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# SCANNED FEB 1 7 20

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

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 for instructions and the latest information.

Open to Public Inspection

-	nai nevenue			<del></del>		كالمراجعة
<u>A</u>	For the 2	2018 calendar year, or tax year beginning , 2018, and e	nding		, 20	
В	Check if a	pplicable C Name of organization MADE IN THE STREETS	<del></del>	D Employ	er identification n	umber
	Address c	hange Doing business as			20-4044723	
	Name cha	nge Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	E Telepho	ne number	
	Initial retui	n 409 Franklın Road		1	615-373-1782	
	Final return	terminated City or town, state or province, country, and ZIP or foreign postal code	.,			
	Amended	return Brentwood, TN 37027		<b>G</b> Gross re	eceipts \$	759,785
	Application	pending F Name and address of principal officer	H(a) is this	a group return for	subordinates? Ves	. ✓ No
		Amy Surdacki - 409 Franklin Road, Brentwood, TN 37027	H(b) Are	all subordinate	s included? 🔲 Yes	; 🔲 No
ī	Tax-exem		<u>}</u>	"No," attach a	alist (see instructio	ons)
J	Website:		H(c) Gro	oup exemption	number ▶	
ĸ	Form of or	ganization ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	ormation 20	05 M State	of legal domicile	TN
Р	art I	Summary		<del></del>		
		Briefly describe the organization's mission or most significant activities: To	provide finan	cial support	for relief of the	poor.
ø	1	he distressed and the underprivileged in and around Nairobi, Kenya and to rece				
Governance	1 -	TREETS (Kenya), a society organized under the laws of Kenya as a non-govern				<u> </u>
Ë		Check this box ► ☐ if the organization discontinued its operations or dispos			its net assets	
Š	1			. 3		11
ص ص	1	Number of voting thembers of the governing body (Fart VI, line 14).		. 4	<del></del>	11
es	1	otal number of individuals employed in calendar year 2018 (Part V, line 2a)	10,	. 5		4
Activities &	i	otal number of individuals employed in calendar year 2010 (Fair V, line 2a)		. 6		
Ę	1	otal number of volunteers (estimate in necessary)  otal unrelated business revenue from Parti VIIII, solumn (C); line 12		. 7a		25
•		Net unrelated business taxable income from Form 1990 C to VED		. 7b		0
	<b>b</b>		Prior	Year	Current Ye	0
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  O 1 1 9 2019  O 2 2019	<u> </u>			
Revenue	1	Contributions and grants (Part VIII, line 1h) 8 NOV 1 9 2019	·	721,978		760,150
	ł .	Program service revenue (Part VIII, line 2g)	•			
Ŗ		nvestment income (Part VIII, column (A), lines <del>9, 4, and 79)</del>	·	786		(365)
		Other revenue (Part VIII, column (A), lines 5 6d, 80 GDE And U.F.).	;	51,362		
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	774,126		759,785
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	·	652,953		727,653
	,	Benefits paid to or for members (Part IX, column (A), line 4)	: ├──			
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	" <del> </del>	105,138		124,966
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	·		<u> </u>	
Š	b	otal fundraising expenses (Part IX, column (D), line 25)			<u> </u>	<u> </u>
ш	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	67,372		60,881
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	٠ ـــــــــــ	825,463		913,500
		Revenue less expenses. Subtract line 18 from line 12	·	(51,337)		(153,715)
Net Assets or Fund Balances			Beginning of	Current Year	End of Ye	ar
set	20 ⊺	otal assets (Part X, line 16)	·	509,057		355,342
A As	21 7	otal liabilities (Part X, line 26)	·			
		Net assets or fund balances. Subtract line 21 from line 20	<u>.  </u>	509,057		355,342
P	art II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying schedules and			my knowledge and	l belief, it is
tru	ie, correct,	and complete Declaration of preparer (other than officer) is based on all information of which pre	eparer has any kn	owledge		
	1	grulen Mersle		<u> </u>		
Siç	-	Signature of officer		Date	-110	
He	re	Ericka Mable Treasurer		11/1/	3/19	
		Type or print name and title				
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	
	eparer			self-em		
	eparer se Only			Firm's EIN 🕨		
J	, Coniny	Firm's address ▶		Phone no		
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions) .			Te	s 🗌 No
_			2 4 44 44005:1			200 (2018)

