# **Kingfisher Financial PBC**

21146 Camper Road Suite 100 Rathdrum, ID 83858 fred@kingfisher-cpa.com Phone: (509)879-4716 | Fax:

July 14, 2020

Conscious Connections Foundation PO Box 342 Spokane, WA 99210

Dear members of the Board of Directors,

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Conscious Connections Foundation from the information provided. I filed Form 990-EZ on your behalf this morning.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (509)879-4716.

Sincerely,

he Pert

Fred Peck, CPA Kingfisher Financial PBC

Form	99	<del>)</del> 0-	·ΕΖ
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#### Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Return Or	Organiza	empri		

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

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

Open to Public Inspection

	oartment of t rnal Revenu	the Treasury	Go to www.irs.gov/Form990EZ for instructions and the late	est information.		Inspection
-			r year, or tax year beginning 01–01 , 2019, and end		12-31	, 2019
в	Check if ap	oplicable:	C Name of organization			ication number
	Address ch	nange	Conscious Connections Foundation	47	-160219	0
	Name chan	nge	Number and street (or P.O. box, if mail is not delivered to street address) Roor	n/suite <b>E</b> Teleph	one numbe	er
	Initial returr	n		-		
	Final return	n/terminated	PO Box 342	(5	09)499-	3320
	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	
	Application	pending	Spokane, WA 99210	Numb	er 🕨	
G	Accounti	ing Method:	X Cash	H Check 🕨	if the o	organization is <b>not</b>
L	Website	: 🕨 www.	consciousconnectionsfoundation.org	required to	attach Sch	edule B
J	Tax-exe		heck only one) - 🗴 501(c)(3) 🗌 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or [	527 (Form 990	, 990-EZ, o	r 990-PF).
ĸ	Form of	organization:	X Corporation Trust Association Other			
L	Add lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets		
(Pa	art II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		. Þ\$	62,973
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	s (see the instruction	ons for Pa	rt I)
		Check if t	the organization used Schedule O to respond to any question in this P	artl		<b>x</b>
	1	Contributions	s, gifts, grants, and similar amounts received ••••••••••••••••••••••••••••••••••		1	62,757
	2	Program service	vice revenue including government fees and contracts • • • • • • • • • • • •		2	
	3	Membership	dues and assessments		3	
	4	Investment in	ncome • • • • • • • • • • • • • • • • • • •		4	216
	5a	Gross amour	nt from sale of assets other than inventory ••••••••••5a			
	b	Less: cost or	other basis and sales expenses • • • • • • • • • • • • • • • • • •			
	С	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from line 5a) $\cdot$ .		5c	
	6	Gaming and	fundraising events:			
	a	Gross incom	e from gaming (attach Schedule G if greater than			
Revenue		\$15,000) ·	6a			
Nel	b	Gross incom	e from fundraising events (not including \$ of contribu	itions		
å		from fundrais				
			gross income and contributions exceeds \$15,000) ••••••• <b>6b</b>			
			expenses from gaming and fundraising events ••••••••••••••••••••••••••••••••••••			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
					6d	
			of inventory, less returns and allowances ••••••••••••••••••••••••••••••••••••		-	
			goods sold • • • • • • • • • • • • • • • • • • •			
	-		or (loss) from sales of inventory (Subtract line 7b from line 7a) • • • • • • •		7c	
	8		le (describe in Schedule O)		8	
	9		<b>ie.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	62,973
	10		imilar amounts paid (list in Schedule O) • • • • • • • • • • • • • • • • • •		10	59,238
	11	•	er compensation, and employee benefits		11	
es	12		fees and other payments to independent contractors		12	
Expenses	13 14		rent, utilities, and maintenance		13	
ďX	14		lications, postage, and shipping		14	
ш	16		ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		16	1 104
	17		ses. Add lines 10 through 16.		17	<u>1,194</u> 60,432
	18		eficit) for the year (Subtract line 17 from line 9)		18	2,541
its	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with	-		2,311
SSG			igure reported on prior year's return)		19	145,342
Net Assets	20					10,042
ž	21		r fund balances at end of year. Combine lines 18 through 20 · · · · · · · · ·		20 21	147,883
Fo			on Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2019)

	m 990-EZ (2019) Conscious Connection			47-1	6021	.90 Page 2			
	art II Balance Sheets (see the instructions for Pa	,				_			
	Check if the organization used Schedule O t	o respond to any que	estion in this Part II						
				A) Beginning of year		(B) End of year			
	Cash, savings, and investments ••••••••••			145,342	22	147,883			
	Land and buildings			0	23	0			
	Other assets (describe in Schedule O)			0	24	0			
				145,342		147,883			
				0	26	0			
					27	147,883			
						Expenses			
			lestion in this Part II	X	(Requ	uired for section			
Wh	hat is the organization's primary exempt purpose? See Sch	edule O			501(c	)(3) and 501(c)(4)			
						izations; optional for			
			d, the number of		others	s.)			
-	· · ·					1			
28	Keeping Girls and Marginalized Children	in School							
				► <b>.</b>	00-	00.1.55			
20				· · · · · · • 🛛	28a	32,165			
29	Girl's and Women's Menstrual Hygiene Ec	lucation							
	(Grants \$ 11.266 ) If this amo	unt includes foreign gra	unts, shock horo		29a	11.000			
30		unt includes foreign gra			23a	11,266			
30	Disaster Relief								
	(Grants \$ 9 175 ) If this amo	unt includes foreign gra	ints check here	<b>)</b> X	30a	9,175			
31						e SERVICES			
01				_	31a	6,632			
32					32	59,238			
					-				
_									
			(c) Reportable	(d) Health benefits,					
	(a) Name and title		compensation	contributions to employe	e (e	e) Estimated amount of			
		devoted to position	· · /			other compensation			
De	nise Attwood		(						
Ch	air/President	5.00	0	0					
	meron Conner					0			
Co	-Vice Chair/Vice-President	1 00			-	0			
Au	atin Timmonmon	1.00	0	0		0			
	Stin Zimmerman	1.00	0	0					
Se	cretary	3.00	0	_					
			-	_		0			
Sa	cretary		-	0		0			
Sa Tr	cretary skia Peck	3.00	0	0		0			
Sa <u>Tr</u> Ja	cretary skia Peck easurer	3.00	0	0		0			
Sa <u>Tr</u> Ja Co	cretary skia Peck easurer mes Conner	3.00	0	0		0 0 0			
Sa <u>Tr</u> Ja <u>Co</u> Ma	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President	3.00	0	0 0		0 0 0			
Sa <u>Tr</u> Ja <u>Co</u> Ma <u>Bo</u>	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell	3.00 1.00 1.00	0	0 0		0 0 0 0			
Sa <u>Tr</u> Ja Co Ma <u>Bo</u> Ki	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member	3.00 1.00 1.00	0	0 0 0		0 0 0 0			
Sa <u>Tr</u> Ja Co Ma Bo Ki Bo	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard	3.00 1.00 1.00 1.00	0	0 0 0		0 0 0 0			
Sa <u>Tr</u> Ja Co Ma <u>Bo</u> Ki Bo Co	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member	3.00 1.00 1.00 1.00	0	0 0 0 0		0 0 0 0			
Sa <u>Tr</u> Ja <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u>	tal assets ·			0 0 0 0 0					
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			
Sa <u>Tr</u> Ja: <u>Co</u> Ma <u>Bo</u> Ki <u>Bo</u> Co <u>Bo</u> Go	cretary skia Peck easurer mes Conner -Vice Chair/Vice-President rtha Newell ard Member mberly Maynard ard Member lleen Cahill ard Member/web designer lie Jansen	3.00 1.00 1.00 1.00 1.00 2.00	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0 0			

