable, net		0.	2	0.
	4	Accounts receivable, net		744,344.	4	1,658,841.
	5	Loans and other receivables from current and forme	er officers directors			, , -
		trustees, key employees, and highest compe	, , ,			
				0.	5	0.
	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and	s defined under section			
		and sponsoring organizations of section 501(c)(9) voluntary	employees' beneficiary	0		0
ŝ		organizations (see instructions). Complete Part II of Schedule I		0.	<u> </u>	0.
Assets	7	Notes and loans receivable, net		8,177.	7	207,593.
Ř		Inventories for sale or use		0. 105,446.	8	0.
	9	Prepaid expenses and deferred charges		105,440.	9	/0,113.
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	416,944.			
	h	other basis. Complete Part VI of Schedule D10aLess: accumulated depreciation10b		234,751.	100	292,224.
	11	Investments - publicly traded securities		0.		0.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.		0.
	15	Other assets. See Part IV, line 11		27,731.	15	25,622.
	16	Total assets. Add lines 1 through 15 (must equal line 3		2,855,343.	16	3,942,514.
	17	Accounts payable and accrued expenses		199,342.	17	302,474.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former				
Ħ		trustees, key employees, highest compensated		-		-
Liabilities		disqualified persons. Complete Part II of Schedule L		0.	~~	0.
_	23	Secured mortgages and notes payable to unrelated thi	rd parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third		0.	24	0.
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 17-2	, ,	0.	0.5	10,000.
	26	of Schedule D Total liabilities. Add lines 17 through 25		199,342.		312,474.
	20	Organizations that follow SFAS 117 (ASC 958), chec		19975121	20	51271711
s		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		2,656,001.	27	3,630,040.
3alá	28			0.	28	0.
Ъ	29	Permanently restricted net assets		0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.				
s S	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or equipme			31	
As	32	Retained earnings, endowment, accumulated income,			32	
Net	33	Total net assets or fund balances		2,656,001.	33	3,630,040.
_	34	Total liabilities and net assets/fund balances		2,855,343.	34	3,942,514.

Form **990** (2018)

Form 99	90 (2018)				Pa	ge 12
Part	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			86,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			74,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	56,0	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			2 0	20.0	
	33, column (B))	10		3,0	30,0	940.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			• •	Yes	
4	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г		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," e	walaia	<u> </u>			
	Schedule O.	explain	in			
•				2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · ⊢	Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	npilea	or			
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	х	
D	Were the organization's financial statements audited by an independent accountant?		· ·	20		
	separate basis, consolidated basis, or both:	ited on	а			
	Separate basis, consolidated basis, or both.					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overeie	ubt			
C	of the audit, review, or compilation of its financial statements and selection of an independent ac	-		2c	х	
	If the organization changed either its oversight process or selection process during the tax year,		"" F			
	Schedule O.	sypiant				
30	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Ja	the Single Audit Act and OMB Circular A-133?			3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		••			
, v	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	
				Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

		evenue Service		Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	he organization						Employer identifi	cation number
THE	S SI	UNDARI FOUN	NDATION,	INC.				81-06522	66
Pa	rt I	Reason for	r Public Cha	rity Status (All c	organizations must o	omplet	e this pa	rt.) See instructions	
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3			•		rganization described		. ,		
4		A medical res hospital's nam	-	-	conjunction with a hos	spital de	scribed ir	a section 170(b)(1)(A)	(iii). Enter the
5		An organizatio	on operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х	An organizatio	on that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
				(1)(A)(vi). (Compl					
8		-		-	b)(1)(A)(vi). (Complete				
9		-			ed in section 170(b)(1		-	-	
		•	r a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the r	name, city, and state o	f the college or
		university:							
10		receipts from support from	activities rela gross investm	ted to its exempt f rent income and u	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509	certain e able inco	exception	s, and (2) no more tha section 511 tax) from	n 331/3 % of its
11		An organizatio	on organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12			•	•					carry out the purposes
									See section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	apporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		••			, supervised, or contr			• • • • •	
			•	., .	regularly appoint or e		ajority of	the directors or truste	es of the
			•	•	e Part IV, Sections A				
b					ed or controlled in co				
			-		rganization vested in	the sam	e person	s that control or man	age the supported
			. ,		, Sections A and C.				
С					ng organization opera				lly integrated with,
			-		s). You must comple				
d				-	porting organization o	-			
			•	-	nization generally mus	•		•	a an attentiveness
	Г			· ·	omplete Part IV, Sect		-		U. T
е			-		a written determinatio				п, туре п
f	En				ionally integrated sup			юп.	
g				•	orted organization(s).				•••••
		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,		sigan Lation	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

JSA 8E1210 1.000 3326ME P66C

Schedule A (Form 990 or 990-EZ) 2018

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,755,031.	3,967,085.	5,774,555.	7,399,621.	10,328,193.	31,224,485.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,755,031.	3,967,085.	5,774,555.	7,399,621.	10,328,193.	31,224,485.
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).						36,572.
6	Public support. Subtract line 5 from line 4			4			31,187,913.
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,755,031.	3,967,085.	5,774,555.	7,399,621.	10,328,193.	31,224,485.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,207.	722.	10,378.	323.	190.	12,820.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	121,693.	98,429.	87,707.	68,063.	58,192.	434,084.
11	Total support. Add lines 7 through 10						31,671,389.
12	Gross receipts from related activities, etc. (s					12	572,453.
$\frac{13}{2}$	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
	tion C. Computation of Public Sup	•	•	11 (f))		1.4	98.47%
14 15	Public support percentage for 2018 (li Public support percentage from 2017	• • •				14 15	96.21%
15 162	33 1/3% support test - 2018. If the org						
	box and stop here. The organization q 331/3% support test - 2017. If the org	ualifies as a pub	licly supported	organization			► X
-	this box and stop here. The organization	-					
17a	10%-facts-and-circumstances test - 2	•		-			
	10% or more, and if the organization						
	Part VI how the organization meets t					-	
	organization						
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati	on meets the "	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization						
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2018

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
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 disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of 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	or the organizat	tion's first, seco	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .						· · · . ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
15	Public support percentage for 2018 (line 8,	, column (f), divid	ed by line 13, colu	mn (f))		. 15	%
16	Public support percentage from 2017 Sche	edule A, Part III, lin	ie 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2018 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check the	is box and sto p	here. The org	anization qualifies	s as a publicly	supported organi	zation . 🕨 📃
b	331/3% support tests - 2017. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨 📃
20	Private foundation. If the organization						
JSA						chedule A (Eorm 9	00 or 000 E7) 2019

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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 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 disgualified 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

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedu	e A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? <i>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.</i>	2		
Section	on C. Type II Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
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? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

THE SUNDARI FOUNDATION, INC.		81-	0652266
Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zatio	ne	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organiz			,
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	V	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		ourrent rour
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	in the second		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017		·	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u>с</u>	Excess from 2016			
d	Excess from 2017			

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

THE SUNDARI FOUNDATION, INC.

