		.1			Short F	orm					OMB No 1545-0047
,9	90-EZ	Re	eturn of (Organiz	ation Ex	empt Froi	n Inc	ome	Ta	X	2019
						al Revenue Code (4010
			▶ Do not en	iter social secu	irity numbers on	this form, as it ma	be mad	. sildua e			Open to Public
ent Co	il of the Treasury venue Service				•	uctions and the lat			١٧	1 2	Inspection
		ar vear, or	tax year begins		, and er				<u> </u>		
	i app@cable.	C Name of or							D	Em ploye	r identification number
Address	s change								l		
Namo c	· ·		ct Share				Room		_	_	825632
hidal ce Electro	turn/terminated		East Mai				Room	ASTER G			e number - 797-8286
-	ed raturn	City or Lown, si	eto or province, coun	by, and ZIP or force	Ign postal code			7.7	F		xemption
	tion pending	Mesa			AZ 852	213		<u>ノソ</u>		Number	•
		X Cash	Accrual C	iner (specify)	>					_	ne organization is not
	ite. N/A		(32)	1		1.00.00	1527				Schedule B
	of organization		—[X] 501(c)(3) poration	501(c)(Trust	} 4 (insert no) ☐ Association	4947(e)(1) or {	1321	(FO	33	v, 530-C	Z, or 990-PF)
Add II	nes 6b, 6c, and	7b to line 9	to determine gr	oss receipts l	f gross receipts	are \$200 000 or m	ore, or if	total ass	ets		
t II, co	olumn (B)) are	500,000 or	more, file Form	990 instead of	Form 990-EZ	·				▶ \$	70,045
art I						r Fund Balan	COS (se	e the ins	struct	ions fo	r Part I)
1			ization used S disimilar amounts		o respond to a	IBEC	EIVE	Ď ÖŠ	50	1	70,045
2			including gover		d contracts				5 1	12	, <u>, , , , , , , , , , , , , , , , , , </u>
3			sessments				AY .0 6	.2021		3	
4	Investment in			•		H <u>afir</u>	<u> </u>	<i></i>	-	<u> </u>	
5a			of assets other t			58 S	OGDE	J IIIA	a J		
ь Б			and sales exper sels other than invi		ine 5h from tine 5s					, 5c	
6	Gaming and					,			ı		
a			ng (attach Sche	dule G if great	er than						STATUTE UN
	\$15,000)					. 69					RECEIVE
ь			aising events (n aported on line 1		ndula G d lha	of contri	outions			1	
		_	e and contributi			6ъ					MAR 1 2 202
c		-	m gaming and f			6c				-	THE BRANC
đ	Net income o	r (loss) from	gaming and ful	ndreising even	ts (add lines 6a	and 6b and subtra	ct			_	OGDEN
•	tine 6c)							••••	-	6 d	
/a b			less returns and	S SHOWSITES		7a 7b			\dashv		
c			sales of invent	ory (subtract f	ine 76 from line					7c	
8			n Schedule O)						. [8	
9			1, 2 3, 4, 5c, 6			**********			•	9	70,045
10 11	Grants and s Benefits poid		nts paid (list in S	ichedule ())					⊢	10	42,250
12	•		tion, and employ	vee benefits	·· · · /	HEGEIAEDJV	CORA	ES	۱ -	12	7,608
13			er payments to		ontractors	IRS - OS	C - 19	1.	· [13	6,650
14	Оссиралсу.	ent, utilitæs,	and maintenan	ce		SEP 14	2020	1	F	14	540
15		-	tage, and shipp			4.72	FOZU .		-	15	1,387 14,848
16 17			in Schedule O) is 10 through 16			OGDEN L	Tali	. J.	▶ ⊦	16 17	73,283
18			year (subtract l		e 9)	-514.17			_	18	-3,238
19						(A)) (must agree v	vith	•			
	end-of-year f	gure reporte	d on prior year's	return)					٠, إ	19	5,828
20	-		ets or fund bata	٠,,				•	<u>.</u> }	20	2,590
21 Pane			es at end of yea ce, see the sep			<u> </u>			•	21	Form 990-EZ (2019)
	//2000										

Im 990-EZ (2019) Project Share Part II Balance Sheets (see the instructions for	Part II)			25632		
Check if the organization used Schedule C	•	any quastion	in this P	art II		X
The state of the s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		inning of year		(B) End of year
Cash, savings, and investments				6,809	22	7,660
Land and buildings	• • • • • • • • • • • • • • • • • • • •			0	23	
Other assets (describe in Schedule O)				0	24	
Total assets	• •	•		6,809	25	7.660
Total liabilities (describe in Schedule O)		. 1		981	26	5,070
Net assets or fund balances (line 27 of column (B) must a	area with line 21)	ì		5,828	27	2,590
Part III! Statement of Program Service Accor			uctions f	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Check if the organization used Schedule C						Expenses
hat is the organization's primary exempt purpose?	•			.,	(Re	quired for section
See Schedule O					501	(c)(3) and 501(c)(4)
scribe the organization's program service accomplishments for	r each of its three	largest progran	n serviçes	•	orga	inizations; optional for
measured by expenses. In a clear and concise manner, descri	be the services p	rovided, the nur	mber of		othe	ers)
rsons banefited, and other relevant information for each progre	m litte					
The organization's mission is to provide s	cholarships t	o elementar	y, juni	.or		
high, and high school students in Christia	n Schools and	to provide				
education seminars to teachers.						
