. 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 2018

Department of the Treasury

▶ 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** 

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<u>A</u>	For the	e 2018 calendar year, or tax year beginning , 2018, and end	ing		, 20		
В	Check ı	fapplicable C Name of organization Project Yesu, Inc		D Employ	er identification number		
<b>√</b>	Address	s change Doing business as			46-2235027		
	Name c	hange Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number		
П	Initial re				931-546-9378		
$\overline{\Box}$		urn/terminated City or town, state or province, country, and ZIP or foreign postal code			331-340-3376		
$\exists$		ed return Clarksville, TN 37043		C Cross ro	2001=t= ¢ 105.404		
H			<del></del> _	<b>G</b> Gross re			
ш	Applica	tion pending F Name and address of principal officer Rory Fundora, President			subordinates? Yes Vo		
_		PO Box 3424 , Clarksville, TN 37043	<del></del>		s included? Yes No		
<u></u>		mpt status	If "N	o," attach a	a list (see instructions)		
<u>J</u>	Website	7	H(c) Group	exemption	number ► N/A		
		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	ation 2013	M State	of legal domicile TN		
Р	art I	Summary \					
	1	Briefly describe the organization's mission or most significant activities To br	eak the cycle o	of poverty	y by providing food,		
ë	ļ	education and medical care to orphaned and vulnerable children in Uganda, Africa					
Governance							
ern	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets		
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3			
<u>ی</u>	4	Number of independent voting members of the governing body (Part VI, line 1b		4	5		
es	5		<i>'</i> '' ·		5		
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	3		
Ę	6	Total number of volunteers (estimate if necessary)		6	75		
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unrelated business taxable income from Form 990-T, line 38 .		7b	0		
			Prior Ye	ar	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		104357	40511		
Revenue	9	Program service revenue (Part VIII, line 2g)		0	143549		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2605	5508		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		106962	189568		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		97754	126139		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		07734			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		- 0	0		
ses	16a	Professional fundraising fees (Part IX, column (AR III)		U	0		
ē	l .			0	0		
Expenses	b	Total fundraising expenses (Part IX, column (A), line 25)  Other expenses (Part IX, column (A), lines \( \frac{1}{2} \) a=114071(\( \frac{1}{2} \) \( \frac{1}{2} \)					
	17	- 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4690	16093		
	18	Total expenses Add lines 13-17 (must edual, Part IX, column (A), line		102444	142232		
	19	Revenue less expenses Subtract line 18 from line 12		4518	47336		
sets or alances		OGDEN, UI	Beginning of Cui	rrent Year	End of Year		
sets	20	Total assets (Part X, line 16)		55054	115632		
Net Ass Fund Ba	21	Total liabilities (Part X, line 26)		o	0		
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		55054	115632		
Pa	rt II	Signature Block A					
Und	der penal	ties of perjury, I declare that have examined this return, including accompanying schedules and stat	ements, and to th	e best of m	ny knowledge and belief, it is		
true	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which prepare			1		
				415	7/19		
Sig	n	Signature of officer \	Dat	<del>- '   `</del>	<del>-                                      </del>		
Hei		Ron Vfundura, President					
Type or print name and title							
			)ate	Υ	PTIN		
Pai		Malaria M. C. C.	4/04/19				
Pre	pare	Melanie M. Swift, MNM, CNC Melanie M. Swift C	17/U4/19	self-empl	loyed P1464601		
Us	e Only	y Firm's name ► BizCentral USA, Inc	Firm	's EIN ▶	20-1274534		
		Firm's address ► 2151 Consulate Drive, #13, Orlando, FL 32837	Phor	ne no	407-857-9002		
Иay	the IR	S discuss this return with the preparer shown above? (see instructions)			☐ Yes 🗸 No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2018)

Form 990 (2018)

Part IV 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>√</b>
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? <i>If "Yes," complete Schedule D, Part II</i> .	7_		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		<b>✓</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>✓</b>
b 13	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b>√</b>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		✓_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		<b>✓</b>