81-0652266	

):	
):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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).

Employer identification number 81-0652266

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ARISON ARTS FOUNDATION 9999 COLLING AVENUE, APT. 6G BAL HARBOUR, FL 33154	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MIAMI DADE COUNTY HOMELESS TRUST 111 NW 1ST STREET MIAMI, FL 33128	\$2,150,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	THE CHILDREN'S TRUST 3150 SW 3RD AVE MIAMI, FL 33129	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	RAPID REHOUSING 3620 NW 1ST AVE MIAMI, FL 33127	\$1,262,111.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	COMMUNITY BASED ORGANIZATIONS - MIAMI DA 111 NW 1ST STREET MIAMI, FL 33128	\$389,767.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	VICTIMS OF CRIME ACT 810 SEVENTH STREET NW, SECOND FLOOR	\$242,915.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIDA ASSOCIATION OF FREE CHARITABLE C	-	Person X Payroll
	2103 CORAL WAY, SECOND FLOOR CORAL GABLES, FL 33145	_ \$337.	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	FLORIDA DEPARTMENT OF EDUCATION	- \$ 221,245.	Person X Payroll
	CAPE CORAL, FL 33990	\$221,245.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 99	90-EZ, or	990-PF) (2018))			Page 3
Name of organization	THE	SUNDARI	FOUNDATION,	INC.	Employer identification number	
					81-0652266	

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is ne	eded.
(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
		\$	
(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
		\$	

	(Form 990, 990-EZ, or 990-PF) (2018)			Page 4
Name of o	rganization THE SUNDARI FOUNDATION	, INC.		Employer identification number
				81-0652266
Part III		the year from any ions completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once. S	Complete columns (a) through (e) and l of <i>exclusively</i> religious, charitable, etc.,
(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	onship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	onship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	onship 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) Transf	er of gift	1
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee
				Schedule B (Form 990, 990, FZ, or 990, PF) (2018)

(Fo	HEDULE D rm 990)	Complete if	ental Financial Statements the organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1	2018
	artment of the Treasury nal Revenue Service	► Go to <i>www.irs.gov</i>	Attach to Form 990. (Form990 for instructions and the latest information in the latest in the latest information in the latest i	
	e of the organization			Employer identification number
	E SUNDARI FOUN			81-0652266
Pa		-	ised Funds or Other Similar Funds or	Accounts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1		nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
4		it end of year		
5	-		advisors in writing that the assets held in	
~			e organization's exclusive legal control?	
6			and donor advisors in writing that grant fur fit of the donor or donor advisor, or for an	
De		tion Easements.	<u></u>	
FC			"Yes" on Form 990, Part IV, line 7.	
1			organization (check all that apply).	
		n of land for public use (e.g., rec		f a historically important land area
		of natural habitat	<i>,</i>	f a certified historic structure
	Preservatio	n of open space		
2			eld a qualified conservation contribution in t	the form of a conservation
		ast day of the tax year.		Held at the End of the Tax Year
а				2a
b			5	2b
с			historic structure included in (a)	2c
d			acquired after 7/25/06, and not on a	
				2d
3	Number of conser	rvation easements modified, trar	sferred, released, extinguished, or termina	ated by the organization during the
	tax year 🕨			
4	Number of states	where property subject to conse	rvation easement is located ▶	
5			parding the periodic monitoring, inspection	
	violations, and enf	orcement of the conservation ea	sements it holds?	Yes 📖 No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cons	ervation easements during the year
	▶			
7			ting, handling of violations, and enforcing co	nservation easements during the year
	▶\$			
8			2(d) above satisfy the requirements of sectio	
-	and section 170(h)(4)(B)(ii)?		Yes No
9			conservation easements in its revenue and of the footnote to the organization's financia	
		ounting for conservation easeme	0	a statements that describes the
De		V	of Art, Historical Treasures, or Other	Similar Accets
F 6			"Yes" on Form 990, Part IV, line 8.	Sililiai Assels.
4	· · · · ·			
1a	works of art, hist public service, pro	orical treasures, or other similar vide, in Part XIII, the text of the for	FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc	ation, or research in furtherance of ribes these items.
b	works of art, hist public service, pro	orical treasures, or other simila vide the following amounts relat	•	ation, or research in furtherance of
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar a	ssets for financial gain, provide the
			FAS 116 (ASC 958) relating to these items:	
а	Revenue included	on Form 990, Part VIII, line 1.		· · · · · · · · · · · · · · · · · · ·
b	Assets included in	Form 990, Part X		> \$