Form 9	90-EZ (2019) Conscious Connections Foundation 47-1602	.90	F	age <b>3</b>
Pai	TV Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file <b>Form 1120-POL</b> for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
10 0	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	40b		x
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
-	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed <b>WA</b>			
	The organization's books are in care of Denise Attwood Telephone no. 509-4	99-3	320	
	Located at > 13212 South Austin Road, Spokane, WA ZIP+4 > 99224			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? • • • • • • • • • • • • • • • • • • •	42c		х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		х
с	Did the organization receive any payments for indoor tanning services during the year?	44c		х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		x

Form 990-EZ (2019)

Form 99	90-EZ (201	9) Conscious Connec	tions Foundation				47-16	502190	F	Page 4
									Yes	No
		organization engage, directly or indirectly, in								
		dates for public office? If "Yes," complete So						- 46		х
Part		Section 501(c)(3) Organizations		ono 17 1	IOh and EC	) and can	oplata tha t	ablaa far	linee	
		All section 501(c)(3) organizations 50 and 51.	must answer questi	ons 47 - 4	igo and 52	z, and con	npiele line la	ables lor	lines	
		Check if the organization used Sch	$radula \cap to respond$	to any qu	estion in t	hie Dart \/	1			
		check if the organization used Sch		to any qu		nis Fait v				
47				- 4i i <b>66</b>					Yes	No
		organization engage in lobbying activities or "Yes," complete Schedule C, Part II	. ,		-			. 47		
	-	rganization a school as described in section								X
		organization make any transfers to an exempt						. 40 . 49a		X
		was the related organization a section 527 c		0						x
		te this table for the organization's five highes	-							L
		ees) who each received more than \$100,000					-			
	employe					(d) Health				
		(a) Name and title of each employee	(b) Average hours per week		eportable ensation	contributions	to employee	(e) Estimat		
			devoted to position	(Forms W-2/1099-MISC)		benefit plans, compe	and deferred	other co	mpensat	ion
NONE										
		mber of other employees paid over \$100,000				-				
	•	te this table for the organization's five highes			ors who each	received mo	re than			
	\$100,00	0 of compensation from the organization. If	there is none, enter "None	ə." 						
	(a)	Name and business address of each independent contra	ctor	(b	) Type of service	e	(c)	Compensatio	n	
NONE	!									
		mber of other independent contractors each	0		-					
52	Did the	organization complete Schedule A? <b>Note:</b> A	Il section 501(c)(3) organiz	zations must	attach a			_	_	
		ed Schedule A						X Yes		No
		of perjury, I declare that I have examined this return					of my knowledge	e and belief, i	t is	
true, co	orrect, an	d complete. Declaration of preparer (other than of	ficer) is based on all informati	on of which pr	reparer has an	y knowledge.				
<b>Ci</b>		Denise Attwood				D-1-				
Sign		Signature of officer				Date				
Here	<b>;</b>	Denise Attwood, Board Cha Type or print name and title	ir							
			Preparer's signature		Date			PTIN		
Paid	I						Check if self-employed			
Prep	-		red Peck, CPA		07-14-20	20		₽00622	062	
	Only	Firm's name Kingfisher Finan				Firm's E	IN F			
036	Uniy	Firm's address 21146 Camper Roa						70 471		
Mayth	he IRS 4	Rathdrum ID 8385 iscuss this return with the preparer shown at				Phone	10. 509-8	379-4716		No
EEA	10 11/0 0							Form 99		-
EEA								10111 3	, <b>9 - L C</b> (	2013)

SC	HE	DU	LE	Α
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(E)