Part	V 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		>
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		<b>√</b>
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	04-	-	<b>✓</b>
<b>h</b>	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<b>-</b>
С	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	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		✓
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		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
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		✓
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		✓
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	✓	
Part '				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Va	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
		Forn	990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
_	Fater the number of employees reported on Form W.2. Transmittel of Wass, and Tax	1 1	Marte S.	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				<u>.</u>
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 3	O.L.		*34.00
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	<b>✓</b>	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	•		£ ` }	***************************************
За b	Did the organization have unrelated business gross income of \$1,000 or more during the yea if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Si		3a 3b	├─┘	<b>✓</b>
_	-		30	<del>  </del>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth a financial account in a foreign country (such as a bank account, securities account, or other financial account.)		4a		✓
b	If "Yes," enter the name of the foreign country ► N/A 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		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions	?	6a		✓
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).			影響	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7a	องบัลกกุลเหลีย์ เรา	<i>J</i>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property				
C	required to file Form 8282?	or willen it was	7c	{	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d   N/A	73 P. V 7- 1	" <b>山</b> 港	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to	1977	7e	-7-5	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or sponsoring organization make a distribution to a donor advisor, and the sponsoring organization make a distribution to a donor advisor and transfer or sponsoring organization make a distribution to a donor advisor and transfer or sponsoring organization make a distribution or sponsoring or sponsoring or sponsoring organization and transfer oreal and transfer organization and transfer organization and trans	son <sup>9</sup>	9b	<del>                                     </del>	4/2040
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		2.63	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A			
11	Section 501(c)(12) organizations. Enter	<b>11a</b>   N/A			, i
d L	Gross income from members or shareholders	11a N/A			i a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b N/A			1,200
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		<u>ڪنٽ</u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>   N/A	-94633563s	COSSE	13.00
	Section 501(c)(29) qualified nonprofit health insurance issuers.	125			
	Is the organization licensed to issue qualified health plans in more than one state?	,	13a	<del>*                                    </del>	. 02000
	Note. See the instructions for additional information the organization must report on Schedul	e O	<b>1328</b> 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100
b	Enter the amount of reserves the organization is required to maintain by the states in which			Messa	
	the organization is licensed to issue qualified health plans	13b N/A			
	Enter the amount of reserves on hand	13c N/A			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or		$\Box$	
	excess parachute payment(s) during the year?		15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.				162726
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		✓
	If "Yes," complete Form 4720, Schedule O			8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see ins	tructi	ions.
Soot	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management	<del></del> ,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .   1a	. 1	25046	TO AN
	If there are material differences in voting rights among members of the governing body, or			26.00
	if the governing body delegated broad authority to an executive committee or similar		2 CH	
	committee, explain in Schedule O	3		
b	Enter the number of voting members included in line 1a, above, who are independent .   1b   5			Sa.
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
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		<b>/</b> _
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	5 , O. 48 Es	<b> </b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following			100
a b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
Ū	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 Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			243
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
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	on A vateur	<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		<b></b>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	⊺(Sec	tion 5	i01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website. ☑ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.		•	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization's books and recommendation.	cords	<b>•</b>	
	Rory Fundora, 1178 Willow Bend Drive, Clarksville, TN 37043, 931-216-6963			

es, and
🗆
}

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	atıc	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee
				(0	C)					
(A) Name and Title	(B) Average hours per	er officer and a director/trustee) com						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Rory Fundora President	40	<b>✓</b>		<b>✓</b>				0	0	0
(2) Cortni Roy Secretary	5	1		<b>✓</b>				0	0	
(3) Luke Baggett Board Member	5	✓						0	0	0
(4) Ken Poindexter Board Member		✓						0	0	0
(5) Erica Trout Board Member	5	<b>✓</b>						0	o	0
(6)										·
(7)										
(8)										
(9)										
(10)								-		
(12)						 				
(40)						-		-	1	
(14)										
(17)	<del> </del>			ĺĺ						

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (	contin	ued)		
	. (A) Name and title	(B) Average hours per week (list any	Omber and a directory				is both	n an	(D)  Reportable compensation from	(E)  Reportable compensation fro related		Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		composition from the compositi	ensation in the nization related izations	
(15)														
(16)							_						_	
(17)	••••													
(18)														
(19)				!							1			
(20)										_			<del></del>	
(21)														
(22)														
(23)			_									_		
(24)								l						
(25)														
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Section		1	•		•	<b>▶</b>	0 0		0			
2	Total number of individuals (including but reportable compensation from the organic	not limited				ed a	above	e) w	L	ore than \$1		) of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	ficer, direct						mp		est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											4		*** ✓
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ividua	5		oloo √
Section	on B. Independent Contractors											``		
1	Complete this table for your five highest of compensation from the organization. Rep year												n's ta	x
	(A) Name and business addi	ress							(B) Description of se	ervices		(C) Compensa	ation	
None														
	Total number of independent contractor received more than \$100,000 of compensations.		-					th	ose listed abo	ovo) who		mananiminanimin		ek ie