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

81-0652266

Control Other Similar Assets continued) 1 Using the organization's accusion, and other records, check any of the following that are a significant use of its continued) a Provide a description of future generations d Lean or exchange programs c Provide a description of the organization's accusion is collections and explain how they further the organization's exempt purpose in Part Xill. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 2 During the year, did the organization's collection and explain how they further the organization's collection? ves No 2 During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Test the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X, line 21. Is the organization answered Tyes" on Form 990, Part X, line 21. Is the organization answered Tyes" on Form 990, Part X, line 21. Is the organization answered Tyes" on Form 990, Part X, line 21. Is the organization answered Tyes" on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X, line 10. 2 Eachore mean time Part XIII.	Schee	ule D (Form 990) 2018									Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply): d d check and that apply): d check and the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization an savered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 1 Is the organization an savered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No 0 If "Yes". explain the arrangement in Part XII and complete the following table: Yes No 0 If "Yes". explain the arrangement in Part XII check here if the explanation has been provided on Part XIII. Yes No 0 If "Yes". explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. Yes No 0 Complete	Ра	t III Organizations Maintaining Coll	ections of A	rt, Histo	rical Tre	asures	s, or	Other Similar	Assets (c	ontinued	
a							-				,
a Public exhibition d Can or exchange programs c Preservation for future generations e Other								Ū	U		
b Scholarly reservation future generations 4 Provide a description of thur generations 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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?	а			d	Loan o	or excha	ange	programs			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e	-		Ū				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?	с	Preservation for future generations									
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? Yes No PartW Escrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. In a site organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ite I	4		s collections	and expla	ain how t	hey fur	ther	the organizatior	's exempt	purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. Is the organization angular, linustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Ives No c Beginning balance . Ives Ives No d Additions during the year Ives Ives No d Distributions during the year Ives No Ives No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provide on Part XIII No Ives No d If the organization angument in Part XIII. Check here if the explanation has been provide on Part XIII No Ives No b If organization angument in Part XIII. Check here if the explanation table on provide on Part XIII No Ives No d Garants or scholarships Ives Ives No Ives No d Garants				•		,		5			
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. Is the organization angular, linustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Ives No c Beginning balance . Ives Ives No d Additions during the year Ives Ives No d Distributions during the year Ives No Ives No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provide on Part XIII No Ives No d If the organization angument in Part XIII. Check here if the explanation has been provide on Part XIII No Ives No b If organization angument in Part XIII. Check here if the explanation table on provide on Part XIII No Ives No d Garants or scholarships Ives Ives No Ives No d Garants	5	During the year, did the organization solicit	or receive do	nations o	f art, histo	orical tr	easur	es, or other simi	lar		
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?, Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance. Image: Complete if 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. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C No If "Administrative expenses										Yes	No
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year, e Distributions during the year, e Ending balance e Distributions during the year, e Ending balance e Ending balance it It a Additions during the year, c Ending balance e Distributions during the year, c Ending balance c Ending balance c Ending balance c It in a rangement in Part XIII. Check here if the explanation has been provide on Part XIII Complete if the organization answered "Yes" on Form 990, Part X, line 10. Contributions . (a) Current year (b) Proryser (b) Proryser c Other expenditures for facilities and programs. and losses . (d) Three	Ра			I		5			<u> </u>		
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. 1d 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. c No (e) Current year (e) Pror year (e) Two years back (e) Four years back a Beginning of year balance				" on Fori	n 990. P	art IV.	line	9, or reported a	an amoun	it on Fori	n
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions of the arrangement in Part XIII and complete the following table: b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Id Id d Additions during the year,					,	,		-, 1			
included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 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 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Description of year balance (e) Current year (b) Prior year (c) Wo years back (e) Four years back 1a Beginning of year balance (f) (h) Prior year (c) Wo years back (f) Three years back (f) Four years back 1a Beginning of year balance (f) (h) Prior year (f) (f) Three years back (f) Four years back 1a Beginning of year balance (f) (f) Three years back (f) Four years back (f) Four years back 1a Grants or scholarships (f) (f) W	1a		dian or other	intermed	iarv for co	ontribut	ions	or other assets n	ot		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d didtions during the year d dis distinct the year					-					Yes	No
c Beginning balance Ic Amount d Additions during the year Id Id Id e Distributions during the year Id Id Id Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. (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 Net investment earnings, gains, and losses (d) Current year (e) Prior year (e) Prior year (e) Prior year (f) Three years back (f) Three years back (f) Four years back (f) Three years back (f	b	If "Yes." explain the arrangement in Part X	III and comple	ete the fol	lowing tab	le:			••••		
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b1f "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	-				·····J ····	[Amount		
d Additions during the year,	с	Beginning balance					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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No 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 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Grants or scholarships (d) Three years back (e) Four years back (e) Four years back 1a Grants or scholarships (d) Grants (e) Four years back (e) Four years back 1a Grants or scholarships (f) (f) Three years back (f) Three years back (f) Three years back	_										
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 (a) Current year (b) Prior year (c) Two yean back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two yean back (d) Three years back (e) Four years back a Description of realities and programs (a) Current year (b) Prior year (c) Two yean back (d) Three years back (e) Four years back 2 Cher expenditures for facilities and programs (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: 3 Board designated or quasi-endowment > % % % % % 4 Administrative expenditures back % % % % % % % % 5 Permanent endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) irelated organizations (iii) irelate (iii) irelate (iii)	-	Did the organization include an amount on	Form 990 P	art X line	21 for e	scrow (stodial account li	ahilitv?	Ves	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		-							-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia 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 b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities and programs (c) Two years back (d) Three years back (e) Four years back g End of year balance (f) Administrative expenses (c) Two years back (d) Three years back (e) Four years back g End of year balance (f) Carse respenditures for facilities (f) Three years back											
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance Image: State	Ιa										
1a Beginning of year balance		· · ·					_		vears back	(e) Four ve	ars back
b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d End of year balance Image: Contributions Image: Contributions Image: Contributions d Describe on Part Xii the intended uses of the organization's endowment funds. Image: Contribution of property Image: Contor the basis Image: Contribution of pro	1				,				,	()	
c Net investment earnings, gains, and losses,	18			_							
and losses	D			_							
d Grants or scholarships	С										
e Other expenditures for facilities and programs											
and programs i i i f Administrative expenses i i i g End of year balance i i i i 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % c Temporarily restricted endowment ▶ % d are there endowment funds not in the possession of the organization that are held and administered for the organizations by:											
f Administrative expenses	е										
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 Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted 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		-									
b Permanent endowment ▶% c Temporarily restricted 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					e (line 1g,	column	(a)) I	neld as:			
c Temporarily restricted 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:				70							
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 (ii) related organizations (iii) related organizations (iiii) related organizations (iii) a (iiiii) a (a) Cost or other basis (b) Cost or ot			0/								
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. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (d) Book value (other) (d) Book value (other) (e) Accumulated depreciation (f) Book value (other) 	C			0.00/							
organization by: Yes No (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (b) Cost or other basis (cher) (c) Accumulated depreciation (d) Book value 1a Land.	20				tion that	ara bak	d and	administered fo	r tho		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land. b Buildings c Leasehold improvements. d Equipment. 416,944. 124,720. 292,224.	Ja	•		rorganiza			u anu	auministereu io	ule	V	s No
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.		• •									
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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	L										
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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.	_						f			30	
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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land											
Ia Land Content Content Content b Buildings Image: Content Image: Content Image: Content c Leasehold improvements Image: Content Image: Content Image: Content d Equipment Image: Content Image: Content Image: Content e Other Image: Content Image: Content Image: Content	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
1a Land			(a) Cost or ot	ther basis	(b) Cost o	r other ba		(c) Accumulated	1		
b Buildings	10	Land	``	ient)	(ot	.ner)		aepreciation			
c Leasehold improvements d Equipment e Other	-										
d Equipment 416,944. 124,720. 292,224. e Other		-									
e Other	-				Л	16 04		12/ 720		201	0 224
					4	10,94	• • •	124,/20	1	292	., 224 .
				000 Part	X colum		10	<u></u>		202	224

