

** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020)

Department of the Treasury Internal Revenue Service **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 for instructions and the latest information.

2019
Open to Public Inspection

OMB No. 1545-0047

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning and	enaing						
B (a	Check if policable	C Name of organization		D Employer identific	cation number				
	Addre								
	Name chang	Doing business as		33-05404	75				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	□Final return	30151 TOMAS STREET	30151 TOMAS STREET						
	termir ated			G Gross receipts \$	856,528.				
	Amen return	RANCHO SANTA MARGARITA, CA 92088		H(a) Is this a group re					
	Application	F Name and address of principal officer: KKISIIN VALETIE-WIF	RTH	for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.PROJECTAWARE.ORG		H(c) Group exemptio					
		organization: X Corporation	L Year	of formation: 1992 N	M State of legal domicile: CA				
Pa	art I	Summary							
ø.		Briefly describe the organization's mission or most significant activities: PROJ							
Š		MOVEMENT FOR OCEAN PROTECTION POWERED BY	A COM	MUNITY OF AD	VENTURERS.				
rne	2	Check this box if the organization discontinued its operations or dispos	sed of more	1					
ŏ	3			3	5_				
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			5				
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7				
ĬΞ	6	Total number of volunteers (estimate if necessary)			10003				
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.				
				Prior Year	Current Year				
ě	8	Contributions and grants (Part VIII, line 1h)		799,380.	816,497.				
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		223.	236.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,827.	39,795.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		813,430. 27,952.	856,528.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,952.	60,113.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		375,135.	396,786.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	20,000.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 101,05	51	<u> </u>	20,000.				
Ä	D			482,376.	583,335.				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		885,463.	1,060,234.				
	1			-72,033.	-203,706.				
<u>v</u>		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	В	667,132.	540,902.				
Asse Bals	21	Total liabilities (Part X, line 26)		87,907.	165,383.				
let/	22	Net assets or fund balances. Subtract line 21 from line 20		579,225.	375,519.				
	art II	Signature Block		3.3,2231	0,0,0251				
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,				
Sigi	n	Signature of officer		Date					
Her		KRISTIN VALETTE-WIRTH, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	I	LAUREN A. HAVERLOCK LAUREN A. HAVERI	LOCK 0	8/31/20 if self-employ					
Prep	arer	Firm's name ► MOSS ADAMS LLP		Firm's EIN ▶	91-0189318				
Use	Only	Firm's address 10960 WILSHIRE BLVD SUITE 1100							
		LOS ANGELES, CA 90024		Phone no. 31	0-477-0450				
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	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:
	PROJECT AWARE IS A GLOBAL MOVEMENT FOR OCEAN PROTECTION POWERED BY A
	COMMUNITY OF ADVENTURERS. WE CONNECT THE PASSION FOR OCEAN ADVENTURE
	WITH THE PURPOSE OF MARINE CONSERVATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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	
	CLEAN OCEAN - POLLUTION IS ONE OF THE GREATEST THREATS FACING THE OCEAN
	PLANET. MARINE DEBRIS - OUR MAN MADE TRASH THAT ENTERS THE OCEAN - IS
	HIGHLY DAMAGING WITH LONG LASTING IMPACTS ON MARINE LIFE, ECOSYSTEMS
	NOT TO MENTION OUR VERY OWN HUMAN HEALTH. WHILST CONJECTURE REMAINS
	REGARDING THE CONTRIBUTION OF SEA-BASED SOURCES OF MARINE DEBRIS VERSUS
	LAND-BASED SOURCES, THE FACT REMAINS THAT HUMANS ARE RESPONSIBLE FOR
	ALL MARINE DEBRIS THAT IS PRESENT IN THE OCEAN.
	PROJECT AWARE HAS A LONGSTANDING HISTORY WORKING ON MARINE DEBRIS. AND
	THROUGH 2019, WE HAVE CONTINUED TO STRIVE TOWARDS OUR VISION OF
	RETURNING TO A CLEAN AND HEALTHY OCEAN THROUGH STRATEGIC PARTNERSHIPS,
	LOCAL COMMUNITY ACTION AND DEDICATED POLICY ACTION.
	DEMONSTRATING OUR COMMITMENT TO THE UNITED NATIONS 2030 AGENDA FOR
4b	(Code:) (Expenses \$355,685. including grants of \$60,113.) (Revenue \$39,749.)
	HEALTHY OCEAN - AT PROJECT AWARE, WHEN IT COMES TO MARINE SPECIES, WE
	FIRMLY BELIEVE THAT ALL SEA CREATURES DESERVE LOVE AND ATTENTION.
	PROJECT AWARE AND OUR PARTNERS AND SUPPORTERS HAVE BEEN SHOWING THE
	LOVE FOR THREATENED SPECIES OF SHARKS AND RAYS FOR MANY YEARS, EVEN IF
	FISHERY MANAGERS HAVEN'T BEEN THAT WAY INCLINED. WE'VE PUSHED
	GOVERNMENTS TO INTRODUCE CATCH LIMITS FOR SHARKS IN THE ATLANTIC AND
	MEDITERRANEAN, HELPED INCORPORATE THREATENED SHARK AND RAYS ONTO THE
	CONVENTION ON THE CONSERVATION OF MIGRATORY SPECIES OF WILD ANIMALS
	(CMS) INTERNATIONAL AGREEMENT, AND ADVOCATED FOR SUSTAINABLE TRADE IN SHARK AND RAY PRODUCTS VIA THE CONVENTION ON INTERNATIONAL TRADE IN
	ENDANGERED SPECIES OF FLORA AND FAUNA (CITES).
	2019 WAS ANOTHER IMPORTANT YEAR FOR SHARKS AND RAYS WITH SOME
40	(Code:) (Expenses \$
4c	(Code:) (expenses \$
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 829,124.

