

**Return of Organization Exempt From Income Tax**  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****A For the 2019 calendar year, or tax year beginning , 2019, and ending ,****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C**  
 THE AMA FOUNDATION  
 P.O. BOX 7075  
 BERKELEY, CA 94707

**D** Employer identification number

36-4478880

**E** Telephone number

520-255-3556

**G** Gross receipts \$ 400,167.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.AMA-FOUNDATION.ORG**H(c)** Group exemption number ▶

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2001 **M** State of legal domicile: CA**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: PROVIDE A FAMILY ENVIRONMENT AND EDUCATION FOR UNDERPRIVILEGED CHILDREN OF NEPAL		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	12
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	200,190.	203,848.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,603.	31,558.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,587.	235,406.
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,256.	169,493.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
<b>Expenses</b>	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,403.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,997.	77,195.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,253.	246,688.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-60,666.	-11,282.
	<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
<b>21</b>		Total liabilities (Part X, line 26)	278,894.	243,055.
<b>22</b>		Net assets or fund balances. Subtract line 21 from line 20	0.	0.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	SUYESH KARKI		CHAIRMAN		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ARLENE K. MOSE, CPA	<i>Arlene K. Mose, CPA</i>	11/16/2020		P00185575
	Firm's name	MAZE & ASSOCIATES		Firm's EIN	94-2590179
	Firm's address	3478 BUSKIRK AVE STE 215 PLEASANT HILL, CA 94523		Phone no.	925-930-0902

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐**1** Briefly describe the organization's mission:PROVIDE A FAMILY ENVIRONMENT AND EDUCATION FOR UNDERPRIVILEGED CHILDREN OF NEPAL**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 197,202. including grants of \$ 169,493.) (Revenue \$ )  
OPERATION OF HOME AMA GHAR IN KATHMANDU, NEPAL THAT PROVIDES FOOD, CLOTHING, SHELTER,  
MEDICAL CARE, AND EDUCATION TO NEPALI CHILDREN WHO ARE ORPHANED, ABANDONED, OR UNDER  
PRIVILEGED.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 197,202.

**FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	197,202.	197,202.	PART IX, LINE 25, COL. B
GRANTS	169,493.	169,493.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
FUNDRAISING GENERAL	643.			643.
MISC	998.		998.	
ONLINE DONATION SOFTWARE	1,383.			1,383.
SEATTLE FUNDRAISER	1,290.			1,290.
TOTAL	\$ 4,314.	\$ 0.	\$ 998.	\$ 3,316.

2019

California Exempt Organization  
Annual Information Return

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name

THE AMA FOUNDATION

Additional information. See instructions.

California corporation number

2365599

FEIN

36-4478880

Street address (suite or room)