Schedule D (Form 990) 2018

81-0652266 Schedule D (Form 990) 2018 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability 1. (b) Book value (1) Federal income taxes (2) DUE TO AFFILIATE 10,000. (3) (4)(5)

10,000.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(6)(7)(8) (9)

Х

	THE	SUNDARI	FOUNDATION,	INC
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Schedu	le D (Form 990) 2018		Page 4				
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.					
1	Total revenue, gains, and other support per audited financial statements	1	10,641,218.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities						
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)						
e	Add lines 2a through 2d	2e	140,976.				
3	Subtract line 2e from line 1	3	10,500,242.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a						
b	Other (Describe in Part XIII.) $-113,667$.						
0	Add lines 4a and 4b	4c	-113,667.				
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990</i> , <i>Part I</i> , <i>line 12</i> .)	5	10,386,575.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
4		1	9,667,179.				
1	Total expenses and losses per audited financial statements	•					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a							
b							
С							
d	Other (Describe in Part XIII.)	0.0	140,976.				
е	Add lines 2a through 2d	2e	9,526,203.				
3	Subtract line 2e from line 1	3	9,520,205.				
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.)		112 667				
С	Add lines 4a and 4b	4c	-113,667.				
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	9,412,536.				
Part	XIII Supplemental Information.						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE FOUNDATION ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE FOUNDATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE FOUNDATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2018 OR 2017. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES -\$113,667

PART XII, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES -\$113,667

SCHEDULE G	Supplemental	Information Reg	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	ne organization answer organization entered m	ed "Yes" on hore than \$1	Form 990, F 5.000 on Fo	Part IV, line 17, 18, or 19 rm 990-EZ. line 6a.	9, or if the	2018
Demonstration of the Transverse		-	to Form 990	-	-		Open to Public
Department of the Treasury Internal Revenue Service	►G	o to www.irs.gov/Form9	990 for instr	uctions and	the latest instructions.		Inspection
Name of the organization						Employer identificati	on number
THE SUNDARI FOUL		whate if the even				81-0652266	47
	ing Activities. Com 0-EZ filers are not r				res on Forms	990, Part IV, line	17.
	the organization rais				activities. Check a	Il that apply.	
a Mail solicita	•	e		•	non-government g		
b Internet and	email solicitations	f			government grants		
c Phone solic	itations	g	Spec	cial fundra	ising events		
d In-person so							
2a Did the organiza	tion have a written or es listed in Form 990,						Yes No
b If "Yes," list the	10 highest paid indiv least \$5,000 by the o	viduals or entities (
(i) Name and add or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				<u> </u>	4.11.41		14 1
3 List all states in registration or lic	which the organizat ensing.	lion is registered o	r licensed	I TO SOIICIT	contributions or	nas been notified	It is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1281 1.000 3326ME P66C Schedule G (Form 990 or 990-EZ) 2018

81-0652266

 Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes 	540,740.	(event type)	(total number)	col. (c))
 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 	540,740.			540,740
 Gross income (line 1 minus line 2) Cash prizes 				
Cash prizes				540,74
Noncash prizes				
Rent/facility costs				
Food and beverages				
B Entertainment				
Other direct expenses	113,667.			113,66
Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu anization answered "Y	mn (d)	<u></u> ▶	113,66 -113,66 reported more tha
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Gross revenue				
2 Cash prizes				
3 Noncash prizes				
Rent/facility costs	·			
5 Other direct expenses				
S Volunteer labor	Yes %	Yes%	Yes% No	
7 Direct expense summary. Add lin	es 2 through 5 in colur	mn (d)		
β Net gaming income summary. Su	ubtract line 7 from line	1. column (d)	►	
Enter the state(s) in which the orgonality is the organization licensed to con	anization conducts gar duct gaming activities i	ming activities: in each of these state	es?	Yes No
	 Entertainment Other direct expenses Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org ls the organization licensed to con lf "No," explain: 	Entertainment	a Entertainment b Other direct expenses b Direct expense summary. Add lines 4 through 9 in column (d) b Direct expense summary. Subtract line 10 from line 3, column (d) c Gaming. Complete if the organization answered "Yes" on Form 990, \$15,000 on Form 990-EZ, line 6a. c Gaross revenue c Cash prizes c Rent/facility costs c Other direct expenses c Direct expense summary. Add lines 2 through 5 in column (d) c Net gaming income summary. Subtract line 7 from line 1, column (d) c S Net gaming income summary. Subtract line 7 from line 1, column (d) c It expense in each of these state if "No," explain:	a Entertainment b) Other direct expenses b) Direct expense summary. Add lines 4 through 9 in column (d) b) Direct expense summary. Subtract line 10 from line 3, column (d) c) Direct expense summary. Subtract line 10 from line 3, column (d) c) Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a. c) Cash prizes c) Cash prizes c) Noncash prizes c) Other direct expenses. c) Other direct expense summary. Add lines 2 through 5 in column (d) c) Net gaming income summary. Subtract line 7 from line 1, column (d).