	00 (2018) Page
Part	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 provide financial support for relief of the poor, the distressed and the underprivileged in and around Nairobi, Kenya and to receiv
	contributions and pay them to MADE IN THE STREETS (Kenya), a society organized STREETS (Kenya), a society organized
	under the laws of Kenya as a non-governmental organization.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code. ) (Expenses \$ including grants of \$ 625,953) (Revenue \$ )
	Ministered to and cared for approximately 100 homeless children in a full-time boarding program that includes, without limitation,
	education, vocational training and life skills, and provided housing, food, clothing, healthcare and counseling to all participants in
	the program. In addition, carried on a program of visiting, feeding, counseling, and providing for other needs of street children (including young mothers living on the streets with their children) who were not ready or able to participate in the
	residency program.
	rosidenty program
4b	(Code: ) (Expenses \$ 5,400 including grants of \$ 5,400) (Revenue \$ )
	Sent money to Lighting the Ethiopian Path, a non-profit dedicated to the care of street children in Addis Ababa, Ethiopia. Lighting
	the Ethiopian Path is a program with a similar mission and goals as MADE IN THE STREETS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)

Form 99	H 60 (2018)	1	)	Page 3
Part	V Checklist of Required Schedules		· · ·	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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? If "Yes," complete Schedule C, Part III	5		1
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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? If "Yes," complete Schedule D, Part VII	11b		1
С	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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a	1	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	<b>√</b>
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		,	
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	<b>▼</b>	-
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>                                     </del>	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		1
20 a	If "Yes," complete Schedule G, Part III	20a	<del>  -</del> -	<b>V</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
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? If "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		1
23	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? If "Yes," complete Schedule J	23		✓
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
ь	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? If "Yes," complete Schedule L, Part I	25b		✓_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	:	✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<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)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
	Established and beautiful and a first and	اعتمال	Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1			
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	<b>✓</b>	
				(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Fator the graph of complete control of Fator W. 2. Transported of Wago and Tay		Yes	No
2a	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 4	2b	<b>√</b>	<del> </del>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20	<u> </u>	├
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<del>  </del>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		├──
4a	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)?	4a	i	1
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<b> </b>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			]
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	L		<u> </u>
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b> </b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		}	} _
	required to file Form 8282?	7c	ļ	<b>V</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u></u>		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b> </b> -	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<del> </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del>├</del> -
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		·
0	sponsoring organization have excess business holdings at any time during the year?	<u> </u>	-	┼
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del></del>	· <del> </del>
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:	30	<del> </del>	<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	1	1
11	Section 501(c)(12) organizations. Enter:	ĺ	1	
a	Gross income from members or shareholders	}	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	<u> </u>	]
_	against amounts due or received from them.)	l	_	L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>/</b>
	Note. See the instructions for additional information the organization must report on Schedule O.	ļ		1
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans	1	}	
C	Enter the amount of reserves on hand	ļ	<b>├</b>	<del>  </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	<b>/</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	₩
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-	1	1
	excess parachute payment(s) during the year?	15	<del> </del>	+
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<del> </del>	+
	If "Yes," complete Form 4720, Schedule O.	<u> </u>	L	

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI								
Section	on A. Governing Body and Management	<u> </u>	·	<u> </u>					
00011	on At develoning body and management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   11								
	If there are material differences in voting rights among members of the governing body, or		i						
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
Ь									
2	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?	2	<b>√</b>						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	l	1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>					
6	Did the organization have members or stockholders?	6		1					
7a	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?	7a		1					
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		<u>✓</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<del> </del>					
9	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 in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		$\overline{}$					
40-	Did the annual to the state of the state of the state of	40-	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		<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?	10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>√</b>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a							
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	├					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<del>-</del>	<del> </del>					
С	describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13		7					
14	Did the organization have a written document retention and destruction policy?	14		1					
15	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?								
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b		<b>√</b>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<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?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► Tennessee								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(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 in Schedule O)	Γ (Sec	tion	501(c)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>						
	Ericka Maple, 409 Franklin Road, Brentwood, TN 37027								

orm 9	aan r	2018	

Page 7

Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees	, Highest Compensated	Employees, and
	Independent Contractors			

