

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

▶ 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

**A** For the 2020 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LIFE IN ABUNDANCE INTERNATIONAL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>211 TOWNEPARK CIRCLE 201</b> City or town, state or province, country, and ZIP or foreign postal code <b>LOUISVILLE, KY 40243</b>	<b>D</b> Employer identification number <b>02-0587875</b>
	<b>E</b> Telephone number <b>502-749-7691</b>	<b>G</b> Gross receipts \$ <b>3,662,056.</b>
	<b>F</b> Name and address of principal officer: <b>FLORENCE MUINDI</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>WWW.LIAINT.ORG</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2002</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO MOBILIZE THE LOCAL CHURCH TO RESTORE HEALTH, RENEW HOPE AND INSPIRE LASTING TRANSFORMATION FOR</b></p> <p><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.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3</span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">10</span></p> <p><b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <span style="float:right">9</span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">10</span></p> <p><b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">0.</span></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float:right">0.</span></p>																												
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td align="right">1,729,936.</td> <td align="right">3,407,392.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td align="right">16,449.</td> <td align="right">37,930.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td align="right">25,592.</td> <td align="right">0.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td align="right">1,771,977.</td> <td align="right">3,445,322.</td> </tr> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	1,729,936.	3,407,392.	<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) .....	16,449.	37,930.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	25,592.	0.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,771,977.	3,445,322.									
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**Part II Signature Block**

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

<b>Sign Here</b>	<p>Signature of officer: <i>F Muindi</i></p> <p><b>FLORENCE MUINDI, SECRETARY</b></p>	<p>Date: <b>10/28/2021</b></p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name: <b>RON MARKLUND</b></p> <p>Firm's name: <b>DUGAN &amp; LOPATKA, CPA'S PC</b></p> <p>Firm's address: <b>4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036</b></p>	<p>Preparer's signature: <i>Ron Marklund</i></p> <p>Date: <b>10/26/21</b></p> <p>Firm's EIN: <b>36-2886485</b></p> <p>Phone no.: <b>630-665-4440</b></p>

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Form 990 (2020)

LIFE IN ABUNDANCE INTERNATIONAL

02-0587875 Page 2

## 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:  
**TO MOBILIZE THE LOCAL CHURCH TO RESTORE HEALTH, RENEW HOPE AND INSPIRE LASTING TRANSFORMATION FOR THE WORLD'S MOST VULNERABLE CHILDREN AND FAMILIES.**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ **2,528,656.** including grants of \$ **1,963,277.**) (Revenue \$ \_\_\_\_\_)  
**SEE SCHEDULE O**

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **2,528,656.**

Form 990 (2020)

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**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)? <i>If "Yes," complete Schedule A</i> .....	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	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? <i>If "Yes," complete Schedule C, Part I</i> .....	3		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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? <i>If "Yes," complete Schedule C, Part III</i> .....	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....	9		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....	11b	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	11c		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	11e		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16		X
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? <i>If "Yes," complete Schedule G, Part I</i> .....	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21		X

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**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		X
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	4	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>		

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

			Yes	No
<b>2a</b> 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	2a	9		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b> 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)?	<b>4a</b>		X	
<b>b</b> If "Yes," enter the name of the foreign country ► <b>KENYA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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?	<b>7a</b>			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> 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	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X

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**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.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> 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>1a</b>	11		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> 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	<b>9</b>			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			X
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		X	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			X
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, CO, FL, GA, KS, MD, MA, MI, NC, OK, OR**
- 18** 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**CEDARSTONE PARTNERS INC - 630-580-5750**  
**209 E LIBERTY DRIVE, WHEATON, IL 60187**

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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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLEY BUCKINGHAM US EXECUTIVE DIRECTOR	40.00			X			85,000.	0.	0.	
(2) DR JOSHUA WATHANGA CHAIR	2.00	X		X			0.	0.	0.	
(3) DR GEORGE KIMEU TREASURER	2.00	X		X			0.	0.	0.	
(4) DR FLORENCE MUINDI SECRETARY	40.00	X		X			0.	0.	0.	
(5) DAN JOSS PRESIDENT	2.00	X		X			0.	0.	0.	
(6) MICHAEL STEWART DIRECTOR	2.00	X					0.	0.	0.	
(7) JONATHAN FISHER DIRECTOR	2.00	X					0.	0.	0.	
(8) CATHY BALDIZON DIRECTOR	2.00	X					0.	0.	0.	
(9) MATTHIAS STIEFEL DIRECTOR	2.00	X					0.	0.	0.	
(10) DOROTHY MUROKI DIRECTOR	2.00	X					0.	0.	0.	
(11) ELIE GASAGARA DIRECTOR	2.00	X					0.	0.	0.	
(12) DR MBITHE ANZAYA DIRECTOR	2.00	X					0.	0.	0.	

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							<b>85,000.</b>	<b>0.</b>	<b>0.</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>0.</b>	<b>0.</b>	<b>0.</b>	
<b>d Total (add lines 1b and 1c)</b> .....							<b>85,000.</b>	<b>0.</b>	<b>0.</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X	

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



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Form 990 (2020)

**LIFE IN ABUNDANCE INTERNATIONAL**

02-0587875 Page **9**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	3,407,392.				
	g	Noncash contributions included in lines 1a-1f	\$ 15,511.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		3,407,392.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2 a						
	b						
	c						
	d						
	e						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		13,911.		13,911.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				240,753.			
	b	Less: cost or other basis and sales expenses		216,734.			
	c	Gain or (loss)		24,019.			
d	Net gain or (loss)		24,019.		24,019.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	11 a						
	b						
	c						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		3,445,322.	0.	0.	37,930.	