	THE BONDART FOUNDATION, THE.	01-0052	200						
Sched	ule G (Form 990 or 990-EZ) 2018			Page 3					
11	Does the organization conduct gaming activities with nonmembers?		Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti								
	formed to administer charitable gaming?		Yes	No					
13	Indicate the percentage of gaming activity conducted in:								
		120		0/					
a	The organization's facility			<u>%</u> %					
	An outside facility	13b		<u> %</u>					
14	Enter the name and address of the person who prepares the organization's gaming/special events bool	ks and							
	records:								
	Name ▶								
	Address ►								
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming							
	revenue?	Г	Yes	No					
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the							
	amount of gaming revenue retained by the third party ► \$								
c	If "Yes," enter name and address of the third party:								
Ū									
	Name ▶								
	Address ►								
40									
16	Gaming manager information:								
	Name								
	Gaming manager compensation ▶ \$								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to							
	retain the state gaming license?		Yes	No					
b	Enter the amount of distributions required under state law to be distributed to other exempt org								
-	or spent in the organization's own exempt activities during the tax year > \$								
Part		(iii) and (v) and						
T all	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition								
	(see instructions).		auon						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20**18**Open to Public
Inspection

Name of the organization

THE SUNDARI FOUNDATION, INC.

Employer identification number 81-0652266

Par	I lypes of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	Х		2,037,924.	FAIR VALU	JE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
	Qualified conservation							
13								
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		~					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►() Other ►() Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F				29			
	. .					١	/es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th				-			
	to be used for exempt purposes for	•			•	30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
51	contributions?			-		31		Х
322	Does the organization hire or use							
J∠d	contributions?	•	•	•		32a		Х
L.	If "Yes," describe in Part II.					524		
		omount !	olumn (a) far a turfar	norty for which column (-)	in checker			
აა	If the organization didn't report an	annount in C	Joiumn (c) for a type of pro	perty for which column (a	is checked,			

describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization THE SUNDARI FOUNDATION, INC. 81-06

81-0652266

FORM 990, PART I , LINE 1 THE FOUNDATION IS ORGANIZED FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING PROVIDING RELIEF TO HOMELESS, POOR, DISTRESSED, AND DISADVANTAGED WOMEN AND CHILDREN.

FORM 990, PART III, LINE 1

OUR MISSION IS TO IMPROVE THE LIVES OF HOMELESS WOMEN, YOUTH AND CHILDREN BY PROVIDING SANCTUARY, SUPPORT, EDUCATION, TOOLS AND RESOURCES THAT EMPOWER THEM TO IMPROVE THE QUALITY OF THEIR LIVES ON EVERY LEVEL, ACHIEVE GREATER SELF SUFFICIENCY, AND BUILD SAFE, SECURE LIVES. IN THEIR DREAMS COME TRUE, WE ENRICH OUR COMMUNITY WITH THE FRUIT OF THEIR POTENTIAL REALIZED.TO SUPPORT OUR MISSION, WE ALSO ADVOCATE ON BEHALF OF HOMELESS WOMEN, YOUTH AND CHILDREN TO RAISE AWARENESS OF THEIR SPECIAL NEEDS; INSPIRE INNOVATIVE, HOLISTIC SOLUTIONS THAT TRULY BREAK THE CYCLE OF CHILDHOOD ABUSE, DOMESTIC VIOLENCE AND HOMELESSNESS; AND ADVANCE RESEARCH AND ENLIGHTENED SOCIAL POLICIES FOR GREATER UNDERSTANDING, SOCIAL INCLUSION AND RESOURCES FOR HOMELESS WOMEN AND CHILDREN.OUR VISION IS THAT EVERY HOMELESS WOMAN, YOUTH AND CHILD WILL HAVE THE OPPORTUNITY TO HEAL, LEARN AND GROW, BUILD THE FOUNDATION FOR A BRIGHTER FUTURE, AND BLOSSOM INTO WHO THEY ARE TRULY MEANT TO BE.

FORM 990, PART VI, SECTION A, LINE 2 JULIE LOTSPEICH (DIRECTOR) AND KATHRYN VILLANO (DIRECTOR) ARE SISTERS. FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW AND COMMENTS, PRIOR TO FILING, IN ADDITION TO BEING REVIEWED AND APPROVED BY THE PRESIDENT OF THE FOUNDATION.

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FORM 990, PART VI, SECTION B, LINE 12C:
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NO OFFICER OR EMPLOYEE SHALL SOLICIT OR ACCEPT ANY GIFT, GRATUITY, FAVOR, COMPENSATION, OR ANYTHING OF VALUE, IN CASH OR IN-KIND, FROM ANY EXISTING OR PROSPECTIVE CONTRACTOR OR RECIPIENT OR BENEFICIARY OF EXPENDITURES OF THE FUND, EXCEPT FOR A GIFT THAT IS AN UNSOLICITED ITEM OF NOMINAL VALUE OR AS OTHERWISE MAY BE FULLY DISCLOSED TO AND EXPRESSLY APPROVED BY THE BOARD. NO OFFICER, EMPLOYEE OR AGENT MAY PARTICIPATE IN THE SELECTION, AWARD OR ADMINISTRATION OF A CONTRACT SUPPORTED BY GRANT PROGRAM FUNDS FROM GOVERNMENTAL SOURCES IF A REAL OR APPARENT CONFLICT OF INTEREST WOULD BE INVOLVED. SUCH A CONFLICT MAY ARISE WHEN ANY OF THE FOLLOWING PARTIES HAS A FINANCIAL OR OTHER INTEREST IN THE FIRM SELECTED FOR THE AWARD: AN EMPLOYEE, OFFICER OR AGENT OF THE FUND; ANY MEMBER OF AN EMPLOYEE'S, OFFICER'S OR AGENT'S IMMEDIATE FAMILY; AN EMPLOYEE'S, AGENT'S OR OFFICER'S PARTNER; OR AN ORGANIZATION WHICH EMPLOYS OR IS ABOUT TO EMPLOY ANY OF THE PARTIES IN THE PRECEDING SECTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

SPECIAL PROCEDURES ARE IN PLACE FOR BOARD REVIEW IF THERE SHOULD BE A COMPENSATION LEVEL FOR AN EMPLOYEE EXCEEDING \$125,000. COMPENSATION FOR ALL EMPLOYEES IS REVIEWED AND SUBJECT TO BOARD APPROVAL ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND ON ITS OWN WEBSITE. THIS INFORMATION IS ALSO POSTED ON GUIDESTAR'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OPERATION OF RESIDENTIAL FACILITY AND RESOURCE CENTER, KNOWN AS LOTUS HOUSE WOMEN'S SHELTER, PROVIDING FREE SHELTER, HOLISTIC SUPPORT SERVICES AND ACCESS TO WIDE RANGE OF COMMUNITY RESOURCES FOR HOMELESS WOMEN AND CHILDREN, INCLUDING: FOOD, CLOTHING, COUNSELING, JOB READINESS TRAINING AND EDUCATIONAL WORKSHOPS, ACCESS TO MEDICAL AND MENTAL HEALTH TREATMENT, PRE-NATAL CARE, BIRTHING AND PARENTING CLASSES, INFANT SUPPLIES, AND A HOST OF ENRICHMENT ACTIVITIES. THE FOUNDATION SERVICES INCLUDE:

350,000 NUTRITIOUS MEALS SERVED ANNUALLY 150,000 SHELTER BED NIGHTS ANNUALLY 400+ WOMEN, YOUTH, AND CHILDREN SHELTERED NIGHTLY 177 NEWBORNS WHO CALL LOTUS HOUSE THEIR FIRST HOME AND COUNTING 10,000+ COUNSELING SESSIONS OFFERED ANNUALLY 2,500+ HEALTH CARE APPOINTMENTS AND REFERRALS MADE ANNUALLY 100,000+ DIAPERS PROVIDED TO INFANTS AND TODDLERS ANNUALLY.

IN 2018 1,012 WOMEN, YOUTH, AND CHILDREN WERE SHELTERED IN OUR FACILITIES AND APPROXIMATELY 170 HOUSEHOLDS RECEIVED RENTAL

Employer identification number 81-0652266

ATTACHMENT 1 (CONT'D)

ASSISTANCE.

AFTER ITS INITIAL FORMATION, THE FOUNDATION CONCENTRATED ITS EFFORTS ON PROVIDING RELIEF TO HOMELESS, POOR, DISTRESSED AND DISADVANTAGED WOMEN AND CHILDREN. IT ESTABLISHED LOTUS HOUSE AS A PROTOTYPE WOMEN'S RESOURCE CENTER AND EMERGENCY SHELTER FACILITY.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

THE CORNER MUSE INC-HEARTS OF PALM 517 CADAGUA AVENUE CORAL GABLES, FL 33146 FOOD SERVICE

DESCRIPTION OF SERVICES

256,566.

COMPENSATION

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.



81-0652266

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE SUNDARI FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if appl	licable) of disregarde	d entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LOTUS HOUSE THRIFT, LLC		35-2385390					
2040 NW 7TH AVENUE	DONATIONS	FL	2,208,765.	53 , 987.	THE SUNDAR		
(2) LOTUS WELLNESS CENTER, LLC		27-3438250					
217 NW 15TH STREET	MIAMI, FL	33136	HEALTH CLI	FL	-128.	2,994.	THE SUNDAR
(3)							
_(4)							
(5)							
(6)							

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) LOTUS ENDOWMENT FUND, INC. 92-0233563							
3921 ALTON RD #470 MIAMI, FL 33140	NON-PROFIT	FL	501(C)(3)	TYPE II	N/A		Х
(2) LOTUS SUPPORTING FOUNDATION, INC. 81-0783068							
3921 ALTON RD #170 MIAMI BEACH, FL 33140	NON-PROFIT	FL	501(C)(3)	TYPE II	N/A		Х
(3)							
							1
(4)							
(5)							
_(6)							
(7)							

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

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
/													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

THE	SUNDARI	FOUNDATION,	INC.
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Pari	t V Transactions With Related Organizations. Complete if the organization answ	wered "Yes" on Form 990, Part	IV, line 34, 35b, or 36.								
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one	e or more related organizations list	ed in Parts II-IV?								
а					1a		Х				
b					1b		Х				
с					1c	Х					
d					1d		Х				
е	Loans or loan guarantees by related organization(s)				1e		Х				
f g	5 (7				1f 1g		X				
h	5 (////////////////////////////////////				1h						
i	Exchange of assets with related organization(s).				<u>1i</u>		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	х					
I	Performance of services or membership or fundraising solicitations for related organization(s				11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X X				
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
ο	o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
r					1r		<u>X</u>				
s	Other transfer of cash or property from related organization(s)	<u> </u>	<u> </u>	<u></u>	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must		•	action thre		s.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	erminir	ng				
		type (a-s)		amou	int invo	olved	0				
(1)	LOTUS ENDOWMENT FUND, INC.	К	1.	BUILDI	NG	LEA	SE				
(2)	LOTUS ENDOWMENT FUND, INC.	С	221,156.	FMV -	CAS	H					
(3)											
(4)											
(5)											
(6)				<u> </u>		<u></u>					
JSA			Sch	nedule R (l	-orm	990)	2018				
00 1 00											

Page **3**

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Disproj alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man par	(j) eral or aging tner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)	_												
(6)													
(7)													
(8)													
(9)													
0)	_		\mathbf{O}										
1)	_												
2)	_												
3)													
4)	_												
5)	_												
6)													

Schedule R (Form 990) 2018

Part VII	Supplemental Information
	Dura visita a statitica e al informa aticas for una sur sur

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE K

IN DECEMBER 2007, THE ORGANIZATION EXECUTED A LEASE FOR DONATED FACILITIES WITH LOTUS ENDOWMENT FUND, INC. FOR A PERIOD OF FIFTY YEARS WITH AUTOMATIC ONE YEAR RENEWALS AFTER THE INITIAL TERM FOR \$1 PER YEAR. THE LEASE AGREEMENT WAS AMENDED IN AUGUST 2010, FEBRUARY 2011, DECEMBER 2012, APRIL 2013 AND DECEMBER 2013 TO ADD ADDITIONAL FACILITIES. THE ORGANIZATION HAS RECORDED A CURRENT YEAR IN-KIND CONTRIBUTION AND RENT EXPENSE OF \$140,976 AND \$136,848 FOR THE USE OF THE FACILITIES UNDER THE LEASE AGREEMENT. THIS AMOUNT APPROXIMATES THE FAIR MARKET VALUE OF RENT EXPENSE AND IS A RECONCILING ITEM BETWEEN AUDITED FINANCIAL STATEMENTS AND TAX RETURN REPORTING.