OMB No. 1545-0047

~ ~ ~	SCHEDULE A		F	Public Charity Status and Public Support					OMB No. 1545-0047		
					section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.				2019		
•		0 or 990-EZ)			ch to Form 990 or Form			•••••	Open to Public		
		of the Treasury enue Service	►		v/Form990 for instructio		e latest in	formation.	Inspection		
		e organization		0				Employer identificat	ion number		
Con	sci	ous Connec	tions Foundatic	n				47-1602190	)		
	rt I				ganizations must co	omplete	this part.				
The	orga	nization is not a	private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)					
1		A church, conv	ention of churches, or a	association of churc	ches described in section	170(b)(1)	(A)(i).				
2		A school descr	ibed in section 170(b)(	1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ).)					
3		A hospital or a	cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(ii	i).				
4		A medical rese	arch organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)(	(A)(iii). Enter the			
		hospital's name	e, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)	(1)(A)(iv). (Complete P	art II.)							
6		A federal, state	, or local government o	r governmental uni	t described in section 17	0(b)(1)(A)(	v).				
7	Х	An organization	n that normally receives	a substantial part	of its support from a gove	ernmental u	init or from	the general public			
		described in se	ction 170(b)(1)(A)(vi).	(Complete Part II.)							
8		A community tr	ust described in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part II.)						
9		An agricultural	research organization o	described in <b>sectio</b>	n 170(b)(1)(A)(ix) operate	ed in conju	nction with	a land-grant college			
		or university or	a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college or			
	_	university:									
10		An organization	n that normally receives	s: (1) more than 33	1/3% of its support from o	contributior	ns, membe	rship fees, and gross			
		receipts from a	ctivities related to its ex	empt functions - su	bject to certain exceptior	ns, and (2)	no more th	an 33 1/3% of its			
		•••••			iness taxable income (les		511 tax) fro	m businesses			
	_	acquired by the	e organization after Jun	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	te Part III.)					
11	Ц	An organizatior	n organized and operate	ed exclusively to te	st for public safety. See <b>s</b>	ection 509	)(a)(4).				
12	$\Box$	An organization	n organized and operate	ed exclusively for the	ne benefit of, to perform the	he function	s of, or to o	carry out the purposes			
		of one or more	publicly supported orga	anizations describe	d in <b>section 509(a)(1)</b> or	section 50	<b>)9(a)(2)</b> . Se	ee section 509(a)(3).			
		_	-		e type of supporting orgar		•		<b>]</b> .		
	а	U Type I. A s	upporting organization	operated, supervis	ed, or controlled by its su	pported or	ganization(	s), typically by giving			
			,		appoint or elect a majority	/ of the dire	ectors or tru	ustees of the			
			organization. You mus	•							
	b				trolled in connection with						
					n vested in the same pers	sons that c	ontrol or m	anage the supported			
			n(s). You must compl								
	С				ization operated in conne						
	_				must complete Part IV, S						
	d				organization operated in c		•				
					enerally must satisfy a dis			and an attentiveness			
					Part IV, Sections A and						
	е	_	•		determination from the IR		a Type I, T	ype II, Type III			
		-	• •	•	egrated supporting organ						
	f		er of supported organiz		••••••••••••••••••••••••••••••••••••••				••••		
	g		owing information abou								
	(i	i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you		(v) Amount of monetary support (see	(vi) Amount of other support (see		
					above (see instructions))	docum	• •	instructions)	instructions)		
						Vaa	No				
						Yes	No				
(A)											
									<u> </u>		
(B)											
(C)											
(D)											

	(Complete only if you checked th Part III. If the organization fails to						ify under
So	ction A. Public Support			ica below, pic		e r art m.)	
	endar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(b) 2010	(0) 2017	( <b>u</b> ) 2010	(e) 2013	
•	membership fees received. (Do not						
	include any "unusual grants.")	41 570	20 449	E4 064	05 021	60 757	202 670
2	Tax revenues levied for the	41,570	39,448	54,864	85,031	62,757	283,670
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	41 570	20 449	E4 064	05 021	60 757	202 670
5	The portion of total contributions by	41,570	39,448	54,864	85,031	62,757	283,670
5	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)						10 010
6	Public support. Subtract line 5 from line 4						19,316
_	ction B. Total Support						264,354
	endar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4 · · · · · · · · · · · ·	41,570	39,448	. ,	85,031	62,757	283,670
8	Gross income from interest, dividends,	41,570	39,440	54,804	85,031	02,151	283,870
Ŭ	payments received on securities loans,						
	rents, royalties and income from						
	similar sources				2	216	219
9	Net income from unrelated business				3	210	219
5	activities, whether or not the business						
	is regularly carried on		255	55	17		327
10	Other income. Do not include gain or		255	55	1/		521
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						284,216
	Gross receipts from related activities, etc. (se	e instructions)				12	204,210
	First five years. If the Form 990 is for the or	,					3)
	organization, check this box and <b>stop here</b>	-			-		· _
Se	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 6, c			olumn (f))		14	93.01 %
	Public support percentage from 2018 Sched	.,	-			15	<u> </u>
	33 1/3% support test - 2019. If the organiza					6 or more. chec	
	box and <b>stop here.</b> The organization qualifie						
k	33 1/3% support test - 2018. If the organiza						
	this box and <b>stop here.</b> The organization qua						
17a	10%-facts-and-circumstances test - 2019.		• • • •	-			_
	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the "facts				•	•	
	organization			-	-	• • • •	_
ł	0 10%-facts-and-circumstances test - 2018.						_
	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization meet					•	clv
	supported organization					-	· _
18	<b>Private foundation.</b> If the organization did n						
-	instructions						▶ □

 990 or 990-EZ) 2019
 Conscious Connections Foundation
 47-1602190

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2

Schedule A (Form 990 or 990-EZ) 2019

Part II

Sche			s Foundatio			47-160219	Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the complete only if you checked the	ne box on lin	e 10 of Part I	or if the orga	nization failed	to qualify un	der Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	l.)	
Sec	ction A. Public Support			-	-		
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)		(-)		(- <i>Y</i>	
	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						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons						
h	Amounts included on lines 2 and 3						
Ň	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ũ	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(u) 2010	(5) 2010	(0) 2011	(u) 2010	(0) 2010	
	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources						
h	Unrelated business taxable income (less						
Ň	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						<u>_</u>
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	<b>Total support.</b> (Add lines 9, 10c, 11,		+				
15	and 12.)						
14	<b>First five years.</b> If the Form 990 is for the org	nanization's fir	l st second thin	l d fourth or fift	 h tay year as a	section 501(c)(	3)
14	organization, check this box and <b>stop here</b>						· _
Sec	ction C. Computation of Public Suppor						···· 🕨 🗋
	Public support percentage for 2019 (line 8, c			column (f))		15	%
16	Public support percentage from 2018 Schedu	• • •	•			16	% %
	ction D. Computation of Investment In					10	70
17	Investment income percentage for 2019 (line		-	ne 13. column	(f))	17	%
18	Investment income percentage from <b>2019</b> (inte					18	% %
	33 1/3% support tests - 2019. If the organization					-	
100	17 is not more than 33 1/3%, check this box						
h	<b>33 1/3% support tests - 2018.</b> If the organization	-	-				_
5	line 18 is not more than 33 1/3%, check this l						
20	<b>Private foundation.</b> If the organization did not	-	-	-			=

