

# Return of Organization Exempt From Income Tax

**2018**

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 10/1/2018, and ending 9/30/2019

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

**C** Name of organization SABOT FOUNDATION, A CHARITABLE TRUST  
 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 \$ 363,674

**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.SABOTFOUNDATION.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2017

**M** State of legal domicile: CO

**H(c)** Group exemption number

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	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>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>3</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year: 333,245	Current Year: 322,173
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-8,555
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,245	313,618
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,781	197,640
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,668	-42
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <u>4,329</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	217,446	168,288
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	277,895	365,886
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	55,350	-52,268
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year: 55,407	End of Year: 3,082
	<b>21</b>	Total liabilities (Part X, line 26)	57	0
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	55,350	3,082

**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: 2/12/2020  
 Type or print name and title: Trustee

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

Part III Statement of Program Service Accomplishments

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

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? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [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 \$ 81,154 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 \$ 237,280 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 \$ 9,326 including grants of \$ ) (Revenue \$ ) It is important that the public has access to documentaries which tell the stories of veterans lives, trials, and victories. We believe that by supporting and spreading the word about their stories will create awareness and help others understand veterans and help them welcome back into society with open arms.

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

4e Total program service expenses 327,760