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Form 990 (2020)

**LIFE IN ABUNDANCE INTERNATIONAL**

02-0587875 Page 10

**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  X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,963,277.	1,963,277.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	85,000.	25,500.	34,000.	25,500.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	319,768.	91,883.	140,050.	87,835.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	15,221.	4,414.	6,545.	4,262.
<b>10</b> Payroll taxes .....	29,456.	8,542.	12,666.	8,248.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	75.		75.	
<b>c</b> Accounting .....	83,447.		83,447.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	33,362.	28,685.	3,533.	1,144.
<b>12</b> Advertising and promotion .....	829.	182.	270.	377.
<b>13</b> Office expenses .....	35,969.	6,194.	23,794.	5,981.
<b>14</b> Information technology .....	16,673.	4,835.	7,169.	4,669.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	14,875.	4,314.	6,396.	4,165.
<b>17</b> Travel .....	30,048.	4,351.	25,287.	410.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	44,221.	44,221.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	7,197.	6,872.	197.	128.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> PROGRAM EXPENSES	224,945.	224,945.		
<b>b</b> BAD DEBT	75,000.	75,000.		
<b>c</b> MISSION TRIPS	15,838.	15,838.		
<b>d</b> SUPPLIES	15,511.	15,511.		
<b>e</b> All other expenses <u>SEE SCH O</u>	11,784.	4,092.	4,658.	3,034.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,022,496.	2,528,656.	348,087.	145,753.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Form 990 (2020)

LIFE IN ABUNDANCE INTERNATIONAL

02-0587875 Page 11

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	602,071.	1	195,964.
	<b>2</b> Savings and temporary cash investments .....	106,103.	2	283,867.
	<b>3</b> Pledges and grants receivable, net .....	1,019,221.	3	1,977,729.
	<b>4</b> Accounts receivable, net .....		4	
	<b>5</b> Loans and other receivables from 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 .....		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	<b>7</b> Notes and loans receivable, net .....	799,967.	7	799,967.
	<b>8</b> Inventories for sale or use .....		8	
	<b>9</b> Prepaid expenses and deferred charges .....		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	74,900.		
	<b>b</b> Less: accumulated depreciation .....	74,900.		
		3,539,981.	10c	0.
	<b>11</b> Investments - publicly traded securities .....	306,081.	11	74,586.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	328,806.	12	380,665.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13	
	<b>14</b> Intangible assets .....		14	
<b>15</b> Other assets. See Part IV, line 11 .....	19,233.	15	13,881.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,721,463.	16	3,726,659.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,071.	17	17,178.
	<b>18</b> Grants payable .....		18	
	<b>19</b> Deferred revenue .....		19	
	<b>20</b> Tax-exempt bond liabilities .....		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	<b>22</b> Loans and other 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 .....		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,104,520.	23	1,106,742.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	24	88,900.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,115,591.	26	1,212,820.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,032,212.	27	608,605.
	<b>28</b> Net assets with donor restrictions .....	1,573,660.	28	1,905,234.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31	
<b>32</b> Total net assets or fund balances .....	5,605,872.	32	2,513,839.	
<b>33</b> Total liabilities and net assets/fund balances .....	6,721,463.	33	3,726,659.	

Form 990 (2020)

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**Part 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	3,445,322.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	3,022,496.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	422,826.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	5,605,872.
5 Net unrealized gains (losses) on investments .....	5	-28,434.
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	-3,538,284.
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	51,859.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	2,513,839.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c 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? .....	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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		X
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		

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **LIFE IN ABUNDANCE INTERNATIONAL** Employer identification number **02-0587875**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,556,515.	3,463,136.	2,917,440.	1,729,936.	3,407,392.	14,074,419.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3 .....	2,556,515.	3,463,136.	2,917,440.	1,729,936.	3,407,392.	14,074,419.
5 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) .....						1,804,178.
6 <b>Public support.</b> Subtract line 5 from line 4.						12,270,241.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	2,556,515.	3,463,136.	2,917,440.	1,729,936.	3,407,392.	14,074,419.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	16,800.	11,369.	13,011.	42,260.	13,911.	97,351.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						14,171,770.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,898.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	86.58 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	90.58 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
16b <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17b <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



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**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	<b>2a</b>	
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			



# Public Inspection Copy

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization **LIFE IN ABUNDANCE INTERNATIONAL** Employer identification number **02-0587875**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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Schedule D (Form 990) 2020

032051 12-01-20

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|--|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	433,581.	409,490.	250,000.	250,000.	250,000.
<b>b</b> Contributions	42,500.		138,397.	11,369.	16,800.
<b>c</b> Net investment earnings, gains, and losses	9,287.	24,091.	21,093.		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs				11,369.	16,800.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	485,368.	433,581.	409,490.	250,000.	250,000.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  87.0000 %
- c** Term endowment  13.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    |                          |                                     |
|------------------------------------|--------------------------|-------------------------------------|
|                                    | Yes                      | No                                  |
| <b>(i)</b> Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		73,544.	73,544.	0.
<b>e</b> Other		1,356.	1,356.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

# Public Inspection Copy

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....	380,665.	END-OF-YEAR MARKET VALUE
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	380,665.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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...

# Public Inspection Copy

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,468,747.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-28,434.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	51,859.	
e Add lines 2a through 2d	2e		23,425.
3 Subtract line 2e from line 1		<b>3</b>	3,445,322.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,445,322.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		<b>1</b>	3,022,496.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1		<b>3</b>	3,022,496.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,022,496.

**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 V, LINE 4:**

USED FOR GENERAL OPERATIONS

**PART X, LINE 2:**

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND CALIFORNIA. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2017. THE ORGANIZATION DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFITS IN THE NEXT TWELVE MONTHS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**



# Public Inspection Copy

**Part XIII** Supplemental Information *(continued)*

LIA BLUE WINGS LIMITED INVESTMENT GAIN 51,859.

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# Public Inspection Copy

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	Employer identification number <b>02-0587875</b>
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**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?  **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.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS		243,140.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS		1,456,849.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTS TO RECIPIENTS		197,108.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS		66,180.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		74,586.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		71,886.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	INVESTMENTS		380,665.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM EXPENSES		15,735.
<b>3 a Subtotal</b> .....	0	0			2,506,149.
<b>b Total from continuation sheets to Part I</b> .....	0	0			1,300.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,507,449.

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

Schedule F (Form 990) 2020

# Public Inspection Copy

Schedule F (Form 990)

LIFE IN ABUNDANCE INTERNATIONAL

02-0587875

Page 1

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	TRAVEL		1,300.
<b>Totals</b> .....					1,300.

# Public Inspection Copy

**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 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)
			MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRAINING RELIEF	243,140.	WIRE TRANSFER	0.		
				TRAINING RELIEF	1,456,849.	WIRE TRANSFER	0.		
				TRAINING RELIEF	197,108.	WIRE TRANSFER	0.		
				TRAINING RELIEF	66,180.	WIRE TRANSFER	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 14

**3** Enter total number of other organizations or entities 14

# Public Inspection Copy

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(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)

# Public Inspection Copy

**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  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  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  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  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  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  No

# Public Inspection Copy

**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:**

REGULAR SITE VISITS, READ GRANTEES' AUDITED FINANCIAL STATEMENTS, REGULAR COMMUNICATION THROUGH EMAILS.

