

Return of Organization Exempt From Income Tax

2017

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/1/2017, and ending 9/30/2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization SABOT FOUNDATION
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 4703
 City or town State ZIP code
ENGLEWOOD CO 80155
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 82-6598703

E Telephone number (480) 201-1428

F Name and address of principal officer:
JON KRASHNA 180 E 35TH STREET, LOS ANGELES, CA 90011

G Gross receipts \$ 333,245

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

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

J Website: ▶ WWW.SABOTGROUP.COM/SABOT-FOUNDATION

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2017

M State of legal domicile: NV

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Foundation supports combat veterans in their transition to civilian life with a focus on providing educational opportunities, veteran gatherings, homeless supplies, and access to holistic treatments.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	4
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	333,245
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	333,245
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	27,781
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	32,668
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	217,446
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	0	277,895	
19 Revenue less expenses. Subtract line 18 from line 12	0	55,350	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 0	End of Year 55,407
	21 Total liabilities (Part X, line 26)	0	57
	22 Net assets or fund balances. Subtract line 21 from line 20	0	55,350

Part II Signature Block

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

Sign Here Signature of officer Hilary J Hobson Date 12/31/2018
 Type or print name and title Trustee

Paid Preparer Use Only Print/Type preparer's name _____ Preparer's signature SELF-PREPARED RETURN Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. []

1 Briefly describe the organization's mission: Supporting the Combat Veteran Community by Inspiring Life-Long Connections, Assisting with Holistic Treatments, and Creating Awareness of the Challenges Veterans Face in Our Society. Focuses on PTSD, veteran gatherings, business and job training opportunities, support families of deceased veterans by paying medical and funeral bills.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] 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 (Code:) (Expenses \$ 187,635 including grants of \$) (Revenue \$) Veterans need to attend social gatherings and outreach with those who understand the military life and combat situations, they feel more comfortable around those who have been through similar experiences. The trips and outreach create new avenues for friendship, comradery, holistic wellness experiences, and training. These programs provide these facets to every veteran who attends.

4b (Code:) (Expenses \$ 24,079 including grants of \$) (Revenue \$) Through meeting multiple veterans during every event that is held, there are always those that are in need of assistance along their journey of integration back into society in a meaningful way. Some of these avenues of support include: education and training, supplies for the homeless, medical and funeral expenses, and other financial support paid directly to municipalities, funeral homes, hospitals, doctors, landlords, etc.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 211,714