Page 3

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	e A (Form 990 or 990-EZ) 2019 Conscious Connections Foundation 47-1602:	L90	F	Page 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Section	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplete	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	'art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
ou	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	24		
	•	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-		
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
-	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	•		
Ju	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
D		Oh		
_	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
40-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9c		
1 <b>0a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
-	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		
EEA	Schedule A	(Form 990	or 990-E	Z) 2019

_		7-1602190	P	age 5
Pa	rt IV Supporting Organizations (continued)		N.	
		_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	,		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c			
	below, the governing body of a supported organization?	11a		
	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 I	Part VI. 11c	;	
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	the		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised			
	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 supp	orted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Part		
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con			
	or management of the supporting organization was vested in the same persons that controlled or management	ged		
	the supported organization(s).	1		
Sec	tion 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 th	e prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	s of the		
	organization's governing documents in effect on the date of notification, to the extent not previously prov	vided? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppo	orted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Par	t VI how		
	the organization maintained a close and continuous working relationship with the supported organization	n(s)		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a 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.

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3

Yes

No

Schedule A (Form 990 or 990-EZ) 2019         Conscious Connections Foundation           Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Orgonial Supporting Orgonial Supporting Orgonial Supporting Orgonial Support Suppo	aonia	47-160	0 <b>2190</b> Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying the second			n in Part VI) <b>See</b>
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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 instructions).	integr	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

_	le A (Form 990 or 990-EZ) 2019 Conscious Connections Fou		47-1602	2190 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	1 Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
	(provide details in <b>Part VI</b> ). See instructions.	•		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			
EEA			Schedu	ıle A (Form 990 or 990-EZ) 2019

	990 or 990-EZ) 2019 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par
	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, 2
	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

# Schedule of Contributors

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

Co to www.irs.gov/Eorm000 for the latest information

OMB No. 1545-0047

Internal Revenue Service Go to www.ifs.gov/Form990 for the fatest information.		
Name of the organization	Employer ide	ntification number
Conscious Connections Foundation	47-16	02190
Organization type (check one):		

Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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**

X 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, 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).

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

Schedule B (I	Form 990,	990-EZ,	or 990-PF	) (2019
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Name of organization

Page 2
Employer identification number

Conscious Connections Foundation

47-1602190

Part I	<b>Contributors</b> (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	The Sam and Ann Thoen Foundation 1616 West Second Ave Spokane, WA 99201	\$15,000	Person     Image: Complete       Payroll     Image: Complete       Noncash     Image: Complete       (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       Image: 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.)

### (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2019 Open to Public Inspection

Employer identification number 47-1602190

#### Conscious Connections Foundation

01. List of grants and similar amounts paid (Part I, line 10)			
Activity	Keeping Girls and Marginalized Children in School		
Activity	Reeping Giris and Marginalized Children in School		
Grantee	Grant Recipients-see details below		
Relationship	Grant Recipients-see details below		
Amount	32,165		
Activity	Disaster Relief		
Grantee	Grant Recipients-see details below		
Relationship	Grant Recipients-see details below		
Amount	9,175		
Activity	Girl's and Women's Menstrual Hygeine Education		
Grantee	Grant Recipients-see details below		
Relationship	Grant Recipients-see details below		
Densmuch	11.000		
Amount	11,266		
Activity	Other Programs		
Grantee	Grant Recipients-see details below		
Relationship	Grant Recipients-see details below		
Amount	6,632		
U2. Description of other	expenses (Part I, line 16)		
Description	Amount		
Bank Fees	610		

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2
Conscious Connections Foundation	47-1602190
Loss on the sale of stock 10	
Advertising and promotion 147	
Administrative expense 427	
03. Other program services (Part III, line 31)	
See detail below	
04. Part III, response or note to any other line in Part III	
Short Form Part 1 Line 10: Grants and Similar Amounts Paid- \$59,237.71 US	
1)Line 28: Keeping Girls & Marginalized Children in School- \$32,165	
a)Power of 5 Child Education Fund- \$25,000	
b)Girl's Higher Education Fund Scholarships (aka Joy Attwood Scholarship Fu	nd)-\$2,000
c)Girl's Education Program Administrator- \$2,000	
d)Ghatbesi Girl's Higher Education Scholarships-\$3,165	
2)Line 29: Disaster Relief \$9,175	
3)Line 30:Girl's and Women's Menstrual Hygiene Education programs-\$11,266	
4)Line 31: Other Programs-\$6,632	
a)Rural Healthcare-\$4,018	
i)Deurali Community Service Center (aka Baseri Clinic) salaries for staff-\$	2,090
ii)Clinic repairs and upkeep-\$1,928	
b)Girl's Leadership Training-\$1,000	
c)Rural MHM training Sindupalchowk- \$1,337	
<u>d)Earthquake relief scholarship- \$277</u>	
Short Form Part 1 Line 16: Other expenses -\$1,194	
1)Administrative fees- \$573	
2)Bank, Credit Card and Brokerage fees-\$611	