(Grants \$ 42,250) If this amount includes	foreign grants, ch	ieck here 🚬		. ► X	28a	73 <u>,28</u> 3
					l i	
(Grants \$) If this amount includes	foreign grants, ch	eck here		▶ □	29a	
					1	
					1	
					30a	
(Grants\$) If this amount includes	foreign grants, ch	ieck here 🚬 🚶		🖳	308	
(Grants\$) If this amount includes Other program services (describe in Schedule O)	foreign grants, ch	ieck here , ,		💆 📙	308	
				▶∏	31a	
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31	foreign grants, ch	neck here			31a 32	73,283
Other program services (describe in Schedule O) (Grents \$) If this amount includes Total program service expenses (add lines 28a through 3) Part IV: List of Officers, Directors, Trustees, and Key	foreign grants, ch a) Employees (list e	eck here	f not corn	pensated — see	31a 32	
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	foreign grants, ch a) Employees (list e pond to any quest	each one even i	eble		31a 32 the inst	ructions for Part IV
Other program services (describe in Schedule O) (Grents \$) If this amount includes Total program service expenses (add lines 28a through 3) Part IV: List of Officers, Directors, Trustees, and Key	foreign grants, ch a) Employees (list e pond to any quest	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie stion 199-MISC)	(d) Health ben	31a 32 the inst	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title	foreign grants, ch a) Employees (list e pond to any quest	each one even i	IV lebie stion 199-MISC)		31a 32 the inst	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title	foreign grants, ch a) Employees (list of pond to any quest (b) Average hours par week devoted to position	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie etion 199-MISC) inter -0-)	(d) Health ben	31a 32 the inst efits inplayee and isation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 8) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President	foreign grants, ch a) Employees (list e pond to any quest	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie stion 199-MISC)	(d) Health ben	31a 32 the inst	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Use of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Fimothy Bradley	foreign grants, ch 8) Employees (list e pond to any quest (b) Average hours par week devoted to position	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie alson 199 MISC) inter -0-)	(d) Health ben	31a 32 the inst efits inplayee and isation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary	foreign grants, ch a) Employees (list of pond to any quest (b) Average hours par week devoted to position	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie etion 199-MISC) inter -0-)	(d) Health ben	31a 32 the inst efits inplayee and isation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Use of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Fimothy Bradley	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report compens (Foirms W-2/10	1V lebts alicon 199-MISC) inter-0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary	foreign grants, ch 8) Employees (list e pond to any quest (b) Average hours par week devoted to position	each one even i lion in this Part (c) Report compens (Foirms W-2/10	IV lebie alson 199 MISC) inter -0-)	(d) Health ben	31a 32 the inst efits inplayee and isation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report compens (Foirms W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report compens (Foirms W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Palm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Palm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoled to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Palm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: Ust of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Palm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Palm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV
Other program services (describe in Schedule O) (Grants 3) If this amount includes Total program service expenses (add lines 28a through 31 Part IV: List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res (a) Name and title Randy Payan President Timothy Bradley Secretary Anisa Falm Treasurer	foreign grants, ch B) Employees (list e pond to any quest (b) Average hours par week devoted to position 10.00 5.00	each one even i lion in this Part (c) Report (Foims W-2/10	1V lebts alicon 199 -MISC) Inter -0-)	(d) Health ben	31a 32 the inst efficient mplayee and issation	ructions for Part IV

		Ĭ	abla		
Form	1990-EZ (2019) Project Share 36-482563	.2	,	Р	age .