Form 990 (2019) PROJECT AWARE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ .,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2019) PROJECT AWARE FOUNDATION

Part IV Checklist of Required Schedules (continued)

I G	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		├^
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ.	
	Check if Schedule O contains a response or note to any line in this Part V			
	S. 155 Solitodalo S Solitario a 100pondo di fioto to dily ilito ili tilio i dit v		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	.40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

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PROJECT AWARE FOUNDATION 33-0540475 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

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14b

X

Х

X

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Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

PROJECT AWARE FOUNDATION 33-0540475 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, CO, CT, DC, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website Upon request __ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records KIAN CLINEFF - 949-858-7657

30151 TOMAS STREET, RANCHO SANTA MARGARITA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization is	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	(do not check box, unless pe		Position check more than one			Reportable	Reportable	Estimated
	hours per	box			ox, unless person is both an officer and a director/trustee)			is both	n an	compensation
	week	-	Cer ai	luau	recic	Trirus	ilee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	truste	al trus		yee	mper		(** 2) 1000 111100)		and related
	below	idual	Institutional trustee	la la	Key employee	Highest compensated employee	ler.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DANNA PFHAL	40.00									
GLOBAL OPERATIONS DIRECTOR				Х				104,800.	0.	8,789.
(2) DREW RICHARDSON	2.00									
PRESIDENT/CHAIRMAN		Х		Х				0.	0.	0.
(3) KRISTIN VALETTE-WIRTH	2.00									
SECRETARY/TREASURER		X		Х				0.	0.	0.
(4) JENNY MILLER GARMENDIA	2.00									
DIRECTOR		Х						0.	0.	0.
(5) DEBORAH BROSNAN	2.00									
DIRECTOR		Х				_		0.	0.	0.
(6) JEFF NADLER	2.00							_	_	_
DIRECTOR		Х				_		0.	0.	0.
		-								
						_				
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Form 990 (2019)

33-0540475

	(A) Name and title	Docition		n an	(D) Reportable compensation	(E) Reportable compensation from related	- 1	(F) Estimated amount of other					
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	other npensa from th ganizat nd relat janizati	e ion ed
	October								104,800.	0	\perp	8,7	<u> </u>
С	Subtotal Total from continuation sheets to Part V	II, Section A							104,800.	0		8,7	0.
a	Total (add lines 1b and 1c) Total number of individuals (including but not including but not include							o re			•	0,1	
_	compensation from the organization										_	Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	such individual									3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>contion B. Independent Contractors</i>										5		Х
1	Complete this table for your five highest co	•	•							•	sation fr	om	
	the organization. Report compensation for (A) Name and business			ONE		ith C	<u>or wi</u>	tnin	the organization's tax y (B) Description of s		(Compe	C) ensatio	n
	Name and business	- dudi oco	INC	7111	<u> </u>				2000 in parent of the	Joi West	Compe	- Ioano	
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than			
	w 100,000 of compensation from the organ	ιΖαίΙΟΙΙ									Form	990 (2019)