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				((	<b>C)</b>					
(A)	(B)	(do n	ot ob		ition	e than o	200	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any				irect	or/trus	<del></del> -	compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key employee	ag H	Former	the	organizations	compensation
	related organizations	rect /d	Institutional trustee	ğ	쁡	loye o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악	nal		ğ	e Som	}	}		and related
	line)	ıste	trus	]	8	peng	]	]		organizations
		Ů	tee			Highest compensated employee		]		
(1) Patrick Chappell	2	,					1			
Director (0)	<del> </del> -	/	-	-		<del> </del>	╢	<del></del>		
(2) Chris Gingles	2	,			ł	ł	ł	1		
Director	<del> </del>	<b>-</b>	├-			<del> </del> -	├-	<del> </del>	<del></del>	<del></del>
(3) Larry Hagerman	2	,								
Director (4)	<del> </del>	/	├		-	<del> </del> -	├	<del></del>		<u> </u>
(4) Steve Henn	2	1	1			l	l			
Director (5)	2	-	-	<del> </del>	-	-	├			
(5) Cassuandra Stephens	<u> </u>	1								
Director (6) William Thomas	2	-	$\vdash$		-	├	├-	<del></del>		
(6) Winn Thomas	·	1		l	l	1		1		
Oirector (7) David Wilson	2	Ť	<del>                                     </del>	-	-	<del>  -</del>	┢	<del> </del>		
Director		/								
(8) Sarah Wilson	2	├ <del>`</del>	$\vdash$		_	<del></del>	┢		<del></del>	
Director	<u>2</u>	1			1		ł			
(9) Amy Surdacki	5	<u> </u>	$\vdash$	-		<del> </del>	┢	<del> </del>	<del> </del>	
President	·	1						1		
(10) Steve Sherman	2	†	$\vdash$	$\vdash$	$\vdash$	<del>                                     </del>	┢			
Secretary	<del>-</del>	1				1	l			
(11) Ericka Maple	5	<u> </u>	$\vdash$	$\vdash$	† <del></del>		一	<del> </del>	<del>                                     </del>	<del></del>
Treasurer	† <u>-</u>	1				1		9,600	ļ	
(12) Brad Voss	40	1	$\vdash$		1	_	1	1	<del></del>	
Executive Director	·	1						75,000	1	
(13)	1	_				T -	1			
	<u> </u>	1				]		]	ļ	
(14)	<del>                                     </del>		Π							
	-	1				1		ł		1