# Public Inspection Copy

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

2020

Open to Public  
Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**LIFE IN ABUNDANCE INTERNATIONAL**

Employer identification number

**02-0587875**

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>		X								
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>		X								
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>		X								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>											
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p><b>a</b> The organization? .....</p>	<b>5a</b>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>		X								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p><b>a</b> The organization? .....</p>	<b>6a</b>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>		X								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>		X								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>		X								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>										

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

Schedule J (Form 990) 2020



# Public Inspection Copy

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

# Public Inspection Copy

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, LINE 5:

LIFE IN ABUNDANCE KENYA PAID THE FOLLOWING:

FLORENCE MUINDI:

COMPENSATION OF \$55,835

BENEFITS OF \$23,400

# Public Inspection Copy

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LIFE IN ABUNDANCE INTERNATIONAL

Employer identification number  
02-0587875

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WORLD'S MOST VULNERABLE CHILDREN AND FAMILIES.

FORM 990, PART III, LINE 4A:

WE EMPOWER THE LOCAL CHURCH TO SERVE THE POOR AND VULNERABLE, CREATING  
SUSTAINABLE TRANSFORMATION IN THEIR COMMUNITIES. POVERTY IS A VERY  
COMPLEX ISSUE, NEARLY ALWAYS AFFECTING THE SPIRITUAL, SOCIAL, AND  
MATERIAL REALMS OF A COMMUNITY. OUR TRANSFORMATIONAL DEVELOPMENT MODEL  
BUILDS ON THE BIBLICAL TRUTH THAT THE GOSPEL SHOULD BRING WHOLISTIC  
TRANSFORMATION TO THE WHOLE PERSON.

THE LOCAL CHURCH: IN 2020 WE PARTNERED WITH 270 LOCAL CHURCH  
PARTNERS WITHIN THE 14 COUNTRIES WE SERVE IN AFRICA AND THE CARIBBEAN.  
LIFE IN ABUNDANCE SERVED THROUGHOUT THE VARIOUS COMMUNITIES BY  
MOBILIZING THE LOCAL CHURCH AND EQUIPPING THEM TO ADDRESS THE NEEDS OF  
THEIR COMMUNITIES. A TOTAL OF 111,700 PEOPLE FROM 56 COMMUNITIES  
RECEIVED TRAINING, EDUCATIONAL MATERIALS, PERSONAL PROTECTIVE  
EQUIPMENT, FOOD, COUNSELING, WERE CONNECTED TO PRAYER GROUPS, AND  
RECEIVED CARE FROM HEALTH CLINICS, AMONG OTHER THINGS. LIFE IN  
ABUNDANCE IDENTIFIED 200 PASTORS MOST AFFECTED BY COVID-19 AND PROVIDED  
FOOD, CLEANING SUPPLIES, SCHOOL FEES AND MICRO LOANS FOR THESE LEADERS  
IN MINISTRY.

SOCIAL ENGAGEMENT/OVC: A TOTAL OF 31,535 INDIVIDUALS WERE SERVED  
THROUGH OUR SOCIAL ENGAGEMENT PROGRAM INITIATIVES INCLUDING CHILDREN IN  
OUR ORPHANS AND VULNERABLE CHILDREN PROGRAM AND THEIR GUARDIANS WHO

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

# Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

LIFE IN ABUNDANCE INTERNATIONAL

Employer identification number

02-0587875

WERE ECONOMICALLY EMPOWERED TO SUPPORT AND CARE FOR THE CHILDREN,  
FAMILY EMPOWERMENT AND YOUTH RUNNING CLUBS.

COMMUNITY HEALTH: A TOTAL OF 87,999 INDIVIDUALS WERE SERVED AND/OR  
TRAINED THROUGH OUR COMMUNITY HEALTH PROGRAM INITIATIVES INCLUDING  
HEALTH EDUCATION & TRAINING, MEDICAL CARE, HIV/AIDS TESTING AND OTHER  
PREVENTATIVE HEALTH CARE.

EDUCATION: A TOTAL OF 11,218 PEOPLE WERE SERVED THROUGH OUR EDUCATION  
PROGRAM INITIATIVES INCLUDING EARLY CHILDHOOD DEVELOPMENT AND PRIMARY  
AND ADULT LITERACY EDUCATION.

ECONOMIC EMPOWERMENT: A TOTAL OF 3,472 INDIVIDUALS WERE SERVED THROUGH  
OUR ECONOMIC EMPOWERMENT PROGRAM INITIATIVES INCLUDING MICRO ENTERPRISE  
TRAINING, LOAN SERVICE, AND SKILL TRAINING.

DURING A PANDEMIC, WE FOUND OURSELVES AT THE FRONT LINES WITH THE URBAN  
AND RURAL POOR WHO LIVE IN CROWEDED AREAS, RELY ON DAILY INCOME AND  
HAVE LIMITED ACCESS TO HEALTHCARE AND EUCATION. THROUGH OUR EFFOTS, OUR  
PARTNERSHIPS WITH LOCAL LEADERS WERE STRENGTHENED. WE EQUIPPED OUR  
HEALTH CLINICS TO CONTINUE SERVING THEIR COMMUNITIES AND EQUIPPED LOCAL  
LEADERSHIP TO TRAIN THEIR COMMUNITIES ON PROPER CARE AND SAFETY  
MEASURES. THIS LED TO GREAT COMMUNITY IMPACT ACROSS THE 14 COUNTRIES WE  
SERVE. WE ALSO CELEBRATED 25 YEARS OF MINISTRY, WE HOSTED OUR ANNUAL  
GLOBAL MISSIONS CONFERENCE ONLINE, LAUNCHED A TRAINING INITIATIVE  
CALLED GLOBAL INSTITUTE WITH THE DESIRE TO UNLEASH THE CAPACITY OF  
DEVELOPING NATIONS THROUGH EQUIPPING LEADERS OF NGO'S AND MINISTRIES IN  
WHOLISTIC CARE AND SUSTAINABLE MISSIONS IN THE GLOBAL SOUTH.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

# Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

LIFE IN ABUNDANCE INTERNATIONAL

Employer identification number

02-0587875

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 GIVEN TO BOARD MEMBERS FOR REVIEW AND APPROVAL VIA EMAILS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL WRITTEN CONFLICT OF INTEREST STATEMENT OBTAINED FROM EACH BOARD MEMBER AT ONE OF THE BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD WILL READ COMPARATIVE DATA FOR WAGES OF EXECUTIVE DIRECTOR FOR COMPARABLE ORGANIZATIONS.