Form 990 (2019) PROJECT
Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c					
Ę,		d Related organizations 1d					
ig ig							
ons,		ÿ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
utio	1	All other contributions, gifts, grants, and	6 107				
들 된			6,497.				
o d		Noncash contributions included in lines 1a-1f		016 407			
<u>0</u> <u>e</u>		Total. Add lines 1a-1f		816,497.			
		Bus	siness Code				
Se	2 8	ı					
e vi	ŀ						
Se	(·					
eve	(i					
Program Service Revenue	•	·					
ď	1	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, a	nd				
		other similar amounts)	▶	236.			236.
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
) Personal				
	6 a	a Gross rents 6a					
		D Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
			(ii) Other				
	, ,	assets other than inventory 7a	(1.) 0 11.10.				
		Less: cost or other basis					
a)							
Ž		and sales expenses					
ther Revenue		Gain or (loss)					
Ę.		Net gain or (loss)	······· P				
‡	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		D Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a 3	9,795.				
	ŀ	Less: cost of goods sold 10b	0.				
	(Net income or (loss) from sales of inventory		39,795.	39,795.		
<u>"</u> [Bus	siness Code				
sno	11 a	ı					
ine Due	ŀ						
Miscellaneous Revenue	(
<u>is</u>		All other revenue					
Σ	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		856,528.	39,795.	0.	236.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 60,113. 60,113. Benefits paid to or for members Compensation of current officers, directors, 79,872. 27,696. 6,021. 113,589. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 255,291. 189,280. 45,456. 20,555. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 27,906. 19,129. 4,096. 4,681. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,771. 141. 30. 5,600. Legal 36,791. 3,525. 14,099. 19,167. Accounting Lobbying 20,000. 20,000. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 15,574. 6,909. 30,332. 7,849. column (A) amount, list line 11g expenses on Sch O.) 3,670. 94,398.4,776. 85,952. Advertising and promotion 12 17,149. 2,743. 8,713. 5,693. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 89,676. 84,939. 113. 4,624. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,255. 28,255. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,682. 6,682. Depreciation, depletion, and amortization 22 52,693. 44,518. 5,556. 2,619. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 174,426. 150,665. 8,653. 15,108. DUES & SUBSCRIPTIONS TRADEMARK IMPAIRMENT LO 47,162. 47,162. С d All other expenses 1,060,234. 829,124. 130,059. 101,051. Total functional expenses. Add lines 1 through 24e

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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Par	τ X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			241,821.	1	247,629.
	2	Savings and temporary cash investments			222,170.	2	222,392.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	76.	4	167.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial coı	ntributor, or 35%			
		controlled entity or family member of any of t	s		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	n 4958(c)(3)(B)		6		
က္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
ğ	9	B			7,003.	9	14,627.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	65,028.			
	b	Less: accumulated depreciation	10b	18,381.	53,329.	10c	46,647.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	47,162.	14	0 .		
	15	Other assets. See Part IV, line 11			95,571.	15	9,440
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)		667,132.	16	540,902
	17	Accounts payable and accrued expenses		87,907.	17	165,383	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or f	ormer officer	, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial coı	ntributor, or 35%			
iab		controlled entity or family member of any of t	hese person	s		22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). (Complete Part X			
		of Schedule D			07 007	25	1.65 202
	26	Total liabilities. Add lines 17 through 25			87,907.	26	165,383.
s		Organizations that follow FASB ASC 958, o	check here	► X			
)Ce		and complete lines 27, 28, 32, and 33.			E70 22E		27F F10
alar	27	Net assets without donor restrictions	579,225.	27	375,519.		
B	28	Net assets with donor restrictions		28			
Ĕ		Organizations that do not follow FASB ASC	C 958, chec	k here			
ᅩ		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, o			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			E70 225	31	275 510
ž	32	Total net assets or fund balances			579,225.	32	375,519.
	33	Total liabilities and net assets/fund balances			667,132.	33	540,902.