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (	continu	ued)	
					•	2)							
	(A)	(B)	(do n	ot ch		ition	than o	200	(D)	(E)	- [	(F)	
	Name and title	Average					is both		Reportable	Reportab		Estimated	
		hours per week (list any	office	rand	dad	rect	or/trust	<u> </u>	compensation from	compensation related	1 from	amount of other	
		hours for	유	lns:	Officer	Kej	em H	Former	the	organizatio	ons	compensation	ı
		related	dred year	titut	icer	/ en	ploy	죑	organization	(W-2/1099-N	(ISC)	from the	
		organizations Ibelow dotted	헟쿌	iona		Key employee	8 5		(W-2/1099-MISC)		)	organization and related	
		line)	Individual trustee or director	tru		yee	npe					organizations	
			8	Institutional trustee			Highest compensated employee		[		- 1		
				لـــّــا			8	<u>_</u>					
(15)								1			- 1		
					_			L.					
(16)			} ,				}				1		
		ļ		_	_								
(17)			]						1		- 1		
					_		L						
(18)			·					[	[		- 1		
			<u> </u>					_	ļ				
(19)			}		}				ì		}		
					ļ		<b> </b>	<u> </u>					
(20)			İ		ļ								
(0.4)		ļ	ļ			_	ļ		ļ	}		<del></del>	
(21)			ł	ľ					'				
(00)		<del></del>			_	-			<del>                                       </del>	<del></del>			
(22)	•••••		ĺ		,			Ì			1		
(00)		<del> </del>	<b> </b>	-	-	ļ		-	<del></del>		$\dashv$		
(23)		ļ			İ			1	1		- }		
(0.4)		<del> </del>	<b> </b> -		-	-	<b>-</b>	-	<del> </del>		+	<del></del>	
(24)									į				
(25)		<del></del>		-	-	├-			<del> </del>	<del> </del>	+	<del> </del>	
(23)		<b></b>		İ			ļ	İ					
1h	Sub-total	<u> </u>	l		Ь.	Ь	L	_	84,600				
C	Total from continuation sheets to Part								84,600	<del> </del>			
_	Total (add lines 1b and 1c)			-					84,600				
	Total number of individuals (including but							-) w			00 00	0 of	
_	reportable compensation from the organi			1000	,	.00	4501	, ••	0	oro anam wr	00,00	0 01	
	<u> </u>				_							Yes	No
3	Did the organization list any former of	ficer direc	tor c	or tr	riisti	96	kev e	emn	olovee or high	est compe	nsate	r <del>===  -</del>	
•	employee on line 1a? If "Yes," complete											3	1
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om th		
•	organization and related organizations												
				,								4	1
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m any	un/	related organiz	ation or inc	dividua	ai an an an an an an an an an an an an an	
	for services rendered to the organization											5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	acto	ors that receive	ed more tha	ın <b>\$</b> 10	0,000 of	
	compensation from the organization. Rep												х
	year.												
	(A)								(B)			(C)	
	Name and business add	lress							Description of s	ervices		Compensation	
	·												
								$\Box$					
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	imit	ed to	th	ose listed abo	ove) who			
	received more than \$100,000 of compens												

	90 (2018	<u> </u>				Page
Part	VIII	Statement of Revenue	A	D4 \ //III		
		Check if Schedule O contains a response or note	to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tributions, Gifts, Grants Other Similar Amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e			1	
Contributions, Gifts, and Other Similar An	f   9	All other contributions, gifts, grants, and similar amounts not included above 11 760,15  Noncash contributions included in lines 1a–1f: \$				
0 g	h	Total. Add lines 1a–1f	760,150			<del> </del>
Program Service Revenue	2a b c d	Business Code				
Program	e f g	All other program service revenue .  Total. Add lines 2a-2f				
	4 5 6a b	and other similar amounts)	(365)			-
	q	Net rental income or (loss)	+		·	<del></del>
	7a	Gross amount from sales of assets other than inventory (ii) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses .  Gain or (loss) .				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
ğ	ь	Less: direct expenses b				
		Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 a		· · · · · · · · · · · · · · · · · · ·		
	С	Less: direct expenses b  Net income or (loss) from gaming activities   Gross sales of inventory, less returns and allowances a				-
		Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶				<del> </del>
		Miscellaneous Revenue Business Code				
	11a b c	All other revenue				
		Total. Add lines 11a-11d	750 705			

Part IX Statement of Functional Expenses	
--	--

Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	mn (A).
	Check if Schedule O contains a respons			<del></del>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	727,653	727,653		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees	75,000	22,500	15,000	37,500
7 8	Other salaries and wages	41,156	12,347	8,231	20,578
9	Other employee benefits				
10	Payroll taxes	8,810	2,643	1,762	4,405
11	Fees for services (non-employees)		,		
а	Management				
b	Legal				<del></del>
С	Accounting	14,790		14,790	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f -	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
	• •				
12	Advertising and promotion		<del></del>		
13	Office expenses	5,532		5,532	
14 15	Information technology	<del></del>		<del></del>	
16	Royalties		<del></del>	<del></del>	<del></del>
17	Travel	29,118	29,118	<del></del>	
18	Payments of travel or entertainment expenses	25,110	23,110		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates		<del></del>	<del></del>	
22	Depreciation, depletion, and amortization .				
23	Insurance ,	266		266	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column	·	j	•	1
	(A) amount, list line 24e expenses on Schedule O.)				
а	Frankrich Frank	11,175			11,175
ь	***************************************	11,170		<del></del>	
c					
ď			· <del> </del>	<del></del>	<del></del>
е	All other expenses		<del></del>	<del></del>	
25	Total functional expenses. Add lines 1 through 24e	913,500	794,261	45,581	73,658
26	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)	,	1 1 1	3,55	
					000

