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990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning January 1 December 31 2013, and ending 20 C Name of organization **B** Check if applicable D Employer identification number Project R12 454432201 Address change Number and street (or P.O. box, if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 1202 Brentwood Lane 9496105223 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Brentwood, TN, 37027 Number ▶ Application pending Cash Accrual Other (specify) ▶ **G** Accounting Method: H Check ► If the organization is not www.projectr12.org Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) —

501(c)(3) □ 501(c) ((Form 990, 990-EZ, or 990-PF). √ (insert no.)

√ 4947(a)(1) or **K** Form of organization: Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 58127 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. lacksquare49956 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 4 Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 8171 of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 8171 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7701 Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Ю Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 57657 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 42474 10 Grants and similar amounts paid (list in Schedule の) にしにしいに 10 11 11 Salaries, other compensation, and employee benefits PR 2 2 2014 12 12 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance . 14 33 15 Printing, publications, postage, and shipping 15 14463 16 Other expenses (describe in Schedule O) 16 56970 17 Total expenses. Add lines 10 through 16 17 687 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 8265 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . . .

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 106421

Form 990-EZ (2013)

21

8952

ęРа	t II Balance Sheets (see the instructions	for Part II)		· · · · · · · · · · · · · · · · · · ·		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			8265	_	8952
23	Land and buildings			·····	23	
24	Other assets (describe in Schedule O)		· · · <i>· ·</i> ·		24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)	(5)			26	8952
27	Net assets or fund balances (line 27 of column			0-4 110	27	6952
Par	Statement of Program Service Accon Check if the organization used Schedule	•		•		Expenses
Mha	tis the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
						nizations and section
	ribe the organization's program service accompleasured by expenses. In a clear and concise r					(a)(1) trusts; optional
	ons benefited, and other relevant information for e		s services provide	a, the number of	for ot	hers.)
28	The SafeHouse Project	<u> </u>				<u> </u>
	Funds to build a 3 bedroom, 1 bathroom, 1 kitchen, 1 to	oilet home in Sala Villag	e Uganda for 12 orph	ans girls to live		
	in under the supervision of a house mother. It is the firs	t home in the rural villac	e for orphans to safe	ly live in		
	(Grants \$ 18,073) If this amoun	t includes foreign gra	ints, check here .	▶ □	28a	18,073
29	Pay-It-Forward Program					
	Funds to assist orphaned, abandoned, and poor children	en to have the means to	go to school 39 child	fren are currently		
	in school because of this program in Sala Village, Cent					
	1	t includes foreign gra	ints, check here .	▶ 🗆	29a	15,433
30	12Gifts Campaign					
	Funds to provide Christmas gifts malana shots, mosqu	ito nets, school supplie	s, sewing machines, (joats, cows, and	-	
	Bibles to needy children and families in Sala Village. O					6 006
•	(Grants \$ 6,926) If this amoun			▶ ⊔	30a	6,926
31	Other program services (describe in Schedule O)				04.	2,042
32	(Grants \$ 2,042) If this amoun Total program service expenses (add lines 28a				31a	42,474
Par						<u> </u>
ı el	Check if the organization used Schedule				isuuc	
	Check if the organization used conedu	7	(c) Reportable	(d) Health benefits,	ΤĖ	<u>····</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-			
Tara	Hodgson, Founder	40				
				0	0	0
Clint	Moseley, President	20			-	
				0	0	0
Amy	Hodgson, Secretary	110				
				0	0	0
			:		1	
						
			-		+	
					+	
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		∤				

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	modulotion for trait ty chock in the organization about contradict to they quotion in trig	1 art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		•
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		•
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		•
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 00	36		•
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		1
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
э э а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities		,	ż
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ none			
42a	The digatization 3 books are in care of P	94961	05223	
_	Located at ▶ 200 Long Valley Road Brentwood, TN ZIP + 4 ▶	370		
D	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	00
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		•