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Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>6,5</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,06					
3	Revenue less expenses. Subtract line 2 from line 1	3	-20					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57	9,2	25.			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	37	5,5	19.			
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		Х			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2019)			

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** PROJECT AWARE FOUNDATION 33-0540475 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	757,156.	659,248.	752,847.	799,380.	816,497.	3785128.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	757,156.	659,248.	752,847.	799,380.	816,497.	3785128.
	The portion of total contributions			,		, ,	
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						322,681.
6	Public support. Subtract line 5 from line 4.						3462447.
	ction B. Total Support						3102117.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	757,156.	659,248.	752,847.	799,380.	816,497.	3785128.
	Gross income from interest,	, , , , , , , , , , , , , , , , , , , ,	000,220	,	,	0_0,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	221.	221.	221.	2,598.	236.	3,497.
0	Net income from unrelated business	221•	221•	221•	2,350.	250.	J, 4576
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						3788625.
	Gross receipts from related activities,	oto (ooo inatruotia	no)			12	55,994.
	First five years. If the Form 990 is for			1 fourth or fifth to			33,334.
10	organization, check this box and stor	-					
Se	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6. column (f) di	vided by line 11. co	olumn (f))		14	91.39 %
	Public support percentage from 2018					15	88.08 %
	33 1/3% support test - 2019. If the c					ore, check this box	
	stop here. The organization qualifies						
k	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization	· ·	ightharpoons
k	10% -facts-and-circumstances test						
	more, and if the organization meets th	ū				•	
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						<u> </u>
			<u>-</u>	<u> </u>		edule A (Form 990	

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

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

Section A. Public Support								
Calendar 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 received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, or facilities furnished in any activity that is related to the								
organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b Amounts included on lines 2 and 3 received								
from other than disqualified persons that								
exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>		
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
9 Amounts from line 6 10a Gross income from interest,								
dividends, payments received on								
securities loans, rents, royalties,								
and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included in line 10b,								
whether or not the business is								
regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,		
check this box and stop here						>		
Section C. Computation of Publi	c Support Per	centage						
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%		
16 Public support percentage from 2018					16	%		
Section D. Computation of Inves	tment Income	Percentage						
17 Investment income percentage for 20	nvestment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))							
18 Investment income percentage from 2		18	%					
	33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
more than 33 1/3%, check this box ar						. .		
b 33 1/3% support tests - 2018. If the								
line 18 is not more than 33 1/3%, che								
20 Private foundation. If the organizatio								

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
oa		
OI.		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
Ja		
Oh		
9b		
9с		
10a		
10b		
	0 EZ	

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations		V	N1 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrated	d Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990 or 990-EZ) 2019

Par	I v Iype III Non-F	-unctionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			•	Current Year
1	Amounts paid to support	ed organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform	activity that directly furthers exemp	t purposes of supported		
	organizations, in excess	of income from activity			
3		paid to accomplish exempt purpose	es of supported organizations		
	Amounts paid to acquire				
5	Qualified set-aside amour				
6	Other distributions (descri				
7	,	ns. Add lines 1 through 6.			
8		supported organizations to which th	ne organization is responsive		
	(provide details in Part V		J		
9		2019 from Section C, line 6			
	Line 8 amount divided by	·			
			(i)	(ii)	(iii)
Secti	ion E - Distribution Alloca	ations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for	2019 from Section C, line 6			
2	Underdistributions, if any	, for years prior to 2019 (reason-			
	able cause required- expl	ain in Part VI). See instructions.			
3	Excess distributions carry	yover, if any, to 2019			
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
	From 2018				
f	Total of lines 3a through	е			
	Applied to underdistribut				
	Applied to 2019 distribut				
	Carryover from 2014 not				
j	Remainder. Subtract lines				
4	Distributions for 2019 fro				
	line 7:	\$			
а	Applied to underdistribut	ions of prior years			
	Applied to 2019 distribute				
	Remainder. Subtract lines				
5		ions for years prior to 2019, if			
	•	d 4a from line 2. For result greater			
	than zero, explain in Part				
6		tions for 2019. Subtract lines 3h			
	•	sult greater than zero, explain in			
	Part VI. See instructions.				
7		rryover to 2020. Add lines 3j			
-	and 4c.	, 1 1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2040

2019

OMB No. 1545-0047

Name of the organization Employer identification number PROJECT AWARE FOUNDATION 33-0540475

