ì		i	#10.4	-0-0-7-	7-44-0-7
1	Cick on t	De cuestici	-mark isons to display help windows.	925	3511803
	The infor	mation prov	ided will enable you to file a more complete return and reduce the chances the IRS has to co	intact you.	-
, ζ	•	· _	Short Form		QMB No. 1545-1150
F	_{-am} -91	30-E7	Return of Organization Exempt From Income Ta	ax	2017 2
			Under section 501(c), 527, or 4947(s)(1) of the internal Revenue Code (assest private for	pundations	
		į	Do not enter social security numbers on this form as it may be made publ	iie.	Open to Public
9	Department (of the Treesury	➤ Qo to www.krs.gov/Form980EZ for instructions and the latest informatio		Inspection
7			der year, or tax year beginning January 1 , 2017, and ending	Decemb	er 31 , <u>20</u> 17
Ī	Check I A	1	C Name of organization	D Employer	identification number
ŀ	Address (Project R12 Number and street for P.O. box, if mail is not delivered to street address) [Reconfaulte 6	E Telephone	45-443220 [
Ì		_	1202 Brentwood Lane		9496105223
Ċ	- Pine real Amended	rn/tern/nated fræjm	City or town, state or province, country, and ZIP or foreign postal code Brentwood TN 37027	F Group Ex	· · ·
Ę		on panding Kings Method		Number	If the organization is not
ì	- Mobelti		·		i ir the organization is not . ttach Schedule B
4			A PERCENT OF A PROPERTY OF THE	Form 990, 9	90-EZ, or 990-PF).
			n: ② Corporation □ Trust □ Association □ Other		
			ov) ere \$500,000 or more, file Form 990 instead of Form 990-EZ	>	\$
1	Part L	Rever	ue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruction	s for Part I)
7			If the organization used Schedule O to respond to any question in this Part I		
إ			tions, gifts, grants, and similar amounts received	: 1 : 2	4107,027
i		- 1	hip dues and assessments	3	0
Ì	4	investme	nt incorne	4	0
	6a		nount from sale of assets other than inventory 5e		
	þ		t,or other basis and sales expenses		•
	6		and fundralising events		
			come from gaming (attach Schedule G if greater than		•
	[]	\$15,000)	come from fundralaing events (not including \$ 0 of contributions	4	
	፮ 		creasing events reported on line 1) (attach Schedule G If the		İ
•	-]	eum of s	ich gross income and contributions exceeds \$15,000) @b	\$0	
			act expenses from gaming and fundralsing events	\$0	
	"	line 6c)	ne or (loss) from gaming and fundralsing events (add lines 6s and 6b and subt	6d	•
	7=		es of inventory, less returns and allowances	0	1
	b		t of goods sold	0_	
	Σ.	-	offit or (lose) from sales of inventory (Subtract line 7b from line 7a)	7c	
	\mathbf{E}		enue (describe in Schedule O)	7	\$187,827
-	A		d eimiliar amounts paid (list in Schedule O)	. 10	\$99,113
	型:		held to or for members	7.5 11 12	855.542
			other compensation, and employee benefits 2 NOV 2 0 2018 - net fees and other payments to independent contractors 2	12	0
- }	ie.			14	\$4,800
	775	Printing,	publications, postage, and shipping	. 15	\$10,650
	946	•	enses (describe in Schedule O) 🖼	18	\$9,496 \$176,127
_	13 14 15 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		enses. Add fines 10 through 16	17	\$9,700
- {			is or fund balances at beginning of year (from tine 27, column (A)) (poust-eares)	Math 🗀	
-				1 19	\$6,113
1	ž 20	Other cha		21	\$15,813
_	21	TYUT 8596	s or fund belances at end of year. Combine lines 18 through 20		r 000 E7 mus