Pạ	Other Information (Note the Schedule A and personal benefit contract statement reinstructions for Part V.) Check if the organization used Schedule O to respond to any contract statement reinstructions for Part V.)	quirements in the	·-		П
	instructions for Part V) Check it the organization used Schedule O to respond to any t	(destion in this Fait	•	Yes	No
3	Did the arganization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O		33		X
4	Were any significant changes made to the organizing or governing documents? If "Yes." attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				v
£	change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business.		34		<u> </u>
3 41	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sch	· · · · F	35b		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		Х
6	Oid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		38		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions				-
	Oid the organization file Form 1120-POL for this year?	· · · · -	376		X
Ra	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or wer any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	! -	38a		x
ь	If "Yes." complete Schedule L, Part II, and enter the total amount involved [38b]	·	300		
9	Section 501(c)(7) organizations Enter		ı		
a	Initiation fees and capital contributions included on line 9		1		
b	Gross receipts, Included on line 9, for public use of club facilities 39b				
0a	,,,,				
	section 4911 ▶, section 4912 ▶, section 4955 ▶			- 1	
Þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Old the organization engage in any section 4958	ŀ			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		40ъ		x
c	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part i Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	· · · · F	****		
٠	on organization managers or disqualified persons during the year under sections 4912.				
	4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on tine				
	40c reimbursed by the organization				
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter	.		 -	_
	transaction? If "Yes," complete Form 8886-T	ى د	40e		<u> </u>
	List the states with which a copy of this return is filed NONE	hone no. ▶ 480-	.70	7-9	20
20	The organization's books are in care of ▶ Anisa Palm 2752 North 60th Street Telep	hone no. ▶ .480-	. •	<u> </u>	
		P+4▶ 852!	57		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority of	• •	ſ	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account		42b		X
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and		- 1		
	Financial Accounts (FBAR).	<u> -</u>	42c		x
	At any time during the catendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country >		720		
	Section 4947(a)(1) nonexempt charitable trusts fiting Form 990-EZ in lieu of Form 1041 — Check here				▶ ſ
	and onter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	• •		
				Yes	No
		[[
	completed instead of Form 990-EZ	-	44a		X
		-	_		
	completed instead of Form 990-EZ		44b		X
	Did the organization receive any payments for indoor tanning services during the year?		44c		<u> </u>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	1	440	_	-
	explanation in Schedule O	· · · · •	45a		x
	Old the organization receive any payment from or engage in any transaction with a controlled entity within the	· · · · · · ·		_	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	j			
	Form 990-EZ. See instructions		45b		X
ΛA.		Form	990	·EZ	2011

om 990-	EZ (2019)	Pro	ject	Shar	<u>e</u>					36-48	25632	<u> </u>				Page
	the organiz								ies on b	ehalf of or in opp	ostion			46	Yes	No X
Part V	/I Sec All se 50 a	tlon 501 ection 50 nd 51	(c)(3) (1(c)(3)	Organiza organiza	zation ations r	s Only nust a	/ nswar (questions		b and 52, and	•	e the ta	ablos f	or lines		
yea is ti a Did if "1 Cor	ir? if "Yes." i he organizat I the organiz Yes " was th mptete this t	complete S tion a scho ation make e related c able for the	Schedule xo) as des e any trar organizati e organiz	C. Part I conbed in isfers to on a sect ation's fiv	il section an exeir lion 527 ve highe	170(b): npt non- organiz st comp	(1)(A)(ii chantat ation? sensates)? If "Yes." de related d employe	comple organiza os (other	than officers, d	 irectors, tri			47 48 49: 49:	,	XXX