Jrganiz	ation type (cneck or	e):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 , 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; line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
out it m u	ust answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

Employer identification number

PROJECT AWARE FOUNDATION

33-0540475

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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

Name of organization Employer identification number

PROJECT AWARE FOUNDATION

33-0540475

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

Name of organization **Employer identification number** PROJECT AWARE FOUNDATION 33-0540475 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROJECT AWARE FOUNDATION

Employer identification number 33-0540475

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			. .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

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

Schedule D (Form 990) 2019

Pai	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Similar	Assets	(contin	nued)	
3		g the organization's acquisition, accession								,	,	
	collec	ction items (check all that apply):										
а		Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	m					
b		Scholarly research	e		Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r similar a	assets				
	to be	sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or		
		reported an amount on Form 990, Par										
1a	Is the	e organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not in	cluded				
	on Fo	orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII										
										Amount	t	
С	Begir	nning balance						1c				
d	Addit	ions during the year						1d				
е		butions during the year										
f		ng balance						1f				
2a		ne organization include an amount on Fo						y?		Yes		No
b	If "Ye	es," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					
Pai	τV	Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 10).				
			(a) Current year		rior year	(c) Two year		d) Three y	ears back	(e) Four	years	back
1a	Begir	nning of year balance										
b		ributions										
С		nvestment earnings, gains, and losses										
d	Gran	ts or scholarships										
е		r expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
а		d designated or quasi-endowment		%		•						
b		anent endowment >		_								
С			%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	nere endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the	organiza	ition			
	by:										Yes	No
	(i) L	Inrelated organizations								3a(i)		
		Related organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4	Desc	ribe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Pai	t VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.				
		Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Bool	k valu	е
			basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land											
b		ings										
С		ehold improvements										
d		oment				6,773.		9,23			7,5	
е		r			4	8,255.		9,14	16.	3.9	9,1	09.
Total	Δ44	lines 1a through 1e (Column (d) must o	aud Farm 000 Dart	V	m (D) line 1	00.)				4 (5 6	47.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 PROJECT AWAR	E FOUNDATION	33	-0540475 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV. line 1	11c, See Form 990, Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line 1	11d See Form 990 Part X line 15	
	escription	114. 666 1 6111 666, 1 411 X, 1116 16.	(b) Book value
			(D) Dook value
<u>(1)</u> (2)			
(3)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" or	a Form 000 Part IV line 1	110 or 11f Soo Form 990 Part V line 25	
(a) Description of liability	Tromi 990, Part IV, line	The or Thi. See Form 990, Part X, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			1

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

Schedule D (Form 990) 2019

(8) (9)

Pa	rt XI	Reconciliation of Revenue per Audited Financial St	tatements With R	evenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	879,866.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	23,338.		
С		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	23,338.
3	Subtra	act line 2e from line 1			3	856,528.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	856,528.
Ра	rt XII	Reconciliation of Expenses per Audited Financial S		Expenses per R	leturi	n.
Ра		Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.			
1 1	Total 6	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements	, line 12a.		leturi 1	n. 1,083,572.
	Total e	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements	line 12a.			
1	Total e Amou	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements	line 12a			
1 2	Total e Amou Donate Prior y	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements	line 12a. 2a 2b			
1 2 a	Total e Amou Donate Prior y	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements	2a 2b 2c			
1 2 a b c	Total e Amoun Donate Prior y Other	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	23,338.		1,083,572.
1 2 a b c	Total e Amoun Donate Prior y Other Other Add lin	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	23,338.		1,083,572. 23,338.
1 2 a b c	Total e Amoun Donate Prior y Other Other Add lin	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	23,338.	1	1,083,572.
1 2 a b c d	Total e Amour Donate Prior y Other Other Add lin	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	23,338.	1 2e	1,083,572. 23,338.
1 2 a b c d	Total e Amoun Donate Prior y Other Other Add lin Subtra Amoun	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities error adjustments losses (Describe in Part XIII.) interes 2a through 2d act line 2e from line 1	2a 2b 2c 2d	23,338.	1 2e	1,083,572. 23,338.
1 2 a b c d e 3 4	Total & Amount Donate Prior y Other Other Add lin Subtra Amount Investor	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements into included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.) inces 2a through 2d eact line 2e from line 1 into included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	23,338.	1 2e	23,338. 1,060,234.
1 2 a b c d e 3 4 a b c	Total & Amount Donate Prior y Other Other Add lin Subtra Amount Investi Other Add lin Amount Donate Prior Add lin Amount Donate Prior Add lin Amount Donate Prior Don	Complete if the organization answered "Yes" on Form 990, Part IV, expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities rear adjustments losses (Describe in Part XIII.) in es 2a through 2d act line 2e from line 1 ints included on Form 990, Part IX, line 25, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	23,338.	1 2e	1,083,572. 23,338.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE AND ONLY UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL AND STATE INCOME TAX. THE FOUNDATION IS A PUBLIC, CHARITABLE ORGANIZATION AND CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR A CHARITABLE TAX DEDUCTION TO DONORS. THE FOUNDATION FILES INFORMATIONAL RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA.