BOARD WILL READ COMPARATIVE DATA FROM COMPARABLE ORGANIZATIONS TO SET WAGES OF OTHER OFFICERS AS APPROPRIATE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, CO, FL, GA, KS, MD, MA, MI, NC, OK, OR, PA, TN, TX, WA, CA, KY, OH

FORM 990, PART VI, SECTION C, LINE 19:

ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES 27,500.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 27,500.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

# Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	Employer identification number <b>02-0587875</b>
--	---

**OUTSIDE SERVICES:**

PROGRAM SERVICE EXPENSES	1,185.
MANAGEMENT AND GENERAL EXPENSES	1,757.
FUNDRAISING EXPENSES	1,144.
TOTAL EXPENSES	4,086.

**PAYROLL PROCESSING:**

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,776.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,776.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	33,362.

**FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:**

**DUES AND SUBSCRIPTIONS:**

PROGRAM SERVICE EXPENSES	3,142.
MANAGEMENT AND GENERAL EXPENSES	4,658.
FUNDRAISING EXPENSES	3,034.
TOTAL EXPENSES	10,834.

**STAFF TRAINING:**

PROGRAM SERVICE EXPENSES	950.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	950.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	11,784.

# Public Inspection Copy

Schedule O (Form 990 or 990-EZ) 2020

Page 2

Name of the organization

LIFE IN ABUNDANCE INTERNATIONAL

Employer identification number

02-0587875

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LIA BLUE WINGS LIMITED INVESTMENT GAIN

51,859.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

# Public Inspection Copy

## 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
2	FURNITURE AND FIXTURES	VARIOUS	SL	.000	16	1,356.				1,356.	1,356.	0.	0.	1,356.
	* 990 PAGE 10 TOTAL													
	FURNITURE & FIXTURES					1,356.				1,356.	1,356.	0.	0.	1,356.
	MACHINERY & EQUIPMENT													
1	COMPUTER EQUIPMENT	VARIOUS	SL	.000	16	56,621.				56,621.	56,621.	0.	0.	56,621.
3	MACHINERY AND EQUIPMENT	VARIOUS	SL	.000	16	561.				561.	561.	0.	0.	561.
4	MAC	03/16/12	SL	.000	16	1,220.				1,220.	1,220.	0.	0.	1,220.
5	WEBSITE	VARIOUS	SL	.000	16	15,142.				15,142.	13,445.	1,697.	1,697.	15,142.
	* 990 PAGE 10 TOTAL													
	MACHINERY & EQUIPMENT					73,544.				73,544.	71,847.	1,697.	1,697.	73,544.
	OTHER													
10	LOAN FEES	VARIOUS		60M	HY43	27,500.				27,500.	9,167.	5,500.	5,500.	14,667.
	* 990 PAGE 10 TOTAL OTHER													
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					102,400.				102,400.	82,370.	7,197.	7,197.	89,567.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



# Public Inspection Copy

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

## Depreciation and Amortization (Including Information on Listed Property) 990

▶ Attach to your tax return.

OMB No. 1545-0172  
**2020**  
 Attachment  
 Sequence No. 179

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>02-0587875</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....		8
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....		9
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....		11
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....		12
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....		13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	1,697.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2020 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	1,697.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

# Public Inspection Copy

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>	

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	: :	%						
	: :	%						
	: :	%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year ...												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
	: :				
	: :				
<b>43</b> Amortization of costs that began before your 2020 tax year .....				<b>43</b>	5,500.
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....				<b>44</b>	5,500.

# Public Inspection Copy

Form **5471**

## Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_.

Attachment  
Sequence No. **121**

Name of person filing this return  <b>LIFE IN ABUNDANCE INTERNATIONAL</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>211 TOWNEPARK CIRCLE, NO. 201</b> <small>City or town, state, and ZIP code</small> <b>LOUISVILLE, KY 40243</b> Filer's tax year beginning <b>JAN 1</b> , 2020, and ending <b>DEC 31</b> , 2020	<b>A Identifying number</b>  <b>02-0587875</b> <b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>48.00</b> % <b>D</b> Check box if this is a final Form 5471 for the foreign corporation <input type="checkbox"/> <b>E</b> Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input checked="" type="checkbox"/> <b>F</b> Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 <input type="checkbox"/> <b>G</b> If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) <input type="checkbox"/> <b>H</b> Person(s) on whose behalf this information return is filed:
---	---

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
BLUE WINGS USA LLC	1800 WILLIAMSON COURT LOUISVILLE KY 40223	83-0521172	X		
MICHAEL L. SPENCER	13333 JOHNSON BEACH RD. PENSACOLA FL 32507		X		

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation  <b>BLUE WINGS LIMITED</b> <b>LIA CENTER SILANGA RD (OFF LANGATA RD)</b> <b>NAROBI</b> <b>KENYA</b>				<b>b(1)</b> Employer identification number, if any <b>00000000</b> <b>b(2)</b> Reference ID number (see instructions) <b>1</b> <b>c</b> Country under whose laws incorporated <b>KENYA</b>
<b>d</b> Date of incorporation <b>05/13/11</b>	<b>e</b> Principal place of business <b>KENYA</b>	<b>f</b> Principal business activity code number <b>481000</b>	<b>g</b> Principal business activity <b>AIR FLIGHTS</b>	<b>h</b> Functional currency code <b>KES</b>

<b>2</b> Provide the following information for the foreign corporation's accounting period stated above. <b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States		<b>b</b> If a U.S. income tax return was filed, enter: (i) Taxable income or (loss)  (ii) U.S. income tax paid (after all credits)
--	--	---

<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different  <b>FLORENCE MUINDI</b> <b>LIA CENTER, SILANGA RD</b> <b>NAROBI</b> <b>KENYA</b>
--	---

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	100	100

LHA For Paperwork Reduction Act Notice, see instructions. Form **5471** (Rev. 12-2020)

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LIFE IN ABUNDANCE INTERNATIONAL

02-0587875

Form 5471 (Rev. 12-2020)

Page **2**

**Schedule B Shareholders of Foreign Corporation**

**Part I U.S. Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
LIFE IN ABUNDANCE INTL 211 TOWNEPARK CIRCLE LOUISVILLE KY 40243 02-0587875	COMMON	48	48	48.00%
BLUE WINGS USA LLC 1800 WILLIAMSON COURT LOUISVILLE KY 40223 83-0521172	COMMON	52	52	52.00%
MICHAEL L. SPENCER 13333 JOHNSON BEACH RD. PENSACOLA FL 32507	COMMON	52	52	52.00%