355.342 Form 990 (2018)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pai	tX		[
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	504,768	1	336,15
	2	Savings and temporary cash investments	2,506		19,18
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ	l	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	<del></del>
	9	Prepaid expenses and deferred charges	1,783	9	<del></del>
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less. accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	509,057	16	355,34
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
喜		disqualified persons. Complete Part II of Schedule L		22	<del></del>
<u>.</u>	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<del></del>	= +	<del></del>
	23	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
Š	27	Unrestricted net assets	220.047	27	170.00
<u>a</u>	28	Temporarily restricted net assets	220,817 288,240		176,025
<b>1</b> 0	29	Permanently restricted net assets	200,240	29	179,31
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		20	
S	30	Capital stock or trust principal, or current funds		30	· · · · - · · · · · · · · · · · · ·
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	509,057	33	355,34
~	34	Total liabilities and net assets/fund balances	509.057		355,342
_		<del></del>			

Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75	9,785
2	Total expenses (must equal Part IX, column (A), line 25)	2		91	3,500
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>(</u> 15:	3,715)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		50	9,057
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			:
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		35	<u>5,342</u>
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: 🗹 Cash 🔲 Accrual 🔲 Other			6	5.3
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	i i		1
_	Schedule O.				<u>Σ</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>V</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				de
_	Separate basis Consolidated basis Both consolidated and separate basis		2b		خديا
D	Were the organization's financial statements audited by an independent accountant?			$\stackrel{\checkmark}{=}$	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.	d on a	`		
	✓ Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orolabt			
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex		20		
	Schedule O.	piairi iri	, 4.7		
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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3b		
			Forr	n 990	(2018)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

20-4044723 MADE IN THE STREETS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(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). 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.) ☐ 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)(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 An organization that normally receives: (1) more than 331/3% 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 33½, and gives 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.) 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. 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

f Enter the number of supported g Provide the following information						
(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		_	Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

Schedule A (Form 990 or 990-EZ) 2018 Page 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 failed to gualify 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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 699,095 935.172 582.772 773,340 760.150 3,750,529 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 3,750,529 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 . . . . . . 699,095 935,172 773,340 760,150 582,772 3,750,529 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 814 (520)597 786 (365)1,312 Net income from unrelated business 9 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.) . . . . . . . Total support, Add lines 7 through 10 11 3,751,841 Gross receipts from related activities, etc. (see instructions) 12 13 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 2018 (line 6, column (f) divided by line 11, column (f)) . . . . 14 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. 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 