ON SEPTEMBER 16, 2016 THE AFOREMENTIONED LEASE FOR THE FACILITY WAS TERMINATED AS TO THE TRANSFER PROPERTIES AND A NEW LEASE WAS ENTERED INTO IN CONNECTION WITH THE NEW MARKET TAX CREDIT FINANCING BETWEEN LOTUS VILLAGE DEVELOPMENT LLC AS LESSOR AND SUNDARI FOUNDATION AS LESSEE.

Form 4562		Deprec	iation a	nd Am	ortizati	ion		OMB No. 1545-0172
Form 4502		(Including						୭ ଲ 18
Department of the Treasury			Attach to y		-	• •		Attachment
Internal Revenue Service (99)	► G	io to <i>www.irs.gov/Fo</i>	orm4562 for i	nstruction	s and the lat	est information.		Sequence No. 179
Name(s) shown on return								Identifying number
THE SUNDARI Business or activity to which the		ON, INC.						81-0652266
GENERAL DEPR								
		ertain Property L	Jnder Sect	ion 179				
	•	ted property, con			you comp	olete Part I.		
1 Maximum amount (se	e instructions)						1	
2 Total cost of section 7	179 property pla	ced in service (see in	structions)				2	
3 Threshold cost of sec								
4 Reduction in limitation5 Dollar limitation for tax year								
separately, see instructions								
6	(a) Description of	of property		(b) Cost (bu	isiness use only	y) (c) Elect	ted cost	
7 Listed property. Enter	the amount from	n line 29			7			
8 Total elected cost of s							8	
9 Tentative deduction. E								
10 Carryover of disallow	ed deduction fro	m line 13 of your 20	17 Form 4562				10	
11 Business income limit								
12 Section 179 expense	deduction. Add	lines 9 and 10, but c	don't enter mo	ore than line	e 11		12	
13 Carryover of disallow	ed deduction to	2019. Add lines 9 an	nd 10, less line	. 12	▶ 13			
Note: Don't use Part II or		,						
	-	Iowance and Ot					-	ructions.)
14 Special depreciation	allowance for	qualified property	/ (other tha	in listed	property) pl	aced in servio	ce	
during the tax year. Se								
15 Property subject to se								
16 Other depreciation (in	cluding ACRS)		<u></u> .	<u></u>	· · · · · · ·		16	
Part III MACRS De	preciation (D	on't include listed		ee instruc tion A	tions.)			
17 MACRS deductions for		in convice in tax yes		-			17	
18 If you are electing t								<u> </u>
asset accounts, check	• • •		Ű,			, e		
		Placed in Service					preciation S	ystem
(a) Classification of	proporty	(b) Month and year	(c) Basis for (business/inv		(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
	property	placed in service	only - see in		period	(e) convention		
19a 3-year property								
b 5-year property								
c 7-year property		·						
d 10-year property								
e 15-year property f 20-year property								
g 25-year property					25 yrs.		S/L	
					27.5 yrs.	MM	S/L S/L	
h Residential rental property					27.5 yrs.	MM	S/L	
,					39 yrs.	MM	S/L	
 Nonresidential real property 						MM	S/L	
,	C - Assets Pl	aced in Service D	uring 2018	Tax Year	Usina the <i>i</i>			System
20a Class life			3 - 0.0				S/L	•••
b 12-year					12 yrs.		S/L	
c 30-year					30 yrs.	MM	S/L	
d 40-year					40 yrs.	MM	S/L	
Part IV Summary	See instruction	ons.)						
21 Listed property. Enter	amount from lin	e 28					21	
22 Total. Add amounts								
here and on the appro 23 For assets shown al	priate lines of yo	our return. Partnershi d in service during	ps and S corp	orations - s	ee instruction	ns	22	
23 For assets shown al portion of the basis a	ttributable to sec	ction 263A costs		. yoar, erit	23			

For Paperwork Reduction Act Notice, see separate instructions. JSA 8X2300 1.000 3326ME P66C

Form	4562 (2018)											01	-0052	200	Page 2
Pa		operty (Include ent, recreation, o			certai	n o	other ve	hicles	s, certa	ain air	craft,	and	proper	ty use	
	Note: For a 24b, columr	any vehicle for wh ns (a) through (c) of	ich you are Section A, a	using Il of S	the s	tanda B, an	ard milea d Sectior	ge rat i C if a	te or deo pplicable	ducting	lease e	expense	e, comp	olete on	ly 24a,
	Section A -	Depreciation and	Other Inform	natior	n (Caut	ion: S	See the in	struct	ions for li	mits for	passe	nger au	Itomobil	es.)	
24a	Do you have evidend	ce to support the bus	iness/investme	nt use	claimed	?	Yes X	No	24b If "	Yes," is t	he evide	nce writt	en?	Yes	X No
	(a)	(b)	(c)		(-1)		(e)		(f)	(g)	((h)	(i)
-	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost	(d) or other b	oasis	Basis for dep (business/inv use onl	estment	Recovery period		hod/ ention		eciation uction	Elected s cc	ection 179 ost
25	Special depreciati the tax year and us	on allowance for sed more than 50%	qualified liste	ed pro	operty ness us	place se. Se	ed in ser ee instruc	vice d tions	uring		. 25				
26	Property used more										•				
			%												
			%												
			%												
27	Property used 50%	% or less in a qualifi	ed business u	lse:											
			%							S/L -					
			%							S/L -					
			%							S/L -					
	Add amounts in co														
29	Add amounts in co	olumn (i), line 26. E	nter here and	d on li	ine 7, p	age ?	1			<u></u>			. 29		
							n on Use								
	plete this section fo our employees, first ar	,		· · ·	,								<i>,</i> ,	rovided	vehicles
	our employees, mst ar							Т							<u></u>
				ة) Vehi	a) icle 1		(b) Vehicle 2	v	(c) ehicle 3		d) icle 4		icle 5	(1 Vehi	l) cle 6
	Total business/invertee the year (don't inc	estment miles drive lude commuting m													
31	Total commuting n	•	-												
		•	mmuting)												
					_										
33	Total miles drive	en during the y	ear. Add												
		2						+							
	Was the vehicle			Yes	No	Ye	s No	Yes	s No	Yes	No	Yes	No	Yes	No
		/ hours?													
	Was the vehicle														
		related person?													
	Is another vehic														
		ection C - Questic			re Wh	Dr	ovide Ve	hiclos	e for llee	by Th	oir Em	nlove	26		
	wer these question e than 5% owners o	ns to determine if	you meet ar	n exce										who a	ren't
	Do you maintain	•			ohibits	all p	ersonal ι	use of	vehicles	, incluc	ling co	mmutir	ıg, by	Yes	No
	your employees?														
	Do you maintain														
		he instructions for					icers, dire	ctors,	or 1% or	more o	wners				
	Do you treat all us Do you provide r						atain infa								
		, and retain the info	-							-					
	Do you meet the re					o dor	monetrativ		2 See inc	truction					
		ver to 37, 38, 39, 4										• • • •			
_	rt VI Amortizat		0, 01 11 10 1	00, 4		mpic					10100.				
			(1-)								(e)			
	(a) Description	of costs	(b) Date amortiza begins	ation	Ar		(c) able amount		(d) Code se		Amorti perio percer	zation d or	Amortiza	(f) ation for th	is year
42	Amortization of co	sts that begins duri	ing your 2018	8 tax	vear (se	ee ins	structions):							
		J U.I.					•	,							
	Amortization of co											43			
44	Total. Add amoun	nts in column (f). Se	ee the instruc	tions	for wh	ere to	o report	<u> </u>	<u></u> .	<u></u>	<u></u>	44			