**Part II Direct Shareholders of Foreign Corporation** (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. <b>Note:</b> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
LIFE IN ABUNDANCE INTL 211 TOWNEPARK CIRCLE LOUISVILLE KY 40243 02-0587875	COMMON	48	48
BLUE WINGS USA LLC 1800 WILLIAMSON COURT LOUISVILLE KY 40223 83-0521172	COMMON	52	52

Form **5471** (Rev. 12-2020)

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LIFE IN ABUNDANCE INTERNATIONAL

02-0587875

Form 5471 (Rev. 12-2020)

Page **3**

**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	1a Gross receipts or sales	13,465,174.	127,791.
	b Returns and allowances		
	c Subtract line 1b from line 1a	13,465,174.	127,791.
	2 Cost of goods sold	5,963,266.	56,594.
	3 Gross profit (subtract line 2 from line 1c)	7,501,908.	71,197.
	4 Dividends		
	5 Interest	372,633.	3,536.
	6a Gross rents		
	b Gross royalties and license fees		
	7 Net gain or (loss) on sale of capital assets		
<b>Deductions</b>	8a Foreign currency transaction gain or loss - unrealized		
	b Foreign currency transaction gain or loss - realized	1,247,590.	11,840.
	9 Other income (attach statement)		
	10 Total income (add lines 3 through 9)	9,122,131.	86,573.
	11 Compensation not deducted elsewhere	4,556,376.	43,242.
	12a Rents		
b Royalties and license fees			
13 Interest			
14 Depreciation not deducted elsewhere	3,223,450.	30,592.	
15 Depletion			
16 Taxes (exclude income tax expense (benefit))			
17 Other deductions (attach statement - exclude income tax expense (benefit))	<b>SEE STATEMENT 1</b>	1,849,115.	17,549.
18 Total deductions (add lines 11 through 17)	9,628,941.	91,383.	
<b>Net Income</b>	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	-506,810.	-4,810.
	20 Unusual or infrequently occurring items		
	21a Income tax expense (benefit) - current		
	b Income tax expense (benefit) - deferred	-11,890,194.	-112,844.
22 Current year net income or (loss) per books (combine lines 19 through 21b)	11,383,384.	108,034.	
<b>Other Comprehensive Income</b>	23a Foreign currency translation adjustments		-122,453.
	b Other		
	c Income tax expense (benefit) related to other comprehensive income		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)		-122,453.

Form **5471** (Rev. 12-2020)

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**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	69,201.	134,503.
2a Trade notes and accounts receivable	2a	257,640.	197,619.
b Less allowance for bad debts	2b	( )	( )
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement) <b>SEE STATEMENT 2</b>	5	64,196.	59,860.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	1,298,802.	1,198,924.
b Less accumulated depreciation	9b	( 52,582.)	( 77,921.)
10a Depletable assets	10a		
b Less accumulated depletion	10b	( )	( )
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	( )	( )
13 Other assets (attach statement)	13		
14 Total assets	14	1,637,257.	1,512,985.
<b>Liabilities and Shareholders' Equity</b>			
15 Accounts payable	15	1,731.	7,785.
16 Other current liabilities (attach statement) <b>SEE STATEMENT 3</b>	16	47,522.	
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) <b>SEE STATEMENT 4</b>	19	888,210.	820,080.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	582,524.	588,815.
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	117,270.	96,305.
23 Less cost of treasury stock	23	( )	( )
24 Total liabilities and shareholders' equity	24	1,637,257.	1,512,985.

**Schedule G Other Information**

		Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the base erosion payments	▶ \$		
c Enter the total amount of the base erosion tax benefit	▶ \$		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the disallowed deductions (see instructions)	▶ \$		

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LIFE IN ABUNDANCE INTERNATIONAL

02-0587875

FORM 5471 OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
BANK CHARGES	31,690.	105.368526	301.
STAFF BENEFITS	687,822.	105.368526	6,528.
PER DIEM	136,938.	105.368526	1,300.
OUTSOURCED TRAINING	141,526.	105.368526	1,343.
OFFICE SUPPLIES	12,497.	105.368526	119.
MILAEGE REIMBURSEMENT	86,872.	105.368526	824.
TRAVEL	415,370.	105.368526	3,942.
COMMUNICATION	11,282.	105.368526	107.
PRINTING	66,745.	105.368526	633.
FEES AND OTHER CHARGES	20,440.	105.368526	194.
AUDIT FEE	155,172.	105.368526	1,473.
REPAIRS AND MAINTENANCE	9,786.	105.368526	93.
MEETING COST	3,700.	105.368526	35.
CASH REMITTANCE CHARGES	69,275.	105.368526	657.
TOTAL TO 5471, SCHEDULE C, LINE 17	1,849,115.		17,549.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 2

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ADVANCES	64,196.	59,860.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	64,196.	59,860.

FORM 5471 OTHER CURRENT LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DEFERRED TAX LIABILITY	47,522.	0.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	47,522.	0.

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LIFE IN ABUNDANCE INTERNATIONAL

02-0587875

FORM 5471

OTHER LIABILITIES

STATEMENT 4

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOAN PAYABLE	888,210.	820,080.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	888,210.	820,080.



Schedule G Other Information (continued)

Table with 2 columns: Question/Description and Yes/No. Rows include questions 6a through 22a regarding foreign-derived intangible income deduction, cost-sharing arrangements, platform contributions, and extraordinary reductions.

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02-0587875

FORM 5471

SCHEDULE G LINE 19 STATEMENT

STATEMENT 5

CODE	DESCRIPTION	AMOUNT
DM	BANK INTEREST AND FOREIGN CURRENCY GAINS	15,376.

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02-0587875

Form 5471 (Rev. 12-2020)

Page 6

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number
<b>1 a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>
<b>c</b> Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>
<b>d</b> Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>
<b>e</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>
<b>f</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>
<b>g</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>
<b>h</b> Other subpart F income (enter result from Worksheet A)	<b>1h</b>
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>
<b>3</b> Reserved for future use	<b>3</b>
<b>4</b> Factoring income	<b>4</b>
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	
<b>5 a</b> Section 245A eligible dividends (see instructions)	<b>5a</b>
<b>b</b> Extraordinary disposition amounts (see instructions)	<b>5b</b>
<b>c</b> Extraordinary reduction amounts (see instructions)	<b>5c</b>
<b>d</b> Section 245A(e) dividends (see instructions)	<b>5d</b>
<b>e</b> Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>

	Yes	No
<b>7 a</b> Was any income of the foreign corporation blocked?		
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
<b>8 a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		<b>X</b>
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

Form **5471** (Rev. 12-2020)

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## SCHEDULE E (Form 5471)

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

## Income, War Profits, and Excess Profits Taxes Paid or Accrued

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471  
**LIFE IN ABUNDANCE INTERNATIONAL**

Name of foreign corporation  
**BLUE WINGS LIMITED**

Identifying number  
**02-0587875**

EIN (if any)  
**000000000**

Reference ID number (see instructions)  
**1**

a Separate Category (Enter code - see instructions.)