UNCERTAIN TAX PROVISIONS, IF ANY, ARE RECORDED WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (PREVIOUSLY FASB INTERPRETATION NO. 48). FASB ACC 740 REQUIRES THE RECOGNITION OF A LIABILITY FOR A TAX POSITION THAT DOES NOT MEET THE

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

PROJECT AWARE FOUNDATION 33-0540475

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No.

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

			n be duplicated if additional space is n		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
	offices	l agents and	(by type) (such as, fundraising, pro-	is a program service,	for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	or service(s) in the region	in the region
				GRANTS MADE TO PROJECT	
				AWARE EMEA FOR WORK	
EUROPE (INCLUDING				RELATED TO CONSERVATION	
ICELAND & GREENLAND)	0	0	GRANTMAKING	OF SHARKS AND RAYS AND	46,812
				CDANE MADE EO DOCTECE	
				GRANT MADE TO PROJECT	
EAST ASIA AND THE				AWARE AP FOR GENERAL	
PACIFIC	0	0	GRANTMAKING	OPERATING EXPENSES	13,301
				PAYMENT TO A LOCAL	
				ORGANIZATION TO	
EAST ASIA AND THE				DETERMINE AND MAKE	
PACIFIC	0	0	PROGRAM SERVICES	RECOMMENDATIONS FOR	7,500
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	 PROGRAM SERVICES	EVENT SUPPORT	4,186
THE CARIBBEAN		Ů	ROGRAM BERVICES	EVENT BOFFORT	4,100
				SUPPORT RELATED TO OCEAN	
EAST ASIA AND THE				CLEAN-UP EVENTS, LOCAL	
PACIFIC	0	0	PROGRAM SERVICES	CONSERVATION ACTIVITIES	47,778
FACIFIC	0	0	FROGRAM SERVICES	CONSERVATION ACTIVITIES	47,770
				SUPPORT RELATED TO OCEAN	
CENTRAL AMERICA AND				CLEAN-UP EVENTS, LOCAL	
THE CARIBBEAN	0	0	PROGRAM SERVICES	CONSERVATION ACTIVITIES	15,925
					,
3 a Subtotal	0	0			135,502
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			135,502

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

Schedule F (Form 990) 2019

932071 10-12-19

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING	GRANTS MADE TO					
		ICELAND &	PROJECT AWARE EMEA,					
		GREENLAND) -	SISTER CHARITY FOR					
		ALBANIA, ANDORRA,	WORK RELATED TO	46,812.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	GRANT MADE TO PROJECT					
		PACIFIC -	AWARE ASIA PACIFIC,					
		AUSTRALIA,	SISTER CHARITY FOR					
		BRUNEI, BURMA,	GENERAL OPERATING	13,301.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the f	oreign country,	recognized as tax-ex	empt		
by the IRS, or for which	ch the grantee or cou	ınsel has provided a sect	tion 501(c)(3) equivalency letter	•				2
								0

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.		
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2019 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION DOES NOT PROVIDE GRANTS TO OTHER NON-PROFIT ENTITIES. ON OCCASION, THE ORGANIZATION PROVIDES SUB-GRANTS TO ITS SISTER CHARITIES IN RESPONSE TO SPECIFIC NEEDS. MONITORING PROCEDURES INCLUDE REVIEW OF MONTHLY FINANCIAL AND PROGRAM REPORTS. ON OCCASION PROJECT AWARE MAY COLLABORATE WITH AN OUTSIDE ORGANIZATION TO COORDINATE OCEAN CONSERVATION ACTIVITIES AND PROVIDE REIMBURSEMENT FOR SUPPLIES. IN THAT CASE, THE OUTSIDE ORGANIZATION WOULD PROVIDE A DETAILED INVOICE FOR EXPENSES AND REPORT REGARDING THE EVENT.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANTS MADE TO PROJECT AWARE EMEA FOR WORK RELATED TO CONSERVATION OF SHARKS AND RAYS AND GENERAL OPERATING EXPENSES