to candidates for public office? If "Yes," complete Schedule C, Part I All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check If the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax Yes No Yes No 17	Form 990)-EZ (20	13)							Ρ	age 4	
Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Tyes, complete Schedule C, Part II Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization as exhol as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Bit the organization organization is as exhol as a section 501(c)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)										Yes	No	
Ves No Ves Ves No Ves		7	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only s must answer que	stions 47–49b ar	nd 52, and	d complete th			r line	y ∋s	
Sign the organization a school as described in section 170(b)(1)(A)(P) if "Yes," complete Schedule E		Did th	ne organization engage in lobbying	activities or have a				- 1		Yes		
49a 10th the organization make any transfers to an exempt non-charitable related organization? 49a 49b 49b 17 Yes," was the related organization a section \$27 organization? 49a 49b 49b 49b 50cm		-	· · · · · · · · · · · · · · · · · · ·		il? If "Ves " comple	to Schodul						
(a) Name and title of each employee (b) Average (bottom perweek devoted to position (c) Name and title of each employee (d) Reportable contributions to employee benefits benefits, contributions to demployee benefit plans, and deferred compensation (e) Name and business and deferred compensation f Total number of other employees paid over \$100,000 . 511 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 (c) Total number of other independent contractors each receiving over \$100,000 (d) Total number of other independent contractors each receiving over \$100,000 (e) Type of service (f) Compensation (g) Type of service (g) Compensation (h) Type of service (g) Compensation (h) Type of service (g) Compensation (h) Type of service (h) Type	49a b 50	Did th If "Yes Comp	e organization make any transfers to s," was the related organization a sec plete this table for the organization's	an exempt non-chaction 527 organization five highest compen	ritable related orga on? sated employees (nization? other than	officers, direct	. 4 tors, tri	19a 19b ustee		1	
f Total number of other employees paid over \$100,000				(b) Average hours per week	(c) Reportable compensation	(d) H contribution	lealth benefits, tions to employee lans, and deferred	(e) Esti	mated	amou		
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ► Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Judger 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 rus, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Paid Preparer Use Only Preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Preparer's signature Proparer's signature	None			, , , , , , , , , , , , , , , , , , , 								
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . ▶ ☑ Yes ☐ No 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 nue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or pint name and title Preparer's signature Date Check ☐ if PTIN										J		
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . ▶ ☑ Yes ☐ No 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 nue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type or pint name and title Preparer's signature Date Check ☐ if PTIN		-		-								
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is nue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Pint Pin	51	Comp \$100,	olete this table for the organization's 000 of compensation from the organ	s five highest compenization. If there is no	ensated independent one, enter "None."						than	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	None	(a)	Name and business address or each independent	ent contractor	(b) Type of	service	(6	Compe	nsation	n 		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					1			. — —				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A					-							
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A								· · · · · · · · · · · · · · · · · · ·			,,,,,,	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	d	Total	number of other independent contra	ctors each receiving	over \$100,000	. •						
Sign Here Signature of officer Date		Did th	ne organization complete Schedule A	? Note. All section 5	501(c)(3) organizatio			▶ 🗸	Yes		No	
Sign Signature of officer Date	Under pe true, con	enalties rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	etum, including accompar officer) is based on all info	nying schedules and state ormation of which prepa	ements, and rer has any k	to the best of my k nowledge.	nowledg	e and t	belief,	ıt ıs	
Preparer Use Only Prim's name Preparer's signature Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ▶ Phone no.	Sign Here		Tara Hodgson, Founder					, 201	14			
Use Only Firm's name ► Firm's EIN ► Phone no.	Paid			Preparer's signature	Preparer's signature Date				Check Lif			
Firm's address ▶ Phone no.	•		Firm's name ▶									
MANUTURE UNIVERSE OF THE PROPERTY OF THE PROPERTY SUBJECT AND DESCRIPTIONS.			<u></u>	shown above? See	instructions		Phone no.		Yes		No	

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Proje	ct R12							ľ		4544	32201		
Par	t I	Reason fo	or Public Char	rity Status (All orga	nizations	s must co	omplete	this par	t.) See i	nstructio	ons.		
The o	organiz	zation is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)				
1	\square A	church, conv	ention of church	nes, or association of	churches	describe	ed in sec	tion 170(b)(1)(A)(i).			
2	\square A	school descr	ribed in section	170(b)(1)(A)(ii). (Attac	h Schedu	ıle E.)							
3	\Box A	hospital or a	cooperative hos	spital service organiza	ition desc	ribed in s	ection 1	70(b)(1)(A)(iii).				
4	_		arch organization, city, and state	on operated in conjuncts:	ction with	a hospita	al descrit	oed in se	ction 170	0(b)(1)(A)	(iii). Ente	er the	
5		_	n operated for t (1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or	operated	by a go	vernment	al unit o	lescrit	oed in
6	\Box A	federal, state	e, or local govern	nment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).				
7	₽ Ar	n organizatio	n that normally	receives a substantia (A)(vi). (Complete Par	l part of i					nit or fron	n the ge	neral	public
8	ΠА	community t	rust described in	n section 170(b)(1)(A)	(vi). (Con	npiete Pa	rt II.)						
9	_	•		receives: (1) more that	•	-	-	m contri	butions.	members	ship fees	and	aross
				to its exempt functi									
				nt income and unrel									
	ac	quired by the	e organization at	fter June 30, 1975. Se	e sectio	n 509(a)(2	2). (Comp	olete Part	: III.)				
10	☐ Ar	n organizatio	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)((4).			
11				d operated exclusive							or to ca	arry oi	ut the
				licly supported organ									
	50	09(a)(3). Che	ck the box that o	describes the type of s	supportin	g organiz	ation and	d comple	te lines 1	1e throu	gh 11h.		
	а	☐ Type I	b 🗌 Type	II c 🗌 Type III	-Functio	nally integ	grated	d 🔲 🖰	Type III-N	Non-funct	tionally is	ntegra	ted
е				that the organization									
				ers and other than one	e or more	publicly	supporte	ed organi	izations o	described	l in sect	on 50	9(a)(1)
		section 509											
f		-		written determination	on from t	the IRS t	hat it is	a Type	I, Type	II, or Typ	oe III su	pport	ng
		•	heck this box .										. 🗆
g		ince August Illowing perso		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
	(i)			ndirectly controls, eith							nd	Yes	No
		. ,	•	ody of the supported	•						11g(<u> </u>	
				on described in (i) abo							11g(
				a person described in							11g(i	i)	
h	P	rovide the fol	lowing informati	on about the support	ed organi	zation(s).					,		
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your		ou notify nization in		ls the tion in col.	(vii) Amo	unt of mo support	onetary
	orgai	nization		above or IRC section		document?		of your		ized in the		ирроге	
				(see instructions))	Yes	No	Yes	No No	Yes	.S.7	1		
					100					 	1		· · · · · ·
(A)								ĺ					
(B)													
								 	 		 		