-	Form 990 (2018)									
	990 (201 <b>t VIII</b>	·	onuo.						Page 9	
rai	LVIN	Check if Schedule C		a res	nonse or note t	o any line in thi	s Part VIII			
						(A) Fotal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Grants	1a	Federated campaign	s	1a						
ts, Grants Amounts	b	Membership dues	•	1b						
Š, Ā	С	Fundraising events .	•	1c	C					
ons, Gifts, Similar An	d	Related organizations		1d	ļ c					
IS,	е	Government grants (cor		1e	c					
er S	f	All other contributions, g							A	
tributic Other	ļ	and similar amounts not inc		1f	40511				<b>1</b>	
Contributions, and Other Sim	9	Noncash contributions include		-1f \$	C					
	h_	Total. Add lines 1a-1	<u>f</u>		▶	40511				
Ĕ		D D. I II			Business Code	A		4 may 1 h 2	E STEEL STEEL	
eke	2a	Program Related Incor	me			143549	143549		)	
9	b									
Ž	4							_		
Program Service Revenue	d			•			<del> </del>			
grar	f	All other program ser	VICE revenu	Δ					-	
P.	g	Total. Add lines 2a-2			<u> </u>	143549				
	3	Investment income		dıvıd	ends, interest,	143343	Service of the service of	DEPRESENTATION OF	THE PERSON OF THE PERSON NAMED IN COLUMN NAMED	
		and other similar amo			•		ا ا		)	
	4	Income from investmen	t of tax-exen	npt bo	ond proceeds ▶	C	. 0	C		
	5	Royalties			•	O	0	C	)	
			(i) Real		(II) Personal					
	6a	Gross rents		0	0					
	b	Less. rental expenses		0	0			SIMP.		
	С	Rental income or (loss)		0	0	SARPET COMMA	ALE CONTRACTOR			
	d	Net rental income or			. ▶	0	0	C		
	7a	Gross amount from sales of assets other than inventory	(i) Securition	es 0	(ii) Other					
	b	Less cost or other basis and sales expenses		0		mmy .				
	С	Gain or (loss)		0	0					
	d	Net gain or (loss)				0	0			
<u>e</u>		J ( ,								
Other Revenue	8a	Gross income from fu events (not including \$	inoraising	•						
é		of contributions reporte	nd on line 1c	7						
F		See Part IV, line 18	sa on line re	,	11241				Males in the	
the	b	Less: direct expenses		a	11341	<b>建设设施</b>				
0		Net income or (loss) fi		una. Dana	5833 events			o registration and the control of	FEOGRAPHICAL STATES	
		Gross income from ga			Events P	5508		27.1	5508	
		See Part IV, line 19	<b>y</b>	а	o					
ł	b	Less. direct expenses	<b>;</b>	b	0					
		Net income or (loss) fr		acti	vities ►	n	n	0	Contraction of the state of the	
		Gross sales of in								
		returns and allowance		а	o					
	b	Less: cost of goods s	old	ь	0					
	С	Net income or (loss) fr	rom sales o	finve	ntory <b>&gt;</b>	0	0	0	C	
		Miscellaneous R	evenue		Business Code	<b>沙月雪和</b> 汉次 <b>科</b> 美				
	11a									
	h			- 1					i e	

189568

143549

All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

12

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns $\sigma$	All other organizations must complete column (A).	