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: PAYMENT TO A LOCAL ORGANIZATION TO DETERMINE AND MAKE RECOMMENDATIONS FOR POSSIBLE PROJECT AWARE EXPANSION

PART II, COLUMN (D):

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU (D) PURPOSE OF GRANT: GRANTS MADE TO PROJECT AWARE EMEA, SISTER CHARITY FOR WORK RELATED TO CONSERVATION OF SHARKS AND RAYS AND GENERAL OPERATING

EXPENSES

Schedule F (Form 990) 2019

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REG]	ON:	EAST	r as		AND	THE	E P <i>I</i>	ACIF	IC -	AUSTI	RALI	[A, B]	RUNEI	Ι, :	BURMA	A, CI	MBOI	DIA,	
										PROJI									
		FOR																	

Schedule F (Form 990) 2019

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	▶ Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization						1		ntification number
Della Francis		AWARE FOUNDATION					33-0540	
	complete this par	 Complete if the organization answer 	ered "Y	es" or	n Form 990, Part IV, I	ine 17.	. Form 990-EZ	I filers are not
		sed funds through any of the followin	a activ	ities.	Check all that apply.			
a Mail solicitat					jovernment grants			
b X Internet and	email solicitations	s f Solicita	tion of	gover	rnment grants			
c Phone solici	tations	g Special	fundra	aising	events			
d In-person so								
		or oral agreement with any individual				tees, o		□
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu				no func	X Yes	
compensated at le			ant to	agree	ments under which ti	ie iuric	iraiser is to be	5
— oompondated at it		T	T			г		1
(i) Name and addres or entity (fund		(ii) Activity	fundr have con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
ORANGE DOOR CONSULT	ring -		Yes	No				
10341 LOS ALAMITOS	BLVD., LOS	GRANT WRITING		х	38,000.		20,000.	18,000.
			1					
						 		
						<u> </u>		
Total					38,000.		20,000.	18,000.
		on is registered or licensed to solicit of		utions	· · · · · ·	it is ex		
or licensing.								
		HI, IL, KS, KY, LA, MA, I	MD,M	ΙΕ,Ν	MI,MN,MS,NC	<u>, ND</u>	<u>, NH , NJ ,</u>	NM,NV,NY
OH,OK,OR,PA,	RI,SC,TN,	UT, CT, MO						

932081 09-11-19

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Pa	וונו	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue						
Rev	1	Gross receipts				
	2	Loop: Contributions				
		Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncach prizos				
S	5	Noncash prizes				
ense	6	Rent/facility costs				
Exp						
Direct Expenses	7	Food and beverages				
ä		Entrotring				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	
	11	· · · · · · · · · · · · · · · · · · ·	. ,			
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	r		_	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
				biligo/progressive biligo		coi. (a) through coi. (c)
Re	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
ڃَ	ľ					
	5	Other direct expenses				
			Yes %	Yes %	5 Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	E in column (d)			
	7	birect expense summary. Add lines 2 through	3 iii columii (a)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				
	_					
	_					
						rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 PROJECT AWARE FOUNDATION 33	-0540475	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name N		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
, i			
Pa	organization's own exempt activities during the tax year \(\bigs\) \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. linns 0. (2h 10h
ı a	••• ··································	Part III, lines 9, 8	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS.	
<u>50</u>	HIDOH C, IAKI I, HIM ZD, HIGI OF THE HIGHEST TAID TONDRAIDE.		
<u>(I</u>) NAME OF FUNDRAISER: ORANGE DOOR CONSULTING		
<u></u>) ADDRESS OF FUNDRAISER:		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>10</u>	341 LOS ALAMITOS BLVD., LOS ALAMITOS, CA 90720		
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Schedule G	(Form 990 or 990-EZ)	PROJECT AWARE	FOUNDATION	33-0540475	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
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SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