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

### Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax is Paid (Enter code-see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)		
1							
2							
3							
4							
	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) If taxes are paid on U.S. source income, check box	(h) Local Currency in Which Tax is Payable (enter code - see instructions)	(i) Tax Paid or Accrued (in local currency in which the tax is payable)	(j) Conversion Rate to U.S. Dollars	(k) In U.S. Dollars (divide column (i) by column (j))	(l) In Functional Currency of Foreign Corporation
1							
2							
3							
4							
5	Total (combine lines 1 through 4 of column (k)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (l))						

### Section 2 - Taxes Deemed Paid (Section 960(b))

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter /year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)	
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6				

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## Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election

## Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Taxes Related to Section 959(c)(3) E&P	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2)								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions))								

## Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

**IMPORTANT:** Enter amounts in U.S. dollars unless otherwise noted (see instructions).

	Taxes related to:			
	(a) Current E&P	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)			
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Adjustment for foreign tax redetermination			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (k)			
5a	Taxes carried over in nonrecognition transactions			
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
7	Other adjustments (attach statement)			
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)			
9	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)			
10	Taxes deemed paid with respect to inclusions under section 951A (see instructions)			
11	Taxes deemed paid with respect to actual distributions			
12	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
13	Other (attach statement)			
14	Taxes related to hovering deficit offset of undistributed post-transaction E&P			
15	Balance of taxes paid or accrued (combine lines 8 through 14 in column (a))			
16	Reduction for tested income taxes not deemed paid			
17	Reduction for other taxes not deemed paid			
18	Balance of taxes paid or accrued at the beginning of the next year. Line 18, column (a), must always equal zero. So, if necessary, enter negative amounts on lines 16 and 17 of column (a) in amounts sufficient to reduce line 15, column (a), to zero. For the remaining columns, combine lines 8 through 14			

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**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** *(continued)*

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5a										
b										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

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## Current Earnings and Profits

**SCHEDULE H**  
**(Form 5471)**  
(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LIFE IN ABUNDANCE INTERNATIONAL</b>		Identifying number <b>02-0587875</b>
Name of foreign corporation <b>BLUE WINGS LIMITED</b>	EIN (if any) <b>000000000</b>	Reference ID number (see instr.) <b>1</b>

**IMPORTANT:** Enter the amounts on lines 1 through 5c in functional currency.

<b>1</b> Current year net income or (loss) per foreign books of account .....			<b>1</b>	<b>11,383,384.</b>
<b>2</b> Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):				
	Net Additions	Net Subtractions		
<b>a</b> Capital gains or losses .....	<b>2a</b>			
<b>b</b> Depreciation and amortization .....	<b>2b</b>	<b>3,223,450.</b>		<b>10,991,571.</b>
<b>c</b> Depletion .....	<b>2c</b>			
<b>d</b> Investment or incentive allowance .....	<b>2d</b>			
<b>e</b> Charges to statutory reserves .....	<b>2e</b>			
<b>f</b> Inventory adjustments .....	<b>2f</b>			
<b>g</b> Income taxes (see Schedule E, Part I, Section 1, line 6, column (l), and Part III, line 3, column (i)) .....	<b>2g</b>			<b>11,890,194.</b>
<b>h</b> Foreign currency gains or losses .....	<b>2h</b>			
<b>i</b> Other (attach statement) .....	<b>2i</b>			
<b>3</b> Total net additions .....	<b>3</b>	<b>3,223,450.</b>		
<b>4</b> Total net subtractions .....	<b>4</b>			<b>22,881,765.</b>
<b>5a</b> Current earnings and profits (line 1 plus line 3 minus line 4) .....			<b>5a</b>	<b>-8,274,931.</b>
<b>b</b> DASTM gain or (loss) for foreign corporations that use DASTM (see instructions) .....			<b>5b</b>	
<b>c</b> Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(C) the portion of the line 5c amount with respect to the categories of income shown on those lines .....			<b>5c</b>	<b>-8,274,931.</b>
<b>(i)</b> General category (enter amount on applicable Schedule J, Part I, line 3, column (a)) .....	<b>5c(i)</b>	<b>-8,274,931.</b>		
<b>(ii)</b> Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a)) .....	<b>5c(ii)</b>			
<b>(iii)</b> Section 901(j) category:				
<b>(A)</b> Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a) .....	<b>5c(iii)(A)</b>			
<b>(B)</b> Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a) .....	<b>5c(iii)(B)</b>			
<b>(C)</b> Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a) .....	<b>5c(iii)(C)</b>			
<b>d</b> Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions)) .....			<b>5d</b>	<b>-78,533.</b>
<b>e</b> Enter exchange rate used for line 5d .....				<b>105.368526</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2020)

# Public Inspection Copy

**LIFE IN ABUNDANCE INTERNATIONAL**

02-0587875

Form 5471 (Rev. 12-2020)

Page **6**

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ► **LIFE IN ABUNDANCE INTL** Identifying number ► **02-0587875**

<b>1 a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) .....	<b>1a</b>	
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) .....	<b>1b</b>	
<b>c</b> Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) .....	<b>1c</b>	
<b>d</b> Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) .....	<b>1d</b>	
<b>e</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) .....	<b>1e</b>	
<b>f</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) .....	<b>1f</b>	
<b>g</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) .....	<b>1g</b>	
<b>h</b> Other subpart F income (enter result from Worksheet A) .....	<b>1h</b>	
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B) .....	<b>2</b>	
<b>3</b> Reserved for future use .....	<b>3</b>	
<b>4</b> Factoring income .....	<b>4</b>	
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.		
<b>5 a</b> Section 245A eligible dividends (see instructions) .....	<b>5a</b>	
<b>b</b> Extraordinary disposition amounts (see instructions) .....	<b>5b</b>	
<b>c</b> Extraordinary reduction amounts (see instructions) .....	<b>5c</b>	
<b>d</b> Section 245A(e) dividends (see instructions) .....	<b>5d</b>	
<b>e</b> Dividends not reported on line 5a, 5b, 5c, or 5d .....	<b>5e</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits .....	<b>6</b>	

  

	Yes	No
<b>7 a</b> Was any income of the foreign corporation blocked? .....		
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))? .....		
If the answer to either question is "Yes," attach an explanation.		
<b>8 a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? .....		<b>X</b>
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) .....		\$ _____