_	Check if Schedule O contains a respor	nse or note to any l	ne in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, 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	126139	126139		
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees		VI		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits  Payroll taxes  Fees for services (non-employees):				-
a b	Management	1036	0	1036	0
d e	Accounting				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .	2504	0	2504	0
13	Office expenses	4016	0	4016	0
14	Information technology .	622	0	622	0
15	Royalties		li		
16	Occupancy	141	141	0	0
17	Travel	7774	7774	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			·	
19	Conferences, conventions, and meetings				
20	Interest	<u></u>			-
21 22	Payments to affiliates				
23	Depreciation, depletion, and amortization . Insurance				<del></del>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
а	(A) amount, list line 24e expenses on Schedule O.)				
b c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	142232	134054	8178	
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)	142232	134034	3176	

	m 990 (2				Page <b>11</b>
L	art X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
		-	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	55054	1	115632
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	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	0
its	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 organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ď	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	.0	9	0
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related See Part IV, line 11	0		0
	14	Intangible assets	0	_	0
	15	Other assets See Part IV, line 11	0		
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	55054		115632
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	- 0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
S	22	Lourie and other payables to current and former officers, directors,		Fig. 7.(-	
Liabilities	i	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			,
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	55054	27	115632
Bal	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
ا ۲ٍ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž		Total net assets or fund balances	55054	33	115632
i	34	Total liabilities and net assets/fund balances	55054	34	115632
					Form <b>990</b> (2018)

4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       55054         5       Net unrealized gains (losses) on investments       5       0         6       Donated services and use of facilities       6       0         7       Investment expenses       7       0         8       Prior period adjustments       8       13242	Form 9	90 (2018)			Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	Par	t XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Revenue and undersometed Subtract line 3, column (A) Revenue less expenses Subtract line 2 from line 1 Revenue and undersometed Subtract line 3, column (A) Revenue less expenses Subtract line 2 from line 1 Revenue dalught line 3, column (A) Revenue less expenses and undersometed Subtract line 3, column (A) Revenue and undersometed Interest line 3, col		Check if Schedule O contains a response or note to any line in this Part XI				
A Revenue less expenses Subtract line 2 from line 1  A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  B Net unrealized gains (losses) on investments  C Donated services and use of facilities  Prior period adjustments  Prior period adjustments  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990 Cash Accrual Other  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both Separate basis Consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  I define the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  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?  If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  B of the programization of the required audit or audits? If the organizat	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	89568
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Tilevestment expenses  Pror period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Accounting method used to prepare the Form 990 Cash Accrual Other  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements and selection of an independent accountant?  If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  a 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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any step	2	Total expenses (must equal Part IX, column (A), line 25)	2		1	42232
Solution of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis	3	Revenue less expenses Subtract line 2 from line 1	3			47336
Donated services and use of facilities   Investment expenses   7   7   0   0   0   0   0   0   0   0	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			<u>55</u> 054
Pror period adjustments pror the period Pror No. Pror period adjustments and period Pror Pror Pror period Pror period Pror Pror period Pror Pror Pror Pror Pror Pror Pror Pr	5	· · · · · · · · · · · · · · · · · · ·	5			0
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	6	Donated services and use of facilities				0
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, collumn (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.  Accounting method used to prepare the Form 990    Cash	7	Investment expenses	7			0
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis  Consolidated basis, or both  Separate basis  Consolidated basis, or both  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis  Consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	8	Prior period adjustments	8			13242
33, column (B))    Part XIII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII			10		1	15632
Accounting method used to prepare the Form 990	Part					
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>		<del></del>	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b				reserve.	Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	1					
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b						
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					<sub>ກ</sub> 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 Project Yesu, Inc. 46-2235027 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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: 10 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 b 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, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Par							
	(Complete only if you checked t						alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.) /	
	ion A. Public Support	1			-		<del></del>
	ndar 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 received (Do not include any "unusual grants")				/		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			/	7		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	P. C.		<b>提</b>		100 PM	
	on B. Total Support		// 2015	( ) 22/2			
Caler 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	/(b) 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		35.5	reconstruction	WHEN SERVICE	274 1270 1773	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re .		d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor						
14	Public support percentage/for 2018 (line 6			1, column (f))		14	%
15	Public support percentage from 2017 Sch	nedule A, Part I	l, line 14 .			15	%
16a	331/3% support test—2018. If the organi	zation did not	check the box	on line 13, an	d line 14 is 33	31/3% or more,	check this
b	box and <b>stop here</b> . The organization qua 331/3% support test—2017. If the organithis box and <b>stop here</b> . The organization	zation did not i	check a box oi	n line 13 or 16	a, and line 15	ıs 33½% or m	
170	/			-			► [
17a	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 organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	facts-and-c	ircumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization du instructions	d not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and	·
	/				Sch	edule A (Form 990	or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support			, , , , , , , , , , , , , , , , , , , ,	F 12.33	,	
Cale	ndar 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			·			
	received (Do not include any "unusual grants")	23309	56049	69964	104357	40511	294190
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the			-			
	organization's tax-exempt purpose .	o	o	o	o	143549	143549
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	11468	9660	11341	32469
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .	O.	0	0)	o	0	0
6	Total. Add lines 1 through 5	23309	56049	81432	114017	195401	470208
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000		3		3	J	<u> </u>
	or 1% of the amount on line 13 for the year	o	o	o	1000	16351	17351
С	Add lines 7a and 7b .	0	o	o	1000	16351	17351
8	Public support. (Subtract line 7c from	25 362		91. XX	VI 738		
	line 6)						452857
	on B. Total Support			-			
	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	23309	56049	81432	114017	195401	470208
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	o	0	0	0		0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b .	o	0	0	0	0	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets	J		, ,		0	<u>.</u> <u>u</u>
	(Explain in Part VI.)	0		0	o	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)		-				0
14	First five years. If the Form 990 is for the	23309	56049	81432	114017 or fifth tax vo	195401	470208
	organization, check this box and stop he	re				· ·	· ► ✓
<u>Secti</u>	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			3, column (f))		15	%
16	Public support percentage from 2017 Sch			•	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (			y lıne 13, colur	nn (f)) .	17	<u>%</u>
18	Investment income percentage from 2017					18	%
19a	331/3% support tests—2018. If the organ	zation did not o	check the box	on line 14, an	d line 15 is mo	ore than 331/3%	
ı.	17 is not more than 331/3%, check this box						
b	$33^{1}/_{3}\%$ support tests $-2017$ . If the organize line 18 is not more than $33^{1}/_{3}\%$ , check this because of the support of the supp	ation aid not ch box and stop he	еск а рох оп li re. The organiz	ne 14 or line 19 ation qualifies	a, and line 16 as a publicly su	pported organiz	31/3%, and vation ► [
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation of thistoric and continuing relationship, explain
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 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
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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)
- B 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.**
- 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)