P.O. BOX 7075

City

BERKELEY

Foreign country name

State

CA

Foreign province/state/county

Zip code

94707

Foreign postal code

**A** First Return ☐ Yes ☒ No

**B** Amended Return ☐ Yes ☒ No

**C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No

**D** Final Information Return?

• ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized

Enter date: (mm/dd/yyyy) •

**E** Check accounting method:

1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

**F** Federal return filed? 1 • ☐ 990T 2 • ☐ 990-PF 3 • ☐ Sch H (990)

4 ☐ Other 990 series

**G** Is this a group filing? See instructions ☐ Yes ☒ No

**H** Is this organization in a group exemption ☐ Yes ☒ No

If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ☐ Yes ☒ No

**K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No

If "Yes," enter the gross receipts from nonmember sources \$

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required ☒ Yes ☐ No

**M** Is the organization a Limited Liability Company? ☐ Yes ☒ No

**N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

**P** Is federal Form 1023/1024 pending? ☐ Yes ☐ No

Date filed with IRS

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	196,319.
	2	Gross dues and assessments from members and affiliates.	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	203,848.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	400,167.
	5	Cost of goods sold.	
	6	Cost or other basis, and sales expenses of assets sold.	133,799.
	7	Total costs. Add line 5 and line 6.	133,799.
	8	Total gross income. Subtract line 7 from line 4.	266,368.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	277,650.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	-11,282.
<b>Filing Fee</b>	11	Total payments.	
	12	Use tax. See General Information K.	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	
	15	Filing fee \$10 or \$25. See General Information F.	
	16	Penalties and Interest. See General Information J.	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	0.
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
<b>Paid Preparer's Use Only</b>	Signature of officer	CHAIRMAN	Telephone 520-255-3556
	Preparer's signature	Date 11/16/2020	PTIN P00185575
	Firm's name (or yours, if self-employed) and address	MAZE & ASSOCIATES	Firm's FEIN 94-2590179
		3478 BUSKIRK AVE STE 215	Telephone 925-930-0902
		PLEASANT HILL, CA 94523	
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II Organizations with gross receipts of more than \$50,000 and private foundations**  
**regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	<b>1</b>	Gross sales or receipts from all business activities. See instructions .....	●	<b>1</b>	
	<b>2</b>	Interest .....	●	<b>2</b>	74.
	<b>3</b>	Dividends .....	●	<b>3</b>	2,102.
	<b>4</b>	Gross rents .....	●	<b>4</b>	
	<b>5</b>	Gross royalties .....	●	<b>5</b>	
	<b>6</b>	Gross amount received from sale of assets (See Instructions) .....	●	<b>6</b>	163,181.
	<b>7</b>	Other income. Attach schedule ..... <b>SEE STATEMENT 1</b>	●	<b>7</b>	30,962.
	<b>8</b>	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1. ....		<b>8</b>	196,319.
	<b>9</b>	Contributions, gifts, grants, and similar amounts paid. Attach schedule. .... <b>SEE STATEMENT 2</b>	●	<b>9</b>	169,493.
	<b>10</b>	Disbursements to or for members. ....	●	<b>10</b>	
<b>Expenses and Disbursements</b>	<b>11</b>	Compensation of officers, directors, and trustees. Attach schedule. .... <b>SEE STMT 3</b>	●	<b>11</b>	0.
	<b>12</b>	Other salaries and wages .....	●	<b>12</b>	
	<b>13</b>	Interest .....	●	<b>13</b>	
	<b>14</b>	Taxes .....	●	<b>14</b>	
	<b>15</b>	Rents .....	●	<b>15</b>	
	<b>16</b>	Depreciation and depletion (See instructions) .....	●	<b>16</b>	
	<b>17</b>	Other Expenses and Disbursements. Attach schedule. .... <b>SEE STATEMENT 4</b>	●	<b>17</b>	108,157.
	<b>18</b>	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9. ....		<b>18</b>	277,650.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
<b>1</b>	Cash .....		173,145.	●	143,450.
<b>2</b>	Net accounts receivable .....			●	
<b>3</b>	Net notes receivable .....			●	
<b>4</b>	Inventories .....			●	
<b>5</b>	Federal and state government obligations .....			●	
<b>6</b>	Investments in other bonds .....			●	
<b>7</b>	Investments in stock ..... <b>STMT 5</b>		105,749.	●	99,605.
<b>8</b>	Mortgage loans .....			●	
<b>9</b>	Other investments. Attach schedule .....			●	
<b>10a</b>	Depreciable assets .....				
<b>b</b>	Less accumulated depreciation .....				
<b>11</b>	Land .....			●	
<b>12</b>	Other assets. Attach schedule .....			●	
<b>13</b>	<b>Total assets</b> .....		278,894.		243,055.
<b>Liabilities and net worth</b>					
<b>14</b>	Accounts payable .....			●	
<b>15</b>	Contributions, gifts, or grants payable .....			●	
<b>16</b>	Bonds and notes payable .....			●	
<b>17</b>	Mortgages payable .....			●	
<b>18</b>	Other liabilities. Attach schedule .....				
<b>19</b>	Capital stock or principal fund .....		278,894.	●	243,055.
<b>20</b>	Paid-in or capital surplus. Attach reconciliation. ....			●	
<b>21</b>	Retained earnings or income fund .....			●	
<b>22</b>	<b>Total liabilities and net worth</b> .....		278,894.		243,055.

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

<b>1</b>	Net income per books .....	●	-11,282.	<b>7</b>	Income recorded on books this year not included in this return. Attach schedule .....	●	
<b>2</b>	Federal income tax .....	●		<b>8</b>	Deductions in this return not charged against book income this year. Attach schedule. ....	●	
<b>3</b>	Excess of capital losses over capital gains .....	●		<b>9</b>	Total. Add line 7 and line 8 .....		
<b>4</b>	Income not recorded on books this year. Attach schedule. ....	●		<b>10</b>	Net income per return. Subtract line 9 from line 6. ....		
<b>5</b>	Expenses recorded on books this year not deducted in this return. Attach schedule. ....	●					
<b>6</b>	<b>Total.</b> Add line 1 through line 5 .....		-11,282.				-11,282.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400WEBSITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

(For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA****Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue &amp; Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**THE AMA FOUNDATION**

Name of Organization

List all DBAs and names the organization uses or has used

**P.O. BOX 7075**

Address (Number and Street)

**BERKELEY, CA 94707**

City or Town, State and ZIP Code

**520-255-3556**

Telephone Number

**INFO@AMA-FOUNDATION.ORG**

E-mail Address

Check if:

☐ Change of address☐ Amended reportState Charity Registration Number **120661**Corporation or Organization No. **2365599**Federal Employer ID No. **36-4478880****ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)****Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**For your most recent full accounting period (beginning 1/01/19 ending 12/31/19) list:Gross Annual Revenue \$ 235,406. Noncash Contributions \$ 0. Total Assets \$ 243,055.Program Expenses \$ 0. Total Expenses \$ 277,650.**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT****Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.****SUYESH KARKI****CHAIRMAN**

Signature of Authorized Agent

Printed Name

Title

Date