Form **5471** (Rev. 12-2020)



# Public Inspection Copy

**LIFE IN ABUNDANCE INTERNATIONAL**

02-0587875

Form 5471 (Rev. 12-2020)

Page **6**

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ► **BLUE WINGS USA LLC** Identifying number ► **83-0521172**

<b>1a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions) .....	<b>1a</b>	
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions) .....	<b>1b</b>	
<b>c</b> Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6) .....	<b>1c</b>	
<b>d</b> Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6) .....	<b>1d</b>	
<b>e</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A) .....	<b>1e</b>	
<b>f</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A) .....	<b>1f</b>	
<b>g</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A) .....	<b>1g</b>	
<b>h</b> Other subpart F income (enter result from Worksheet A) .....	<b>1h</b>	
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B) .....	<b>2</b>	
<b>3</b> Reserved for future use .....	<b>3</b>	
<b>4</b> Factoring income .....	<b>4</b>	
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.		
<b>5a</b> Section 245A eligible dividends (see instructions) .....	<b>5a</b>	
<b>b</b> Extraordinary disposition amounts (see instructions) .....	<b>5b</b>	
<b>c</b> Extraordinary reduction amounts (see instructions) .....	<b>5c</b>	
<b>d</b> Section 245A(e) dividends (see instructions) .....	<b>5d</b>	
<b>e</b> Dividends not reported on line 5a, 5b, 5c, or 5d .....	<b>5e</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits .....	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked? .....		
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))? .....		
If the answer to either question is "Yes," attach an explanation.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)? .....		<b>X</b>
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) .....		\$ _____

Form **5471** (Rev. 12-2020)

# Public Inspection Copy

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2019)

## Information for Global Intangible Low-Taxed Income

OMB No. 1545-0704

▶ Attach to Form 5471.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LIFE IN ABUNDANCE INTERNATIONAL</b>		Identifying number <b>02-0587875</b>
Name of foreign corporation <b>BLUE WINGS LIMITED</b>	EIN (if any) <b>000000000</b>	Reference ID number (see instr.) <b>1</b>
Separate Category (Enter code - see instructions)		▶ <b>GEN</b>

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income .....	<b>1</b>	15,085,397.		
<b>2</b> Exclusions				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>			
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (total of lines 2a-2e) .....	<b>3</b>			
<b>4</b> Gross income less total exclusions (line 1 minus line 3) .....	<b>4</b>	15,085,397.		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>	23,360,328.		
<b>6</b> Tested income (loss) (line 4 minus line 5) .....	<b>6</b>	-8,274,931.	105.368526	-78,533.
<b>7</b> Tested foreign income taxes .....	<b>7</b>		105.368526	
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>		105.368526	
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>	10,821,960.		
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>	0.	105.368526	
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>	372,633.		
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>	372,633.	105.368526	3,536.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2019)

# Public Inspection Copy

## SCHEDULE J (Form 5471)

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

## Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

**LIFE IN ABUNDANCE INTERNATIONAL**

Name of foreign corporation

Reference ID number

**BLUE WINGS LIMITED**

EIN (if any)  
00000000

1

02-0587875

a Separate Category (Enter code - see instructions.)

b If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions)

GEN

### Part I Accumulated E&P of Controlled Foreign Corporation

Check the box if person filing return does not have all U.S. shareholders: information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions) (i) Reclassified section 965(a) PTEP (ii) Reclassified section 965(b) PTEP
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J)	1,945,944.	-216,716.			
<b>b</b> Beginning balance adjustments (attach statement)					
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b)	1,945,944.	-216,716.			
<b>2a</b> Reduction for taxes unsuspended under anti-splitter rules					
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules					
<b>3</b> Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H)	-8,274,931.				
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation					
<b>5a</b> E&P carried over in nonrecognition transaction					
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction					
<b>6</b> Other adjustments (attach statement)	-27,862.				
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6)	-6,356,849.	-216,716.			
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					
<b>9</b> Actual distributions					
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P					
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)					
<b>12</b> Other adjustments (attach statement)					
<b>13</b> Hovering deficit offset of undistributed post-transaction E&P (see instructions)					
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	-6,356,849.	-216,716.			

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**Part I Accumulated E&P of Controlled Foreign Corporation** *(continued)*

		(e) Previously Taxed E&P (see instructions)				
		(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a			2,817,160.			
b						
c			2,817,160.			
2a						
b						
3						
4						
5a						
b						
6						
7			2,817,160.			
8						
9						
10						
11						
12						
13						
14			2,817,160.			
		(e) Previously Taxed E&P (see instructions)				
		(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
1a					4,546,388.	
b						
c					4,546,388.	
2a						
b						
3					-8,274,931.	
4						
5a						
b						
6					-27,862.	
7					-3,756,405.	
8						
9						
10						
11						
12						
13						
14					-3,756,405.	

# Public Inspection Copy

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

Important: Enter amounts in functional currency.

	1	2	3	4
1 Balance at beginning of year .....	▲			
2 Additions (amounts subject to future recapture) .....	▲			
3 Subtractions (amounts recaptured in current year) .....	▲			
4 Balance at end of year (combine lines 1 through 3) .....	▲			

Schedule J (Form 5471) (Rev. 12-2020)

# Public Inspection Copy

**SCHEDULE M**  
**(Form 5471)**  
(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

## Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	Identifying number <b>02-0587875</b>
---	---

Name of foreign corporation <b>BLUE WINGS LIMITED</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>1</b>
--	----------------------------------	---------------------------------

**Important:** Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **KENYA, SHILLING** **105.368526**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade .....					
3 Sales of property rights (patents, trademarks, etc.) .....					
4 Platform contribution transaction payments received .....					
5 Cost sharing transaction payments received .....					
6 Compensation received for technical, managerial, engineering, construction, or like services .....					
7 Commissions received .....					
8 Rents, royalties, and license fees received .....					
9 Hybrid dividends received (see instr.) .....					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income) .....					
11 Interest received .....					
12 Premiums received for insurance or reinsurance .....					
13 Add lines 1 through 12 .....					
14 Purchases of stock in trade (inventory) .....					
15 Purchases of tangible property other than stock in trade .....					
16 Purchases of property rights (patents, trademarks, etc.) .....					
17 Platform contribution transaction payments paid .....					
18 Cost sharing transaction payments paid .....					
19 Compensation paid for technical, managerial, engineering, construction, or like services .....					
20 Commissions paid .....					
21 Rents, royalties, and license fees paid .....					
22 Hybrid dividends paid (see instructions) .....					
23 Dividends paid (exclude hybrid dividends paid) .....					
24 Interest paid .....					
25 Premiums paid for insurance or reinsurance .....					
26 Add lines 14 through 25 .....					
27 Accounts Payable .....					
28 Amounts borrowed (enter the maximum loan balance during the year) - see instr.				<b>854,145.</b>	
29 Accounts Receivable .....					
30 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

# Public Inspection Copy

## SCHEDULE P (Form 5471)

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

## Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

▶ Attach to Form 5471.