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Name of the organization Conscious Connections Foundation	Employer identification number
	· · ·
3)Corporate Filing Fee-\$10	
Short Form Part II Line 22A: Cash savings and investments beginning of	f 2019-\$145,342
Breakdown of 2019 starting funds are as follows:	
1)Restricted Funds: \$79,417	
a)Baseri Clinic Funds donated for sole use of maintenance, salaries ar	nd normal operating
expenses-22,625.79	
b)Earthquake/Disaster Relief funds-\$45,423	
i)Baseri disaster relief-\$14,771.91	
ii)General disaster relief-\$30,650.98	
<u>c)Power of 5 Educational stipends-\$8,748.40</u>	
<u>d)Girl's higher education class 11/12 scholarships-\$815.87</u>	
e)Girl's Education Program Administrator-\$50.00	
f)Girl's and Women's Menstrual Hygiene Education programs-0	
g)Ghatbesi Girl's higher education class 11/12 Scholarships-\$1,737.76	
h)Solar Light purchases-\$16.00	
2)General Fund (non-restricted)-\$65,925.23	
Short Form Part II Line 22B: Cash savings and investments ending of 20	019-\$147,883
Breakdown of 2019 ending funds are as follows:	· · · · · · · · · · · · · · · · · · ·
3)Restricted Funds: \$64,144	
<u>a)Baseri Clinic Funds donated for sole use of maintenance, salaries ar</u>	nd normal operating
expenses-20,727.36	
b)Earthquake/Disaster Relief funds-\$34,320.54	
i)Baseri disaster relief-\$12,844.64	
ii)General disaster relief-\$21,475.90	
c)Power of 5 Educational stipends-\$5,733.38	
EEA	Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization	Employer identification number
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d)Girl's higher education class 11/12 scholarships-\$1,085.87	
e)Girl's Education Program Administrator-\$50.00	
f)Girl's and Women's Menstrual Hygiene Education programs-0	
g)Ghatbesi Girl's higher education class 11/12 Scholarships-\$2210.76	
h)Solar Light purchases-\$16.00	
4)General Fund (non-restricted)-\$83,739	
Short Form Part III: What is the organization's primary exempt purpose?	
CCF's primary exempt purpose is to raise funds to provide educational stipe	nds and
	nab ana
scholarships, health care, economic skills development and facilities impro	vement to
marginalized individuals and their families in Nepal.	
CCEVe three lengest presses and	
CCF's three largest programs are:	
Line 28: Program #1: Keeping Girl's in School- Power of 5 educational stipe	nds (grades
K-10) College Scholarships (grades 11/12) at ACP and in Ghatbesi and Mentor	ing/program
assistance- \$32,165 in grants.	
Impact in 2019:	
1)Grantee #1: Association for Craft Producers- Grant \$29,000	
Association for Craft Producers, a registered Nepali Non-profit	
Association for clart froudeers, a registered nepatr non profit	
Grantee Address: GPO Box 3701 Ravi Bhawan Mode, Kathmandu, Nepal	
Grantee Phone: 977-1-427-5108	
Eucoutius Directory Mc. Moore Phottorsi, Cocicl Drogram Directory Mc. Douit	c. Chucatura
Executive Director: Ms. Meera Bhatterai, Social Program Director: Ms. Revit	a Shrestra,
Assistant Social Program Director/Mentor: Ms Prastuti Dhakal	
a)Grantee Educational Programs supported:	
i)Power of 5- 117 (K-10) children in need were able to stay in school for o	ne more year

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
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(\$14,040 in educational stipends distributed) End of the year ceremony for a	children and
parents (\$360), \$10,600 reserve set aside for future stability of the progra	am)- \$25,000
grant	
ii)College Scholarship ACP (aka Joy Attwood College Scholarships)- three nee	ed and merit
based girls competed for and were awarded scholarships to attend class 11/12	2 (college in
Nepal)- \$2000 grant	
iii)Mentoring and program administrator- 120 students and their parents gain	ned access to
a college educated female administrative assistant and mentor who provides $\epsilon$	educational
resources and mentoring to those who have little knowledge of how to navigat	te educational
systems.	
b)Program purpose: CCF understands the positive change that comes from empow	wering women
and educating their daughters in Nepal. We have seen a lack of infrastructur	ral support for
women who are often the sole income earners for their entire extended famili	ies and the
impact that this has had on their daughters, many of whom are taken out of s	school due to
lack of sufficient family finances. The longer a girl is able to stay in sch	nool the longer
she remains unmarried and the more choice she has in life. Around the world,	, girls face
complex physical, cultural and financial barriers in accessing education. As	s a girl grows
older the fight to get an education becomes even harder. Her family must hav	ve the ability
to pay school fees and be willing to do so. The stipend program that CCF fu	unds through
ACP allows women to keep their daughters in school without drawing resources	s from the
family. It has become one of the most valued social benefit programs at this	s organization.
ACP Child Education Program (aka Power of 5 program):	
Every year CCF raises funds and makes grants to ACP to strengthen their educ	cational
stipend program. ACP administers the fund to families that are struggling t	to keep their
children in school, girls are the target but boys will not be left out if the	nere is need.

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The family receives the stipend and return provides monthly evidence of the	child's
attendance and progress in school. If the child is struggling or the family	needs help
with study issues or navigating the system the administrative assistant/ment	cor is there to
provide the family with resources. The result from this stipend is that 130	children (with
an emphasis on girls) are staying in school.	
The goal is for this program to have financial stability so that each child	is given the
chance to have the stipend for their entire 10 classes if need be. This has	required CCF
and ACP to plan and CCF has made a 6 year commitment to raise \$25,000/year s	so that the
fund can pay the fees (approx. \$14,040 for 117 students +\$360 expenses + \$10	), 600) for
future continuation and expansion of the program. CCF's focus is keeping give	rls in school
some funding does go to boys education as long as the girls in the family an	ce enrolled
first and the family shows need.	
Girl's Higher Education Program (aka Joy Attwood Scholarship program) Class	11/12:
This program is a merit and need based scholarship program that CCF started	to fund in
2015 to encourage girls who had participated in the Power of 5 program (K-10	)) to continue
on into class 11/12. This program provides 3 scholarships to outstanding give	rl scholars who
have come out of the Power of 5 program and demonstrate the ability and comm	nitment to
continue on with their education. The top scholar is provided with a \$1000 s	scholarship and
the 2nd and 3rd place recipients each receive a \$500 scholarship. The emphase	sis of the
scholarship is to give it to the most outstanding girl scholars with the gre	eatest need but
all applicants must have passed their Student Leaving Certificate (SLC) exam	ns with
distinction (80%). Since 2015 this higher education scholarship has benefite	ted 18 girls,
some of whom have gone on to University. The girls who receive the scholarsh	nip are
celebrated in the community and act as examples and mentors to the younger of	children in the
Power of 5 program, showing them the abilities and accomplishments of girls	who are given
the chance to have an education. Child Education Program Administrator/Mento	or Program:

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The funds granted for ACP to hire a mentor/program assistant came from the	need for ACP to
have more attention focused on the girls receiving the Power of 5 stipends	and the College
Scholarships. Many of the girls involved in these programs live in familie	s where many of
the women and sometimes the men have very little schooling, if any at all.	The difficulty
for the girls and their families is that no one is familiar with navigatin	g the
educational system, scheduling time for homework, completing homework and	finding
resources for future learning. ACP uses the funds provided by CCF to hire	a college
educated young woman who can be a resource for the girls and their familie	s as well as
help CCF to understand how the program is performing. Prastuti Dhakal is t	he current
assistant and loves helping the girls and their families. Her reporting al	so helps us to
provide information about the program to our donors as well.	
2)Grantee #2: Shree Jageshwor Secondary School- Grant \$3165	
Grantee Address: Gorkha District, Bhimsen VDC, Ward 8, Ghatvesii-Mahadevta	r Nepal
Program Director/Mentor: Ms Pampha Dhakal	
a)Grantee Educational Programs- \$2400 grant supported 17 students first ½	of 2019 and 13
students 2nd ½ of 2019, who would otherwise not be able to continue past c	lass 10, with
\$120 scholarships to attend class $11/12$ at the Shree Jageshwor Secondary S	chool. Due to
the Nepali School year starting in August and ending in April the years tu	ition is split.
There were 17 girls ending in Spring 2019 and 13 students (8 girls and 5	boys) starting
in the fall.	
b)Grantee spring exam tutoring program- \$765 to teachers at Shree Jageshwo	r
Secondary School in Ghat Besi, Nepal for the purpose of helping the 17 CCF	girl
college scholars receive tutoring to help them pass their end of the year	exams in the
spring of 2019. This money covered 1 hour of tutoring in each of the exam	topics per girl
per week per	
month for 3 months (Jan 27-April 27).	

#### Conscious Connections Foundation

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CCF began funding the college tuition for girls in the rural village of Ghatbesi because
the community had requested and demonstrated to CCF a commitment to the education of all
castes and both sexes. The community especially wanted to provide further educational
opportunity to the girls. They asked CCF to provide scholarships to the girls graduating
from class 10 since they were all from lower caste families and wanted to continue on. The
parents of the girls had agreed to provide them with time for studying and wanted them to
succeed. Since these lower caste families did not have the means to pay for class $11/12$
tuition CCF agreed to raise the funds (please see earlier discussion on why it is
important for girls to stay in school). As the girls attended classes that were much more
demanding than what they had encountered in class K-10 we realized that they needed extra
tutoring to succeed and pass their end of year exams. Therefore, CCF paid for teachers to
spend extra time with the girls to help them through. Each year this program is
re-evaluated for effectiveness as this area is in transition due to hydropower development
in the area.
Line 29: Program #2: Women and Girl's Menstrual Hygiene Education and supplies-
\$11,266.00
1)Grantee: Kesang Yudron,Volunteer Menstrual Hygiene Project Manager
TyGrantee, Kesang fuuron, Vorunteer Menstruar nygrene froject Manager
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal Grantee email: Kyudron@gmail.com
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal Grantee email: Kyudron@gmail.com i)Menstrual Hygiene Trainings- Impact 322 rural women and girls-\$2866.00
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal Grantee email: Kyudron@gmail.com i)Menstrual Hygiene Trainings- Impact 322 rural women and girls-\$2866.00 (1)Hindung and Neber- Remote Dhading district- 219 participants in a full day menstrual
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal Grantee email: Kyudron@gmail.com i)Menstrual Hygiene Trainings- Impact 322 rural women and girls-\$2866.00 (1)Hindung and Neber- Remote Dhading district- 219 participants in a full day menstrual hygiene training and 219 reusable menstrual kits distributed.
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal Grantee email: Kyudron@gmail.com i)Menstrual Hygiene Trainings- Impact 322 rural women and girls-\$2866.00 (1)Hindung and Neber- Remote Dhading district- 219 participants in a full day menstrual hygiene training and 219 reusable menstrual kits distributed. (2)Sertung- ½ day refresher training for 103 participants (2018 had full training) and

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Sertung (103) were given basic training in menstrual hygiene in their native	e language of
Tamang by a local trusted CMA Pema Tamang. The women and girls attending als	so received a
reusable menstrual pad kit and training in how to use the kit and keep it c	lean. CCF's
mission is to help educate women and men about menstruation so that they car	n begin to
demystify the process and see it as a natural event which is not unclean and thus	
hopefully assist in removing a major barrier for women's participation in so	chooling and
work. CCF has realized that providing reusable menstrual kits is not enough.	. Women & men
need to be provided with information and training to help them understand ar	nd demystify
the process in their communities. Each year CCF hopes to continue these trai	inings yearly
so that communities will begin to have these conversations about menstrual h	nealth and
hygiene with good information at its base.	
ii)Menstrual Hygiene Mini Manual Development- \$3000 text + \$2000 professiona	al
illustrations	
Impact- all future women and men trained in menstrual hygiene in Nepal. CCF	continues to
invest in MHM trainings and to reach out to remote parts of Nepal to help we	omen gain
confidence in discussing the process of menstruation and learn more about the	neir bodies. In
our trainings we are identifying local leaders of all ages who are both resp	pected and
willing to begin the discussion in the community. Many of these women, espec	cially older
women, do not know how to read and write and many of the women have never ha	ad any
information shared with them about why they menstruate and the basic hygiene	e and nutrition
that can help them manage their periods successfully. Kesang's MHM team has	conducted
several trainings so far and found that the main element lacking is a set of	f comprehensive
simple illustrations and text in the local language to help support these we	omen after the
trainings are over. Therefore, CCF and Kesang are undertaking a longer term	project to
develop a mini manual on Menstrual hygiene. The initial \$3000 grant will all	low Kesang and
her Menstrual Hygiene team consisting of MHM trainers Shreya Thapa and Anupa	a Paudel (lead