Part					ninatura failes	l to qualify w	nda (5ad 11
	(Complete only if you checked the lf the organization fails to qualify						nder Part II.
Sacti	on A. Public Support	under the te	sts listed beit	Jw, please Co	implete Part	1.)	<del>-/</del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2013	(6) 2016	(d) 2017	(e) 2010	(i) Iolai
•	received. (Do not include any "unusual grants.")		[			/	
2	Gross receipts from admissions, merchandise	}					<del> </del>
	sold or services performed, or facilities	<b>\</b>					
	furnished in any activity that is related to the	\	1	}			
3	organization's tax-exempt purpose  Gross receipts from activities that are not an	<del>- \                                   </del>			<del></del>	<del></del>	
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the	<del>                                     </del>		<del></del>		/	<del> </del>
4	organization's benefit and either paid to		ĺ		,		
	or expended on its behalf				/		,
5	The value of services or facilities	<del>\</del>			<del></del>		<del></del>
3	furnished by a governmental unit to the	`	1	}			1
	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	<u> </u>		4	<del>/</del>		-
	received from other than disqualified		\	/			
	persons that exceed the greater of \$5,000		(				
	or 1% of the amount on line 13 for the year						<u> </u>
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support				r		<del></del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	/ (c) 2016 `	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						<del></del>
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents, royalties, and income from similar sources.		/				
h	Unrelated business taxable income (less		<del>                                     </del>	·			<del> </del>
U	section 511 taxes) from businesses		/				
	acquired after June 30, 1975		] ]				
c	Add lines 10a and 10b	l	1				<del> </del>
11	Net income from unrelated business		//				<del>                                     </del>
	activities not included in line 10b, whether		/				
	or not the business is regularly carried on		1/				ļ
12	Other income. Do not include gain or		/				
	loss from the sale of capital assets	/	[			\	d
	(Explain in Part VI.)	/	<u> </u>				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	· · ·\ ► □
	on C. Computation of Public Suppor					т.=-т	
15	Public support percentage for 2018 (line					15	\%
16 Socti	Public support percentage from 2017 Sci on D. Computation of Investment In			<u></u>	· · · · ·	16	
17	Investment income percentage for 2018 (			ov line 13 colu	mn (fl)	17	—— <u> </u>
18	Investment income percentage from 2017					18	%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests—2017. If the organiz	,	_			-	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_			_	_
			<u> </u>				90 or 990-EZ) 2018

# Part IV Su

#### **Supporting Organizations**

Section A. All 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.)

			Yes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			

was accomplished (such as by amendment to the organizing document).
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action

- c 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 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in **Part VI.**
- **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? *If "Yes," provide detail in Part VI.*
- **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**.
- 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.
  - 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.)

5a

5b

5c

6

7

8

9a

9b

9с

10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	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.	11c	L	
Section	on B. Type I Supporting Organizations			
	Diddha dinadan tandan anna 1 1 1 1		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	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	<u> </u>		1
	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		
Section	on C. Type II Supporting Organizations			
			Yes	No
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1		L
0000	on b. Air Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	1
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		لــــ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> 2</u> d		
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			]
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<del></del> -		1
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	- 7	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gani</u>	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III 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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	İ		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 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)	5		
6 Multiply line 5 by .035.	6		
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 8, 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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	egrated Type III support	ing organization (see
instructions).			

Schedu	e A (Form 990 or 990-EZ) 2018			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	occor or aupportor orga		
	Qualified set-aside amounts (prior IRS approval required)		···	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	<del>,</del> , ,	
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			, ,
3	Excess distributions carryover, if any, to 2018		<del> </del>	
	From 2013	·····	<del> </del>	
	From 2014			7,1
	From 2015			
	From 2016			
	From 2017	· · · · · · · · · · · · · · · · · · ·		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
	Applied to 2018 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<del></del>	Carryover from 2013 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		-	
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		·	
8	Breakdown of line 7:		_ = :	
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

MADE IN THE STREETS 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) . Aggregate value at end of year . . . . . 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? . . . . . . . . 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? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