614

OGDEN, UT

	Form \$	80-EZ (Page 2
i_{j}	Par	1 11	Balance Sheets (see the instructions t	for Part II)				
			Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
						(A) Beginning of year		(B) End of year
	22	Cool	h, savings, and investments		⊢	6,113	22	10,263
	23		and buildings				귥	- 6
							24	- 0
	24		r esents (describe in Schedule O)	• • • • • •		6,113	#	76.393
	25		d assets					10,400
	26		il liabilities (describe in Schedule O)		. L		26	
	27	Not	essets or fund balances (line 27 of column	(B) must agree with	n ime 21)	6,113	27	10,263
?"	Part	HII.	Statement of Program Service Accom	olishments (see th	e instructions for F	Part III)		
			Check if the organization used Schedule					Expenses
	<u> </u>	in the	organization's primary exempt purpose?	humanitarian aid	.y quoquo			uted for section
			• • • • • •					\$(3) and 501(c)(4)
			e organization's program service accompli:				organ	rizzilone; aptional for
	as mo		id by expenses. In a clear and concise m	iziner, describe the	e services provided	, the number of	-	=
			nefited, and other relevant information for ea					
?			Rescue and Sustainment - Pay it Forward Prog					Í
	•	Healt	, Education, Rescuing, and care taking for 150	children through a l	olistic approach to a	elf-custeinment		
	-							l
	5 7	Grant	s\$ 51,200) If this amount	incheries foreign on	inte charl have	• 🗖	28a	\$51,200
	. 20	Wome	n Rescue and Vocational Training - Genesis Pi	microcoo rorogii gre	III, CHOCK TOLO	• • • • •		——— '
			e end vocational training program for over 300		ing lab training man			
					ing lon nermal main	ioning.		
	_	chilec	are, clinical care and meals for 6 months at a t					
		Grant		includes foreign gra	ints, check here .	<u>, , , ▶ □ </u>	20a	\$24,800
			i Inklativee - Clean Water Well Bystem					
	•	Digal:	ig a clean water well system for a community o	over 70,000 who he	ve never had clean v	retor]
			to tap system with deep production level water					
	-						30a	23,113
		Grant					344	
			program services (describe in Schedule O)					
		Grunt		includes foreign gra			<u> 31a</u>	
	32	Total	program service expenses (add lines 28a t				32	\$99,113
	Part	EV	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not comp	censated—see the in	struc	tions for Part IV)
			Check if the organization used Schedule					🗀
					del Recortable El	10 Health benefits.	1	
			El (s) Name and title	(b) Average hours per week	compensation	contributions to employe	4(4)	Estimated amount of
				devoted to position	(Forms W-2/1088-MISC) (If not poid, order -0-)	benefit plans, and deterred componention		ther compensation
	741-0	lees!	v. Co-Founder and Freeldent		American of		+-	
			7, Co-Founder and Productin	40		}	_	
					27,771		<u> </u>	
	Term !	locele	y, Co-Founder and Director	40			1	
				1 ~~	27,771			0
	Anne	Nell.	rogram intern				1	
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	Deleat	a Mad	gson, Outreach Development				╁	
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Form 990-EZ (2017)

POA

Form 990-EZ (2017)