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trainer of the Radha Paudel foundation) to condense already existing MHM ma	terials into
simple diagrams and local Nepali text to create a concise "mini-MHM Manual"	of
approximately 20 pages that will cover basic topics of menstruation. The su	bsequent \$2000
grant will allow for illustrator and translator Poonam to provide clear, un	derstandable,
Nepali appropriate illustrations for the manual. These grants will result in a product	
that will be used, commented on and adapted as needed for each community. T	he manual will
be reviewed by participants who receive it and new information will be inco	rporated based
on questions asked by participants that are not covered in the manual and b	y gaps seen by
the trainers. Basically it will be a working document that will be evolving	with each
training and adapted to each community. CCF hopes to make this mini manual	available to
anyone without charge. iii)Reusable Menstrual Hygiene kits for distribution	: \$3400 grant
for 400 kits to distribute to women and girls attending future CCF MHM trai	nings
Impact: 400 women and girls will have access to a reusable high quality menstrual pad kit	
that they can use for years. These upgraded kits have a new rounded design (response to	
feedback that squared ends were uncomfortable) and include two day-frames w	ith three
napkins, one longer night-frame with two larger napkins made with fabric th	at has
environmentally friendly dyes that will not wash out. The kit also includes: two pairs of	
underwear, a bar of soap, a carrying bag, and use and care instructions. C	CF's Menstrual
Hygiene Committee, along with Kesang Yudron plan to conduct more MHM traini	ngs in Nepal in
2020. To conduct those trainings we need to have kits available. Nilam (the woman CCF	
helped to train in sewing the kits) sews these kits providing her with much needed income.	
Feedback on the kits has been good, especially in rural areas. They are being used and	
holding up but there have been several recommendations for improving them.	Many suggested
making the ends rounded for comfort, others suggested a longer pad for nigh	ttime use and
finally many requested colorfast fabrics. All of these recommendations have added to the	
cost of creating the kits (from \$7/kit to now \$8.50) but Kesang feels these	are all very
good changes and will make the kits more user friendly and durable. Line 30	: Program #3:

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Emergency Disaster Relief-\$9,175	
Grantee: T.E.A.M. Nepal Kolechour, Talamarang	
Melamchi 6, Sindhupalchock 00977 Nepal	
Phone: 9841278282	
email: teamnepal65@gmail.com Website: www.teamnepal.org	
Program Director: Neel Shahi	
1)Team Nepal Grant- windstorm damage relief to structures \$7,500	
Impact: Restoration of buildings, living quarters, kitchen for TEAM Nepal.	20 housed
children in the surrounding community.	
On Tuesday, April 16 at 8:31 pm board Chair Denise Attwood received a messa	age from Neel
Shahi, founder of TEAM Nepal, a Nepali NGO that CCF has supported several t	times in the
past. He provided photos of the devastation that a huge, unexpected windsto	orm had caused
to their Children's home and surrounding farm the night before. The winds	in Neel's words
"Sad to witness destruction caused by heavy wind at Little Angel's Children	n home last
night. The heavy wind and storm caused a lot of destruction and some injuri	ies to Buffalo.
Thankfully all the children and staff are safe but a lot of properties was	damaged. The 20
minute storm destroyed bee hives, goat shed, buffalo house, kitchen, store	room, toilet
roof and garden was damaged. We require a lot of investment again to recons	struct the
damaged roofs and re-plant the vegetable and fruit trees/plants." They esti	imated that with
all of the work that needs to be done they needed to raise \$18,000 US. Since	ce TEAM Nepal's
mission and vision is very much in line with CCF's and because we have a lo	ong standing
relationship with their founder and a good track record with their follow t	chrough on
disaster relief grants after the 2015 earthquakes and since we have disaste	er relief funds
remaining CCF was well positioned to help this longstanding partner through	n this
unexpected natural disaster. Grantee: Kesang Yudron, Volunteer CCF	
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal	
Grantee email: Kyudron@gmail.com	

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2)3 Day Emergency First Aid Training program for 20 Community Leaders in Sertung	
area-\$1675 grant (\$825 training, \$850 for 20 first aid kits and money for re	esupplying
kit)	
Impact: 20 local community health volunteers and school teachers from 11 vil	lages
surrounding the remote village of Sertung, Nepal were given a 3 day intensiv	ve training in
basic first aid. It is estimated over 900 people in the area could potential	ly benefit
from this basic training.	
In this remote area of Dhading District in Nepal accidents happen frequently	which if
treated quickly can be kept from becoming life threatening. This is also an	area that
was	
heavily damaged by the April 2015 earthquake that struck Nepal. Each of the	villages
that requested training have little access to immediate basic first aid. CCF	agreed to
provide funding for basic first aid training for 9 community health voluntee	ers and 11
teachers in these villages and provide each of them with a basic emergency f	first aid kit
and some funds to resupply those kits. A certified CMA, Pema Tamang, that CC	CF has worked
with a lot to provide Menstrual Health training in the area conducted the 3	day
training.	
CCF received earthquake relief funds to help with rebuilding after the earth	nquake in
Nepal. We distributed blankets and other relief materials in Sertung and dev	veloped a close
relationship with the community. In October of 2018 CCF trained a local Sert	ung resident,
Yogendra Tamang, to take our 3 day MHM leadership training and then funded Y	ogendra and
Pema (a Certified Medical Assistant from Sertung) to conduct Menstrual Hygie	ene trainings
in Lapa, Borang and Sertung. All of these programs have met with much apprec	viation by
local villagers and with great success. When asked what these areas needed t	to make their
situation more secure they responded by requesting first aid training to key	/ leaders in
their communities. CCF and the local villagers believe that this training is	not only
helpful for general day to day first aid but is also important for helping t	chese

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communities be better prepared for natural disasters such as earthqua	akes, flooding and
landslides (all occurrences in this mountainous area). Basic first ai	d training can help
stabilize or treat injuries that otherwise might become serious. Line	e 31: Other program
services- \$6,632	
Grantee #1: Deurali Community Service Center (aka Baseri Clinic)	
Grantee Address: Dhadagaun, Baseri VDC, Dhading District Nepal	
Grantee Administrator: Dhane Gurung- Treasurer DCSC email:gurungdhane	ee@hotmail.com
Total Grants for Baseri clinic- \$2,090 + 1,927= \$4,017	
Impact: 3,000 people served per year from the village and surrounding	g villages.
The Deurali Community Service Center's "Baseri Clinic" is located in	the remote village of
Dhaagaun, Nepal. The clinic was established to provide basic healthca	are in an area where
it was desperately needed. It is operated by a village non-profit boa	ard that is registered
with the Nepali government. Since 2014 CCF has been responsible for t	the staff salaries and
for maintaining the buildings of the clinic. In 2015 the clinic was f	formally recognized as
a "model clinic" by the government of Nepal and DCSC entered into a p	public/private
partnership with the government so that now the government pays a por	tion of the salaries
and CCF pays the balance. CCF also pays for the maintenance of the bu	uildings. In 2019 the
clinic has 3 dedicated female staff: a certified nurse midwife, a cer	tified medical
assistant and an administrative assistant. 1.CCF portion of salaries	for 3 clinic staff
for 2019- \$2090	
2.Repair and maintenance of clinic building- \$1927	
Ditches and cement skirting needed to keep building from flooding dur	ring monsoon
Repair of holes in walls and other upkeep.	
Grantee #2: WomenLEAD Nepal	