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Pari	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			200
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			¥ / 3
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			'aW.
	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 Part VI how the supported organization(s) effectively operated, supervised, or	1.00		1 1 1 1
	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		222140
2	Did the organization operate for the benefit of any supported organization other than the supported	27,250	624	. 4 . C* 8
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	5-16		4
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		***************************************
Sect	ion 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	SA P		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1.33		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	33,50	3.7	25
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ا المراجعة		
	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			175
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		能注	
	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	tions	<b>;</b> )
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 (		$\overline{}$	<u> </u>
2	Activities Test. Answer (a) and (b) below.	T 5 404013	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	أأنسي		Se A
	·	2a	September 1	ORCE-1988
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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	136		
_	<del>-</del>	2b	***************************************	Windows A.
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<sup>કુ</sup> કુ કેંચ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		- West C 74
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 Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	IIZa	lions must complete <u>Sectio</u>	
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			4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	5-K-	10000 <b>100</b> 0000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000	
factors (explain in detail in Part VI):	93.5		
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   Oheck here if the current year is the organization's first as a non-functionall	y ini	tegrated Type III supporting	organization (see
instructions)	-	· · · · · · · · · · · · · · · · · · ·	•

Pari	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
Sect	tion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
. 2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets			
5	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 whice (provide details in <b>Part VI</b> ) See instructions	ch the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	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			
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	65-7 LAP PL 3 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19		
а	From 2013 .			
b	From 2014 .		Tree statement of the s	
С	From 2015	\$8.555.40 <b>\$</b>		
d	From 2016			
e	From 2017	Harring Strategy of the		
f	Total of lines 3a through e	5 7 ( 17 C) 1 Sept 62 2 3 3 4 2 4 7 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1	21,450,400,400	
g	Applied to underdistributions of prior years		a am 1 2 clive days biranilities mac	
h	Applied to 2018 distributable amount			arms nature was class our back met his attended mentiones
i	Carryover from 2013 not applied (see instructions)	151 4.00'1 12" 1- 500 503" (	SAR VALLA HELLION	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years		AND STATE OF	
b	Applied to 2018 distributable amount			THE STATE ACCURATE STATE OF THE
	Remainder. Subtract lines 4a and 4b from 4	Parturale interpresentations (Liberal)		
5	Remaining underdistributions for years prior to 2018, if		#4254-427-427-457-458-888-884-4 <b>8</b> 0	
J	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions		A TOTAL CONTRACTOR AND A STREET OF THE STREET	
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:		поддиниция в применения применени	nonnuummannaunaunuummannuumman VIII viimmana
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			<b>第4</b> 章 第二次
d	Excess from 2017			tra, restaura
е	Excess from 2018			

#### **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

► 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.