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	mentioning for Lant A.) Alliagy is an elibertecting a feat actioning of to teaching to study diseason in the	3 F 44/1	Yes		•
33	Did the organization engage in any eignificant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
34	Were any significant changes made to the organizing or governing documents? If "Yes," stach 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)				. 7
36a	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, 6s, and 7s, among others)?	35e		~	
0	If "Yes" to line 35s, has the organization fied 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, reporting, and proxy tex requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~	•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,	
37e	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			П	_
	Did the organization file Form 1120-POL for this year?	37ь		_	
300	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior yeer and still outstanding at the end of the tax year covered by this return?		 	<u> </u>) 21
ь	If "Yee," complete Schedule L. Part II and enter the total amount involved				,
39	Section 501(c)(7) organizations. Enter:			,	ĺ
					İ
	Gross receipts, included on line 9, for public use of club facilities	ŀ	i		İ
	Section 501(c)(3) organizations. Enter emount of tax imposed on the organization during the year under: aection 4911 ▶				l
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 exceeded as any of its rates forms 200 or 200 573 M TVm 2 complete School of 1. Best 1.	<u> </u>			_
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	_	~	21
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Enter amount of tax on line 40c reimburged by the organization				
•	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	400			
41	List the states with which a copy of this return is filed > Tennessee	145-6 1	A ESS	_	
426	The organization's books are in care of Charlie Hodgson Telephone no. Located at 1202 Brentwood Lane Brentwood TN ZIP + 4 >	571			•
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1	
	If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FirCEN Form 114, Report of Foreign Bank and				ľ
	Financial Accounts (FBAR).				
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42 c		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<u> </u>	
44-	Did the secretary section and described finds distant the small H Man I Form 600 much be		Yes	No.	
_	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		<u> </u>	
Ь	completed instead of Form 990-EZ	44b		7	
C	Did the organization receive any payments for indoor tenning services during the year?	44c		<u> </u>	
	explanation in Schedule O	446		7	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	450		~	
b	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	Ш			
	Form 990-EZ (see instructions)	46b		<u>/</u>	

orm 990	Ez (2017)						P	-	ŀ
. •			-				Yes	No	
	Old the organization engage, directly or i				opposition	_			۱_
	o candidates for public office? If "Yes,"		, Parti			48			_
Part V	Section 501(c)(3) organization All section 501(c)(3) organization		entless 47 40h and	50 and comp		.blee &	(1	_	
	50 and 51.	e uner miswer de	DECOMB 4/-48D BIND	oz, and comp		KARA M	уг инте	74	
	Check if the organization used Sc	harbila () to meson	d to any expetion in t	hie Dest VI				П	
	Cueck ii the organizzation deed Sc	inedinie O to respon	d no surry question in t	INS PAUL VI .	• • • •	• • •	Yes	<u> </u>	-
47 [old the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect durk	on the tex		165	HU	-
	rear? If "Yes." complete Schedule C. Par		CONTROL OF THE SECON			47		~	
•	s the organization a school as described i		MO M Was F complete	Cabachda E		48	\rightarrow	Ť	
	of the organization make any transfers t					49a	\vdash	Ť	. •
	f "Yes," was the related organization a se	•	•			49b	-	Ť	•
	Complete this table for the organization's				directors		8. 80		;
~ (imployees) who each received more than	\$100,000 of comps	neation from the orga	nization. If there	is none. e	nter "N	one."		
<u>-</u>	(s) Name and title of each employee	(it) Average hours per week devoted to position	(c) Reportable compensation Forms W-2/1006-MISC)	(d) Health bens contributions to en benefit plans, and	fits, aplayes (s) i felerred of	Estimate ther com	d amou	nt of	•
				compensatio	n				-
one					1				
			 	 					-
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			+	 					-
			1	1					
				1	- -				-
				1					
				 	-+-				-
4 7	otal number of other employees paid ov		none	1					
one	(a) Name and business address of each independ		(h) Type of serv	foe	(c) Con	nperveilit	on .		
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	<u> </u>								•
									_
d 1	otal number of other independent contra	actors each receiving	over \$100,000	>	none				
2 [id the organization complete Schedu	ile A? Note: All s	ection 501(c)(3) orga	nizations must	attach a				
	completed Schedule A		<u> </u>			 Yes		lo_	
der pen	uities of perjury, I declare that I have examined this ct, and complete. Declaration of preparer (other the	return, including accompa	rying achedules and statem	ents, and to the best	of my knowle	idge and	bellef, i	t le	
a, come	ct, and complete. Declaration of preparer (other the	n afficer) in based on all thi	owneriou of apprice business.						_
	703				<u>rember</u>	روا	20	18	
ign	Signature of officer			Dete		•			
ere I	Tire Moseley								
	- / Type or pres making and time	18			<u></u>	(TTILL)			
aid	Print/Type preparer's name	Propertr's algneture	O	i ja	neck 🗆 🗷	PTIX			
repe	rer	<u> </u>			II-employed				-
\$0 0				Florn's El					
	Firm's eddress >		1	Phone no		- 1	_		
ay the	IRS discuss this return with the prepare	r shown above? See	instructions		<u> ▶ [</u>	Yes		0	
	N = 0 1 = 1	116	c.c. 0_		F	arm 99 ()-EZ	(2017))
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	Dail Pass	1.6	ctuno						
	JUDA 1 VERTV	USE 316							
	Į.	•	-						

SCHEDULE A

Public Charity Status and Public Support

Complets II the organization is a section 801(c)(0) organization or a section 4047(s)(1) nonexempt charitable trust.