Grantee Address: Jawalakhel Lalitpur, Nepal GPO 8975, EPC 2234, Kathmandu, Nepal

Grantee Administrator: Manasi Kogeka

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Program: Scholarship funding for the LEAD program for empowering adolescent	girls with
skills to become future changemakers- Grant \$1,000	
Impact- 1-2 girl scholarship recipients. WomenLead's mission is closely alic	gned with CCF's
and is to provide young women in Nepal with the skills, support and opportur	nities to
become leaders and changemakers in their schools, communities, nation, and world. Women	
LEAD works with high school girls in Kathmandu ages 16 to 18 years old. The girls come	
from diverse backgrounds, but share a passion for creating change in Nepal.	They have
incredible dreams for themselves and their country, and Women LEAD is commit	tted to
supporting them as they pursue their vision for change in Nepal. This grant	will provide
scholarships for several girls in need so that they can attend Women LEAD's	12 week LEAD
program in 2019. The LEAD program's goal: To empower adolescent girls with the	he skills,
networks and experience they need to become future changemakers in their sch	hools and
communities. Grantee #3: Grantee: Kesang Yudron,Volunteer Menstrual Hygiene	Project
Manager	
Grantee Address: Bhaqwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal	
Grantee email: Kyudron@gmail.com	
Program: Sindupolchowk 3 day Menstrual Hygiene Training- Grant \$1337	
Impact- 39+ 50 high school age girls. Thirty nine women attended the MH trai	ining for the
purpose of gaining an in depth understanding of menstruation so that they co	ould
potentially become future MHM trainers. 80 reusable menstrual pad kits distributed (30 to	
the trainees and 50 to local high school students).	
CCFs purpose in funding a 3 day MHM leadership training for a smaller more	intimate group
of 30 women in Mani Bhanjang, Chaba Bhot, Sindupolchok was to begin to deve	lop community
leaders who would organize future trainings for the high schoolers in the a	rea. Although
this district is close to Kathmandu, it is one of the least developed distri	icts in Nepal,
is primarily agrarian and was heavily hit by the 2015 earthquake. This area	is very poor
with many uneducated people. Our MHM partners in Nepal have decided that for	r the in depth

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Conscious Connections Foundation	47-1602190
trainings it is more effective to limit the training to around 30 participar	nts and have it
longer than a day. This is in part because of the intimacy and safety of a	small group
but also because of the breadth of the materials. Although this is a more co	ostly approach
(this would cost about \$35 for each participant) our partners felt it provid	ded a more in
depth learning and bonding experience for the women and that this would ever	ntually have a
greater impact in helping perceptions and practices change while building g	reater
confidence in the group as a whole. In the larger venues where more than 30	women were
present and where the presentations were shorter it felt more like a "lectur	re" rather than
a learning experience. Also, it is much easier for a trainer to work with 30	) participants
and be able to answer their questions and address their	
concerns. If these in depth, more intimate trainings can occur with women le	eaders in
these areas then the hope is that they will be able to influence more local	
greater confidence.	
Grantee #4: Grantee: Kesang Yudron, Volunteer CCF on behalf of Nanu Bajracha	rya
Grantee Address: Bhagwang Bahal, Thamel-29, PO Box 10452 Kathmandu, Nepal	
Grantee email: Kyudron@gmail.com	
Program: Scholarship relief needed for exceptional student due to Earthquake	e- \$277
Impact- 1 boy	
Part of CCF's mission is to provide funds for educational scholarships to he	elp poor
families in	
Nepal keep their children in school. Funds raised are to be distributed in	Nepal to
facilitate all	
levels of education for children of marginalized families. A goal of this for	aundation is to
give	
children a chance at an education that they may not otherwise have access to	0.
Nanu Bajracharya and her family live in their ancestral house in Nagbal. The	eir small house
was destroyed in the 2015 earthquake and they were forced to rebuild. Build:	ing a simple

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structure in Kathmandu however is very expensive and to build one room on each floor they	
had to take a loan of \$17,600. Nanu's husband is a priest at a small temple in Kathmandu	
and most of his income comes from donations that worshippers give at the ter	nple. Nanu has
been working as a knitter since 2000 but they are having a difficult time co	overing debt +
interest with the bank as well as their son's school fees.	
Nanu's son Sujal is a very bright student in the 9 th class and is enthusia:	stic about
learning	
He has an average of 3.75-3.90 GPA, excellent attendance and last year won t	the Student of
the Year in his school. This family wants him to stay in school but they do	not have the
fund for this year. They approached CCF for a one time school grant. CCF had	d remaining
earthquake relief funds and felt this was an appropriate way to help a struc	ggling family
keep their child in school.	

Statement of Program Service Accomplishments	2019 PG01	
ame(s) as shown on return	Your Social Security Number	
onscious Connections Foundation	47-1602190	
Form 990EZ-Part III-Line 31	Statement #4	
rogram Service Expenses	\$6632	
rants and allocations included in above expense	\$6632	
ncludes Foreign Grants	Yes	
xplanation		
ee other program services Schedule O		

Form 990 Worksheet	Schedule A	A, Line 5 - Exc	ess 2% Limit	ation Contribu	utors			
		(Keep fo	(Keep for your records)				2019	
Name(s) as shown on return						Tax ID Number		
Conscious Connections Fou	ndation					47-160219	0	
2% of the amount on Schedule A, Part II, lin	e 11, column (f) • • • • • • •						5,68	
2% of the amount on Schedule A, Part II, lin	e 11, column (f) • • • • • • • • • • • • • • • • • • •	(b)	(c)	(d)	(e)	(f)	5 , 684 (g)	
2% of the amount on Schedule A, Part II, lin	, (,	i						
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
	(a)	(b)	(c)	(d)	(e)	(f)	(g) Excess contributions	

<u>Total</u>

<u> 19,</u>316

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