Name of the organization

Employer identification number

Project Yesu, Inc. 46-2235027 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the other assistance, the grant award the grants or assistant	ees' eligibility				✓ Yes	□ No
2	For grantmakers. Describe outside the United States	n Part V the	e organization	's procedures for monitoring	ng the use of its grants and	d other as	sistance
3	Activities per Region (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) To expenditured and investigation of the re-	ures for stments
(1)	Sub-Saharan Africa	1	3	Program Services/Grants	Medical/Educational Progs		126139
(2)							
(3)							
(4)			-				
(5)							
(6)							
(7)			_			-	
(8)							·
(9)	<del></del>						
(10)							
(11)							
(12)							
		<u> </u>					
(13)						<u> </u>	
(14)		.,	<u> </u>				<del></del>
(15)						-	
(16)						-	
(17) 3a	Subtotal	1	3				126139
b	Total from continuation		<u>J</u>				120139
_	sheets to Part I.  Totals (add lines 3a and 3b)	0	0				136130
C	i otais (add lines sa and 30)	1 1	. 3	1		1	126139

	dule F (Form 990) 201								Page 2
Pa	rt II Grants Part IV,	and Other Ass line 15, for any	recipient who re	anizations or Enti	ties Outside the \$5,000 Part II cai	United States. Con be duplicated if a	omplete if the organisms	anization answered "Y	es" on Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(3)									
(4)									
(5)									
(E) (6)									
(7)									
(8)									
(9)									
(10)									
<b>建</b> (1.1)									
P181.471		1800000 at 2000 at 200	<u> </u>						
(13)									
(1.4).									
H4512									
(16)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemp	t
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	•
3	Enter total number of other organizations or entities	•

Schedule F (Form 990) 2018

Page 3

Part III Grants and Other A	Assistance to Individuated if additional spa	uals Outside to	he United State	es. Complete if the	e organization ans	wered "Yes" on Form !	990, Part IV, line 16
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Feeding Program	Sub Saharan Africa	550+		N/A	7513	Food	FMV
(2) Sponsorship Program	Sub-Saharan Africa	300+	89526	Check/Wire		N/A	Book
(3) Medical Program	Sub-Saharan Africa	10+	0	N/A	145	Medical Care	FMV
(4) Building Project	Sub-Saharan Africa	800+		N/A	14362	Building Project	FMV
(5) Special Projects	Sub Saharan Africa	100+		N/A	9344	Various Projects	FMV
(6) Vocational Program	Sub-Saharan Africa	100+		N/A	5250	Vocationa) Education	FMV
_(7)							
(8)					<u> </u>		
(9)							
(10)							
(11)		<u> </u>					
(12)							
(13)						_	
(14)				-			
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

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

|--|

## Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method,
amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and
Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
information. See instructions

PART I, LINE 2
We follow the Updated U.S. Treasury Anti-Terrorism Financing Guidelines Best Practices for US Based Charities. For each distribution we
may require periodic and final reports regarding the utilization of funding, including photographic evidence of progress. We operate in
compliance with all statutes, Executive Orders, and Regulations restricting and prohibiting US Persons from engaging in transactions and
dealings with countries, entities or individuals subject to economic sanctions administered by OFAC
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#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2018

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

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

Open to Public Inspection

Name of the organization	Employer identification number	
Project Yesu, Inc	46-2235027	
DARTIN STATION S		
PART VI, SECTION B		
11b Electronic copies of the Form 990 are made available to each member of the governing body for re	eview via electronic mail	
12c Annual conflict of interest disclosures are mandated		
PART VI, SECTION C		
The governing document, bylaws, conflict of interest policy, and financial information is available to the public upon request. Copies of		
each filed 990 are available for public inspection at www.guidestar.org	••••••	
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