DESCRIPTION OF ORGANIZATION MISSION:

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

I,

LINE 1,

PROJECT AWARE FOUNDATION

Employer identification number 33-0540475

WE CONNECT THE PASSION FOR OCEAN ADVENTURE WITH THE PURPOSE OF MARINE CONSERVATION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 2019 SAW THE LAUNCH OF THE INTERACTIVE SUSTAINABLE DEVELOPMENT INFOGRAPHIC VISUALISING THE WAY IN WHICH OUR CLEAN OCEAN STRATEGY SUPPORTS THE IMPLEMENTATION OF A NUMBER OF TARGETS ACROSS THE SUSTAINABLE DEVELOPMENT GOALS (SDGS) INCLUDING, BUT NOT LIMITED TO, 14 - LIFE BELOW WATER. 2019 ALSO SAW US TAKE THE GLOBAL DIVE AGAINST DEBRIS DATASET TO THE NEXT LEVEL - EMBARKING ON A PARTNERSHIP WITH THE COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION (CSIRO) AND THE OCEAN CONSERVANCY TO UNDERTAKE PIVOTAL ANALYSES TO INVESTIGATE THE BETWEEN THE DEBRIS WE FIND ON LAND VERSUS WHAT WE RELATIONSHIP, IF ANY, FIND ON THE SEAFLOOR AS WELL AS WHAT SOCIO-ECONOMIC FACTORS INFLUENCE WHERE DEBRIS ENDS UP ON THE LAND AND THE SEAFLOOR. WATCH THIS SPACE IN 2020 TO SEE THESE ANALYSES PUBLISHED IN THE PEER-REVIEWED SCIENTIFIC

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SIGNIFICANT WINS INCLUDING INTERNATIONAL TRADE CONTROLS SECURED FOR 18 SHARK AND RAY SPECIES AT CITES COP18. AS WELL AS OUR SHARK WORK, WE SHONE A LIGHT ON AN ARGUABLY LESS CHARISMATIC OCEAN DWELLER AND MADE THE HUMBLE SEA CUCUMBER OUR 2019 POSTER BOY. THESE INCREDIBLE CREATURES NEEDED SOME LOVE AND OUR GLOBAL COMMUNITY DIDN'T DISAPPOINT WHEN WE

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

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

LITERATURE.

Employer identification number Name of the organization 33-0540475 PROJECT AWARE FOUNDATION CALLED FOR SUPPORT. IN 2019, AS WELL AS LEADING THE CHARGE TO SECURE TRADE CONTROLS FOR VULNERABLE SHARKS AND RAYS, WE SUPPORTED THE LISTING OF THREE SPECIES OF HOLOTHURIANS AT THE 18TH CONFERENCE OF THE PARTIES TO CITES (COP18). ANYONE WHO HAS BEEN IN THE OCEAN IN TROPICAL OR TEMPERATE WATERS WILL LIKELY HAVE SEEN A HOLOTHURIAN, MORE COMMONLY KNOWN AS A SEA CUCUMBER. FORM 990, PART VI, SECTION B, LINE 11B: DRAFT COPY OF FORM 990 WILL BE MADE AVAILABLE TO BOARD MEMBERS FOR INDIVIDUAL REVIEW AND COMMENT PRIOR TO APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST AT LEAST ANNUALLY OR WHEN THE POTENTIAL CONFLICT ARISES. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR THE DIRECTOR WAS DETERMINED BY THE BOARD, USING NONPROFIT COMPARISON INFORMATION FROM THE ECONOMIC RESEARCH INSTITUTE, SECTION TITLED "NONPROFIT COMPARABLE ASSESSOR & TAX EXEMPT SURVEY CONSULTANTS EDITION". FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, AK, AL, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S

WEBSITE (FORMS 990 ARE FILED ELECTRONICALLY AND ARE AVAILABLE

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or print 33-0540475 PROJECT AWARE FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 30151 TOMAS STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. RANCHO SANTA MARGARITA, CA 92688 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KIAN CLINEFF The books are in the care of ► 30151 TOMAS STREET - RANCHO SANTA MARGARITA, CA 92688 Telephone No. \triangleright 949-858-7657 Fax No. ● If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason:

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2020)

0.

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Change in accounting period

any nonrefundable credits. See instructions.

3b