JSA	
8X2310 1.000	
3326ME	P66C

81-0652266

THE SUNDARI FOUNDATION, INC.

Payment/Deposit Information Report

Taxpayer Name:

Tax Juris.	Payment Deposit	Amount	Financial Institution Name	Account Type	Routing Number	Account Number
NY 500	CHECK	25.				
		201				
	_					
	+ +					
	+ +					
	+ +		▼			
	+					
	+ +					
	+					
	+					
	+					
829900 1 000						

8X9900 1.000



The Sundari Foundation, Inc. Instructions for Filing Form CHAR500 New York State Annual Filing for Charitable Organizations For the year ended December 31, 2018

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by November 15, 2019 with:

NYS Office of the AG, Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

A check or money order payable to "Department of Law" in the amount of \$25 should be attached to the return. Be sure to include the federal EIN and "2018 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

1. General Information	ation				
For Fiscal Year Beginning Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	(mm/dd/yyyy) 01 / Name of Organization: THE SUNDARI FOU: Mailing Address: 3921 ALTON ROAD City / State / Zip: MIAMI, FL 33140 Website: WWW.LOTUSHOUSE.	NDATION, INC. #468		<u>12</u> / <u>31</u> / 2018 Employer Identification Number (EIN): 81–0652266 NY Registration Number: 21–54–16 Telephone: (305) 613–1573 Email:	
Check your organization's registration category:	X 7A only EPT	Ղ only DUAL (7A & E		onfirm your Registration Category in the narities Registry at <u>www.CharitiesNYS.com.</u>	
2. Certification					
See instructions for certificat signatures.	ion requirements. Imprope	er certification is a violation	of law that may be subject	to penalties. The certification requires two	
	true, correct and complete	eviewed this report, including in accordance with the laws	of the State of New York a		
	Signature	BREIL	Print Name and Titl	e Date	
Chief Financial Officer or Tre	asurer: <u>Signature</u>		Print Name and Titl	e Date	
3. Annual Reportin	g Exemption				
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and	Attachments				
See the following page for a checklist of schedules and	for a checklist of schedules and attachments to X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.				
5. Fee	5. Fee				
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to: "Department of Law"	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (P	PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Con and will not be available for public review.	ntributors). Schedule B of public charities is exempt from disclosure
Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,000) and up to \$750,000.
X Audit Report if you received total revenue and support greater than \$750,000	
No Review Report or Audit Report is required because total revenue and support	rt is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is re	quired
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
\$0, if you checked the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EDTI (ilana and and internal and an the Estates Devices 9 Tructs
\$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	
	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in <u>Schedule E - Registration</u> Exemption for Charitable Organizations. These
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports but may do so voluntarily.
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
\$1500, if the NET WORTH is \$50,000,000 or more	
Sond Your Filing	Where do I find my organization's NET WORTH?
Send Your Filing	NET WORTH for fee purposes is calculated on:
Send your CHAR500, all schedules and attachments, and total fee to:	- IRS From 990 Part I, line 22
NYS Office of the Attorney General	- IRS Form 990 EZ Part I line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street New York, NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and
<u>Need Assistance?</u> Visit: www.CharitiesNYS.com	Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

2018 Open to Public Inspection

NY Registration Number:

21-54-16

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:

THE SUNDARI FOUNDATION, INC.

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser	Mailing Address:	Telephone:
Fund Raising Counsel	City / State / Zip:	
Commercial Co-Venturer		

3. Contract Information

Contract Start Date:

Contract End Date:

4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:

6. Commercial Co-Venturer (CCV) Report

No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2019)

Yes

Schedule 4b: Government Grants

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary**. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
THE SUNDARI FOUNDATION, INC.	21-54-16

2. Government Grants

Name of Government Agency	Amount of Grant
^{1.} CITY OF MIAMI - CDBG	1. 36,709.
^{2.} MIAMI DADE - CBO PARENTING	2. 304,633.
^{3.} MIAMI DADE - CBO HOUSING	3. 85,134.
4. HEALTH FUNDING - FAFCC	4. 287,337.
5. RAPID REHOUSING	5. 1,262,111.
6. HML PRIMARY	6. 1,294,456.
7. HML STRIKEFORCE – EMERGENCY	7. 368,412.
8. HML SINGLES	8. 142,169.
9. HML FAMILES	9. 274,760.
10 _{HML YOUTH}	10. 71,201.
¹¹ ENDOWMENT GRANT - RENTALS	11. 221,156.
¹² VICTIMS OF CRIME ACT (VOCA)	12. 242,915.
¹³ HHS GRANT	13. 182,972.
¹⁴ EMPLOYMENT GRANT	14. 221,250.
¹⁵ CHILDREN'S FUNDING	15. 7,645.
Total Government Grants:	Total:

Schedule 4b: Government Grants

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary**. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:

2. Government Grants

Name of Government Agency	Amoı	unt of Grant
^{1.} TCT RESEARCH	1.	274,735.
2. TCT FAMILY	2.	428,832.
3. TCT PARENTING	3.	59 , 758.
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	5,766,185.