> Attach to Form 900 or Form 900-62.

OMB No. 1545-0047

2017

Open to Public Separtment of the Trees. Hernal Revenue Service ▶ Go to www.irs.gov/FormGSO for instructions and the intest information. 45-4499904 **Project R12** 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)(0. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 1700b)(1)(A)(III) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) ☐ An agricultural research organization described in section 170(b)(1)(A)(b) operated in conjunction with a land-grant college or university or a non-tand-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's% 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's% 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(s)(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 500(a)(1) or section 500(a)(2). See section 500(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1 A supporting organization operated, supervised, or controlled by its supported organization(a), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste aupporting organization. You must complete Part IV. Sections A and B. Type IL. 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(e). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must setisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, 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). (A) EN (i) Name of supported organization (III) Type of organization (described on lines 1-10 (hi) is the organic flated in your gove Ad Amount of mon ND Amount of support (see Vee W (B) (C) (D) Œ

Total

Paga 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (d) 2016 (a) 2017 Calendar year (or flecal year beginning in) (a) 2013 **(b)** 2014 (a) 2015 Gifts, grants, contributions, and membership fees received. (Do not 849.956 \$48,200 \$48,573 **936,676** \$187.827 \$371,232 include any "unusual grants.") . . . 2 Tax revenues levied for the organization's benefit and either paid ٥ ٥ 0 0 to or expended on its behalf 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2/2 572 **338.876** \$187.127 \$371,232 \$49.956 \$48,200 Total, Add ilnes 1 through 3 The portion of total contributions by person (other than each publicly governmenta! unit Of supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 3371.232 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2013 **(b)** 2014 **(c)** 2015 (e) 2017 \$167,827 (4) 2016 Calendar year (or fiscal year beginning in) (f) Total \$49.955 \$41,200 \$48,573 \$35,676 377 232 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 0 ٥ ٥ ٥ Net income from unrelated business activities, whether or not the business 0 0 0 0 ۵ 8 is regularly carried on Other Income. Do not include gain or loss from the sale of capital assets 0 ٥ (Explain in Part VI.) \$371 232 Total support. Add lines 7 through 10 19 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (fine 6, column (f) divided by line 11, column (f) 14 15 331/a% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this b 331/3% support test -- 2016. If the organization did not check a box on line 13 or 16s, and line 15 is 331/3% or more, check 17a 10%-facts-end-circumstances test-2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16e, 16b, 17a, or 17b, check this box and see

` Schedule À Form 890 or 890-EZ) 2017

Page 3

Schedule A (Form 980 or 980-EZ) 2017

Part IV Supporting Organizations

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

	on A. All Supporting Organizations		Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<u>_</u>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 508(a)(1) or (2)? If "Yes," explain in Pert VI how the organization determined that the supported			
38	organization was described in section 509(s)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (5)? If "Yes," answer (b) and (c) below.	38		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12e or 12b in Part I, answer (b) and (c) below.	49		
b		40		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 500(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(0)			
	purposes.	4c		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Pert 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).			
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	50		
	designated in the organization's organizing document?	5c		
8	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to enyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, componention, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	•		
	regard to a substantial contributor? If "Yes," complete Pert I of Schedule L (Form 890 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		·
9a	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	-	
	disqualified persons as defined in section 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	90	 	
Þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Schedu	to Å (Faim 980 of 890-EZ) 2017		
Part	Supporting Organizations (continued)		
11		سنت	
	Hes the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	i	
_	below, the governing body of a supported organization?	118	
	A family member of a person described in (a) above?	116	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	1
<u> </u>	on a. Type I supporting Organizations		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Į	
	tax year? If "No," describe in Pert VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	[i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ŀ	ĺ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	•
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	1 2	