∘Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and o							
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams		
b	☐ Scholarly research		е	Othei	r				
С	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections	and expla	ain how t	hey further	the org	janization's exe	mpt purpose	in Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		ained as p	part of the	e organizat	ion's co	ollection?	☐ Yes	☐ No
Part	V Escrow and Custodial Arra					_			
	Complete if the organization 990, Part X, line 21.						•		orm ———
1a	<b>3</b>								_
	included on Form 990, Part X?					•		∐ Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIII and compi	iete the fo	ollowing to	able:		T	Amount	
_	Beginning balance					10	- <del> </del>	Amount	
c d	Additions during the year					1d			
e	Distributions during the year					1e	<del></del>		
f	Ending balance					11	<del></del>		
2a	Did the organization include an amount							v <sup>?</sup> ☐ Yes	☐ No
b	If "Yes," explain the arrangement in P								
Part		<u> </u>	-						
	Complete if the organization								
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bad	ck (e) Four yea	ars back
1a	Beginning of year balance		<u> </u>						
ь	Contributions		<u> </u>				<del></del>	<del> </del>	
С	Net investment earnings, gains, and losses						<u> </u>		
d	Grants or scholarships								
е	Other expenditures for facilities and		1						
	programs								
f -	Administrative expenses	·	ļ						
g 2	End of year balance Provide the estimated percentage of the state of the	the current year o	nd balanc	e (line 1e	column (s	) bold	36:		
a	Board designated or quasi-endowmer	•	%	o (iiile 19	, coluitit (e	i)) Held i	43		
b	Permanent endowment ▶		/ ~						
	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and		100%.						
За	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t	he	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
_	(ii) related organizations							3a(ii)	
_	If "Yes" on line 3a(II), are the related o							3b	
4 Post	Describe in Part XIII the intended uses		on's endo	wment fo	urias.				
Part	VI Land, Buildings, and Equip Complete if the organization		" on For	m gan s	Part IV line	و11 م	See Form 900	Part Y line	a 10
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book v	
	Description of property	(investr			ther)		epreciation	(a) book vi	aido
	Land		<del></del>						<del></del>
b	Buildings							<del>-</del>	
c	Leasehold improvements							<del></del>	<del></del>
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part )	K. column	(B). line 10	Oc.) .			

Part VII	Complete if the erganization answer	od "Voo" on For	~ 000 Port IV I	no 11h Con Form	000 Port V line 10
	Complete if the organization answer	ed tes on Fon		<del></del>	
	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives			-	· · · · · · · · · · · · · · · · · · ·
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12 ) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answer	ed "Yes" on For	m 990, Part IV, li	ine 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation f-of-year market value
(1)		·			
(2)					
(3)					·
(4)			<u>.</u>		
(5)					
(6)					
(7)					
(8)					
(9)			<u> </u>		
	b) must equal Form 990, Part X, col. (B) line 13 )				
- ETT - ET					
Part IX	Other Assets.	- d (1)/ 2	000 D+ N/ II	44-1 0 5	- 000 D-+V E 45
raitix	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
	Complete if the organization answer	ed "Yes" on For	n 990, Part IV, li	ne 11d. See Form	1 990, Part X, line 15.
(1)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3) (4)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3) (4) (5)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3) (4) (5) (6)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answer	•	n 990, Part IV, li	ne 11d. See Form	<del></del>
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answer	•	n 990, Part IV, li	ine 11d. See Form	<del></del>
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answer	scription	n 990, Part IV, li		<del></del>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Complete if the organization answer	scription	m 990, Part IV, li		<del></del>
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answers (a) Des  mn (b) must equal Form 990, Part X, col (E  Other Liabilities.	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Complete if the organization answer  (a) Des  mn (b) must equal Form 990, Part X, col (E  Other Liabilities.  Complete if the organization answere	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Complete if the organization answers (a) Des  mn (b) must equal Form 990, Part X, col (E  Other Liabilities.	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu.	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation  (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary) Part X  1. (1) Federal in (2) (3) (4) (5)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary) Part X  1. (1) Federal in (2) (3) (4) (5) (6)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu. Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability income taxes	B) line 15)		▶	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (2) (3)	mn (b) must equal Form 990, Part X, col (E)  Other Liabilities.  Complete if the organization answerd line 25.  (a) Description of liability	B) line 15) ed "Yes" on Fori	m 990, Part IV, li	▶	e Form 990, Part X,

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

₄Pari	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,	•	er Heturn.	
1	Total revenue, gains, and other support per audited financial statements		1	759,785
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			155,165
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants		<del> </del>	
d	Other (Describe in Part XIII.)	2d	<del></del>	
e	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		3	750 795
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	j . j		759,785
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	L	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			750 705
Part				759,785
i en c	Complete if the organization answered "Yes" on Form 990,		pei netuiii.	
1			. 1	913,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	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		3	913,500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			0.0,000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	<del></del>		
c	Add lines <b>4a</b> and <b>4b</b>	<del></del>	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			913,500
	XIII Supplemental Information.	· , ,		313,300
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		•••••	

Schedule D (Fo	rm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
•••••		
•••••••••••••••••••••••••••••••••••••••	,	
	·	
••••••		

### SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► 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 for instructions and the latest information.