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	Identifying number <b>02-0587875</b>
Name of U.S. shareholder <b>BLUE WINGS USA LLC</b>	Identifying number <b>83-0521172</b>
Name of foreign corporation <b>BLUE WINGS LIMITED</b>	EIN (if any) <b>000000000</b>
	Reference ID number (see instructions) <b>1</b>

a Separate Category (Enter code - see instructions) ..... ▶ **951A**  
 b if code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) .....

### Part I Previously Taxed E&P in Functional Currency (see instructions)

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

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**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a	2,817,160.							2,817,160.
b								
c	2,817,160.							2,817,160.
2								
3								
4								
5								
6	2,817,160.							2,817,160.
7								
8								
9								
10								
11								
12	2,817,160.							2,817,160.



# Public Inspection Copy

**Part II** Previously Taxed E&P in U.S. Dollars

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

# Public Inspection Copy

**Part II** Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(e)(1)(A) PTEP	(k) Total
<b>1a</b>	27,725.							27,725.
<b>b</b>								
<b>c</b>	27,725.							27,725.
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>	27,725.							27,725.
<b>7</b>								
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>	27,725.							27,725.

# Public Inspection Copy

## CFC Income by CFC Income Groups

OMB No. 1545-0123

**SCHEDULE Q  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>LIFE IN ABUNDANCE INTERNATIONAL</b>		Identifying number <b>02-0587875</b>
Name of foreign corporation <b>BLUE WINGS LIMITED</b>		Reference ID number (see instructions) <b>1</b>
EIN (if any) <b>00000000</b>		

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

**A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) **▶ GEN**

**B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) **▶**

Complete a separate Schedule Q for U.S. source income and foreign source income.

**C** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

**D** If this Schedule Q is being completed for FOGEI or FORI income, check this box

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1 Subpart F Income Groups</b>							
<b>a Dividends, Interest, Rents, Royalties, &amp; Annuities (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							
<b>b Net Gain From Certain Property Transactions (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							
<b>c Net Gain From Commodities Transactions (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							
<b>d Net Foreign Currency Gain (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							
<b>e Income Equivalent to Interest (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							
<b>f Foreign Base Company Sales Income (Total)</b>							
(1) Unit name ▶							
(2) Unit name ▶							

**Important:** See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

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	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (i)) less columns (ii) through (x)	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
<b>1</b>									
<b>a</b>									
(1)									
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									

**Important: See Computer-Generated Schedule Q in instructions.**

# Public Inspection Copy

	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>g</b> Foreign Base Company Services							
Income (Total) .....							
(1) Unit name ▶							
(2) Unit name ▶							
<b>h</b> Full Inclusion Foreign Base Company							
Income (Total) .....							
(1) Unit name ▶							
(2) Unit name ▶							
<b>i</b> Insurance Income (Total) .....							
(1) Unit name ▶							
(2) Unit name ▶							
<b>j</b> International Boycott Income .....							
<b>k</b> Bribes, Kickbacks, and Other Payments .....							
<b>l</b> Section 901(j) income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....		15,085,397.	5,963,266.				9,628,941.
(1) Unit name ▶ <b>BLUE WINGS</b>							
(2) Unit name ▶ <b>LTD</b>	KE	15,085,397.	5,963,266.				9,628,941.
<b>4</b> Residual Income Group (Total) .....							
(1) Unit name ▶							
(2) Unit name ▶							
<b>5</b> Total		15,085,397.	5,963,266.				9,628,941.

**Important:** See Computer-Generated Schedule Q in instructions.

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	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (i) less columns (ii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
k									
l									
2				-506,810.		108,219,603.			
3									
(1)									
(2)	0.	0.	0.	-506,810.	0.	108,219,603.			
4									
(1)									
(2)									
5				-506,810.		108,219,603.			

**Important:** See Computer-Generated Schedule Q in instructions.

# Public Inspection Copy

Form **8992**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

## U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

OMB No. 1545-0123

Attachment  
Sequence No. **992**

▶ Go to [www.irs.gov/Form8992](http://www.irs.gov/Form8992) for instructions and the latest information.

Name of person filing this return  <b>LIFE IN ABUNDANCE INTERNATIONAL</b>	A Identifying number  <b>02-0587875</b>
Name of U.S. shareholder	B Identifying number

### Part I Net Controlled Foreign Corporation (CFC) Tested Income

<b>1</b>	Sum of Pro Rata Share of Net Tested Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (e). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.			
<b>2</b>	Sum of Pro Rata Share of Net Tested Loss If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (f). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.			( 37,696.)
<b>3</b>	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here			-37,696.

### Part II Calculation of Global Intangible Low-Taxed Income (GILTI)

<b>1</b>	Net CFC Tested Income. Enter amount from Part I, line 3			
<b>2</b>	Deemed Tangible Income Return (DTIR) If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Form 8992, Schedule A, line 1, column (g), by 10% (0.10). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.			
<b>3a</b>	Sum of Pro Rata Share of Tested Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (j). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank.	3a		
<b>b</b>	Sum of Pro Rata Share of Tested Interest Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Form 8992, Schedule A, line 1, column (i). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.	3b		
<b>c</b>	Specified Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter -0-. If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder			
<b>4</b>	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-			
<b>5</b>	GILTI. Subtract line 4 from line 1			0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8992** (Rev. 12-2020)

# Public Inspection Copy

## Schedule A for U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

Name of person filing this form **A** Identifying number

**LIFE IN ABUNDANCE INTERNATIONAL** 02-0587875

Name of U.S. shareholder **B** Identifying number

	(b) EIN or Reference ID
(a) Name of CFC	
<b>BLUE WINGS LIMITED</b>	1

Calculations for Net Tested Income (see instructions)										GILTI Allocated to Tested Income CFCs (see instructions)	
(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(l) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))		
0	78,533	0	(37,696)								
<b>1. Totals (see instructions)</b>	0	78,533	0	(37,696)					0		

**Totals on line 1 should include the totals from any continuation sheets.**

Form 8992 (Rev. 12-2020)