(C)							. 			ļ			
(D)			_										
(E)	-												
-			<u> </u>		1						 		-

18

Part	II Support Schedule for Organiza	tions Descr	ribed in Sect	ions 170(b)(1	I)(A)(iv) and 1	70(b)(1)(A)(vi)
,	 (Complete only if you checked the Part III. If the organization fails to 						alify under
Secti	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				37515	57657	95172
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	
4	Total. Add lines 1 through 3				37515	57657	95172
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)						
6	Public support. Subtract line 5 from line 4.						95172
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				37515	57657	95172
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	o	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				0	0	
11	Total support. Add lines 7 through 10					-	95172
12	Gross receipts from related activities, etc	. (see instruct	ions)			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			n, or fifth tax ye		
Secti	on C. Computation of Public Support	rt Percentaç	је				
14	Public support percentage for 2013 (line	6, column (f) d	livided by line	11, column (f))		14	%
15	Public support percentage from 2012 Sci					15	%
16a	331/3% support test—2013. If the organi box and stop here. The organization qua	difies as a pub	licly supported	dorganization			. • [
b	331/23% support test—2012. If the organ check this box and stop here. The organ					15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "lorganization	ets the "facts	-and-circumsta	ances" test, ch st. The organiz	eck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets th	e "facts-and-c	ircumstances"	test, check th	is box and st	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

	if the organization falls to qualify	under the te	sis listed bei	ow, piease co	omplete Part	II.)	
	on A. Public Support					···	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u>-</u>					
2	Gross receipts from admissions, merchandise		 	 			····
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose	·					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					 	
4			· · · · · · · · · · · · · · · · · · ·				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					;	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1		1		
	persons that exceed the greater of \$5,000		1		1		
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from			}			
C4	line 6.)		· · · · · · · · · · · · · · · · · · ·	l	<u> </u>		
	on B. Total Support	4) 0000	7.0040		(D 0040	() 0040	.
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	··	 				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less		· · · · · · · · · · · · · · · · · · ·				
	section 511 taxes) from businesses			1	1		
	acquired after June 30, 1975					<u></u>	.
С	Add lines 10a and 10b						
11	Net income from unrelated business				<u> </u>		
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on			<u> </u>			
12	Other income. Do not include gain or						
	loss from the sale of capital assets				-		
	(Explain in Part IV.)	 			ļ		
13	Total support. (Add lines 9, 10c, 11, and 12.)				,,,,,		
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	n's first, secon		•		* * * * * *
Secti	on C. Computation of Public Suppor	t Percentag	J 8	·			
15	Public support percentage for 2013 (line 8	3, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2012 Sch				<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ						-
	17 is not more than 331/3%, check this box		_			-	_
þ	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/2%, check this l	~	•	-			_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12. Also complete this part for any additional information. (See instructions).	; and
·		
	(i) b	
	— — — — — — — — — — — — — — — — —	
		•

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Project R12

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

454432201

PART I, LINE 16 "Other Expenses" Bank Charges \$360, Compliance Fees \$164, Office Supplies \$551, T-shirts \$315, Travel to Uganda: \$12,513
Wire Fees to Uganda \$560
PART III, LINE 31"Other Program Services " The Genesis Project Funds to lay the foundation for the first teenage mothers training program in Sala
Village Uganda It will be a job training center for young mothers who were formerly prostitutes and have no option to return to school. Sewing will
be the main vocation that is taught and the first class will have 25 young mothers from Central Uganda who will go through a 6 month training course.
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