Employer identification number 20-4044723

MADE	IN THE STREETS					20-4	044723
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organ	nization ans	wered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the gran	ts or assistance, and the		used to	]Yes □ No
2	For grantmakers. Describe outside the United States.	ın Part V the	e organization	's procedures for monitorin	ng the use of its o	grants and o	other assistance
3	Activities per Region. (The fo	llowing Part	l, line 3 table o	can be duplicated if addition	nal space is neede	ed.)	
	(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 a program ser describe specific service(s) in the	vice, type of	(f) Total expenditures for and investments in the region
(1)	Sub-Sharan Africa	1	40	Program Services	See Part V		722,253
(2)						_	
(3)							
(4)							
(5)							
(6)			<u> </u>				<del></del>
(7)		-					
(8)							
(9)							
(10)							
(11)							<del></del>
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal						722,253
b	Total from continuation sheets to Part I						
С	Totals (add lines 3a and 3b)						722,253

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. Part II

(i) Method of valuation (book, FMV, appraisal, other)												Schedule F (Form 990) 2018
ap de la	n/a					 	 		 	-	0	hedule F
(h) Description of noncash assistance	n/a									ıx-exempt ▶	<b>▲</b>	Sol
(g) Amount of noncash assistance	-0- n/a									itry, recognized as ta		
(f) Manner of cash disbursement	722,253 See Part V									that are recognized as charities by the foreign country, recognized as tax-exempt ed a section 501(c)(3) equivalency letter		
(e) Amount of cash grant	722,253									gnized as charitie 501(c)(3) equivale		
(d) Purpose of grant	See Part V										les sai	1
(c) Region	Sub-Saharan Africa See Part V									Enter total number of recipient organizations listed above by the IRS, or for which the grantee or counsel has provid	Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)			,					•		nber of recipie for which the g	nber of other o	
1 (a) Name of crganization										2 Enter total nun by the IRS, or	3 Enter total nun	

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. Schedule F (Form 990) 2018

Part III Grants all

(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)		_					
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2018

Schedule	F (Form	990) 2018

_	A
Pane	4

Part	V 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

Schedule F (Form 990) 2018

# 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 1, Line 2. MADE IN THE STREETS (USA) transfers funds to MADE IN THE STREETS (Kenya) in accordance with the terms of the
annual budget and a Budget and Fiscal policy approved by the Board of Directors of MADE IN THE STREETS (USA) MADE IN THE STREETS
(USA) reviews annual accounts and performs regular audits of accounts and leders of MADE IN THE STREETS (Kenya) to ensure that
operations meet the charitable purposes of MADE IN THE STREETS (USA) Board members and the Executive Director regularly travel to
Kenya to review operations, and employees of MADE IN THE STREETS (Kenya) travel to the US every other year to provide updates and
a summary of operational developments
Part 1, Line 3(1), column (e) Ministered to and cared for approximately 100 homeless children in a full-time boarding program that includes,
with limitation, education, volcational training and training in life skills, and provided housing, food, clothing, healthcare and counseling
to all participants in the program In addition, carried on a program of visiting, feeding, counseling and providing for other needs of
street children (including mothers living on the streets with thier children) who were not ready or not able to participate in the
residency program
Part II, Line 1(1), column (A) MADE IN THE STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental
organization
Part II, Line 1(1), column (d) to provide housing, clothing, food, healthcare and counseling to current and former street children.
Part II, Line 1(1), column (f): Electronic funds transfer

### SCHEDÙLE 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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

MADE IN THE STREETS	20-4044723
Part VI, Line 2 David Wilson is married to Sarah Wilson	
Part VI, Line 12(c) All officers and directors are required on an annual basis to sign an attestation with	n respect to compliance with
Conflict of Interest policy of MADE IN THE STREETS.	
Part VI, Line 19. MADE IN THE STREETS makes its Charter, Bylaws, Conflict of Interest policy and fine	ancial statements available to the
public upon request	