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	•
Secti	on D. All Type III Supporting Organizations		•
		_	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year. (I) a written notice describing the type and amount of support provided during the prior tax		
	veer, (i) a copy of the Form 980 that was most recently filed as of the date of notification, and (iii) copies of the	l	
	organization's governing documents in affect on the date of notification, to the extent not previously provided?	1	•
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	H	į
3	By reason of the relationship described in (2), did the organization's supported organizations have a	12	
•	significant voice in the organization's investment policies and in directing the use of the organization's	ŧ	
	Income or exists at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	
Secti	on E. Type III Functionally integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see	instru	•
	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
ь С		lsee in	•
_		,	
2	Activities Test. Answer (a) and (b) below.		
-	Did substantially all of the organization's activities during the tax year directly further the exampt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ŀ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	1_	
L		20	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	
	activities but for the organization's involvement.	25	
	1	1	•
	Parent of Supported Organizations. Answer (a) and (b) below.	į .	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	•
•		30	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On		Inellane	
Y Check here if the organization satisfied the integral Part Test as a qualifying			lala la Cast \//\ Cas
instructions. All other Type ill non-functionally integrated supporting organ			
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (san instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	18		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1s, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (exclain in detail in Part VI):	Γ		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exampt use. Enter 1-1/2% of line 3 (for greater amount, see Instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	15		
6 Multiply line 5 by .035.	8		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line &, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
6 income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	8) : 	
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporti	ng organization (see

	Type; III Non-Functionally Integrated 509(a)(ion D - Distributions	3) Supporting Organ	izations (continued)				
_	Current Year						
_1	Amounts paid to supported organizations to accomplish		• •				
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt pur	ooses of supported orga	nizations				
	Amounts paid to acquire exempt-use assets			,			
	Qualified set-eside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·				
	Other distributions (describe in Part VI). See instructions						
	Total annual distributions. Add lines 1 through 6.						
	Distributions to attentive supported organizations to white	the organization is re-	iponsive	<u> </u>			
_	(provide details in Part VI). See instructions.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
9							
10							
		1	4ð	an			
	ection E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See Instructions.						
3	Excess distributions carryover, if any, to 2017						
b	From 2013						
	From 2014						
	From 2015						
	From 2016	 -					
	Total of lines 3a through e	†					
	Applied to underdistributions of prior years	1 11 11 14					
	Applied to 2017 distributable amount	-					
-	Carryover from 2012 not applied (see instructions)						
$\overline{}$	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, tine 7:						
	Applied to underdistributions of prior years		~				
<u> </u>	Applied to 2017 distributable amount			<u></u>			
<u>c</u>	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Pert VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j and 4c.						
	Breekdown of line 7:						
	Excess from 2013						
	Excess fluit/2014						
c	Excess from 2015						
d	Excess from 2016						

Schedule X (Fohrs 960 or 960-EZ) 2017						
Part VI	Supplemental information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
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Schedule A (Form 900 or 900-52) 2017

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 900 or 900-EZ or to provide any additional information.

➤ Attach to Form 900 or 990-EZ.
➤ Go to www.ira.gov/Form900 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Project R12		Employer identification number 45-4432291
Part 1 line 10: these	are fisted in Part III 28, 29, and 30	
Total of \$99,113 in pi	roject expenses across the span of Child Rescue and Sustainment, Women Rescu	e and Vocational Training, and
Health Initiatives wi	th clean water and sanitation. These projects all fall under the mission of Project (112 to Invest in lives through
sustaining projects.		

	i 	
Part 1 line 16:	} 	
3 times throughout t	he year we spent time in the field: \$8,426 traveling to check on projects and meet	with board members regarding the
plans and purposed	projects for the upcoming years.	•
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