emi	<u> </u>	o each rec				0 of cor	(b)	Average s per week	1 6	zation II lhere is Reportable Impensation W-2/1099-MISC)	(d) Hea	ith bene ns to ein olans, e	lits, ptoyee	(e) Estuna other co		
None			•			•					deranted	compare	SSHOT			
•		-	- •			-										
•				•		٠	_									
		••••	· ·	• •	• •		-									_
Con	al number of nplete this to 10,000 of cou	able for the	e organızı	ation's fiv	e highe	st comp	ensated	independ	ent contr	ractors who eac	h received	more ()	nan			
	(e) Nam	e and busin	ess eddre	ss of each	ndepen	ndent cor	nacior	·		(b) Тур	e of service			(c) Comp	ensatio	n
ione .		••	•• ••	••	•	•		· ·	• •				4-			
· ·				• •	· 		· ··				•	<u>. </u>	+			
						•	w						1			
Did	al number of the organiza pleted Scho	alion comp					-			must attach a				X Ye	. 🗆	No
			that I hav	e examine	ed this re- ier than o	lum, incl ifficer) is	uding ac based or	companying n all informa	g schodul Llion of wi	es and slatements nich preparer has	and to the	bast of	my knov	viodge end		
gn re	F	ature of office Candy or print name	Yaya	<u>n</u>			-			Preside		ا کوا	<u> </u>			
ld	Bric T.	Peld,					perer's si	gnature Feld, C	PA		Oato	04/20	Chock self-cm	li PTI	N L5274	06
pare e Oni		ess >	7000 BOCA	W. P	ALME N, E	TTO L	PAR 3343					Firm s l		45-4: 64-55		
,				y y		2227		· · · · · · · · · · · · · · · · · · ·			<u></u> .	•	•	Form 99		

SCHEDULE A (Form 980 or 990-EZ)

Public Charity Status and Public Support

)	Attach to Form	990 or Form 990-E	Z.	Open to Public
epartment of the Tressury ternal Revenue Service					
une of the organization	▶ Go to	www.irs.gov/Form990_tor.ir	nstructions and the		Inspection identification number
1	roject Shar			36-4	825632
		y Status (All organizatio			tructions
~ ·		se it is (For lines 1 through 12	•		11
—		ssociation of churches describ)(A)(ii). (Attach Schedule E (F	-		
)(·		ice organization described in a			\mathcal{O}^{-1}
		ed in conjunction with a hospital			r the hospitats name,
An organization of		of a college or university owner	ed or operated by a g	povernmental unit describi	ed in
	(A)(iv). (Complete Pa r local covernment or (irt is) governmental unit described in	section 170(b)(1)(A)(v).	
🗓 An organization th	•	substantial part of its support			public
		170(b)(1)(A)(vi). (Complete F	Part II)		
or university or a		scribed in section 170(b)(1)(/ of agriculture (see instruction			
receipts from acti support from gros	rdies related to its exer s investment income a	(1) more than 33 1/3% of its simpl functions—subject to cert and unrelated business taxable 30, 1975, See section 509(a)	ain exceptions, and income (less sections)	(2) no more than 33 1/3% in 511 tax) from business	of its
	•	exclusively to test for public s	· · · · · · · · · · · · · · · · · · ·		
of one or more pu	blicly supported organi	exclusively for the benefit of, I izations described in section ! that describes the type of such	to perform the functi 509(a)(1) or section	509(a)(2). See section !	i09(a)(3}.
of one or more pu Check the box in a a Type i. A sup	blicly supported organi ines 12a through 12d porting organization of		io perform the functi 509(a)(1) or section porting organization led by its supported	i 509(a)(2). See section : and complete lines 12e, 1 organization(s), typically !	i09(a)(3). 2f, and 12g by giving
of one or more pu Check the box in the supported supporting oig	Dicly supported organines 12e through 12d poding organization of organization of organization You must o	izations described in section that describes the type of supperated, supervised, or control over to regularly appoint or elections of the Part IV, Sections of the complete Part	to perform the function 509(a)(1) or section porting organization lied by its supported ct a majority of the contact A and B.	i 509(a)(2). See section 5 and complete imos 120, 1 organization(s), typically i lirectors or trustees of the	i09(a)(3). 2f, and 12g by giving
of one or more pu Check the box in the supported supporting org	olichy supported organines 12e through 12d porting organization of organization of organization You must operang organization s	izations described in section s that describes the type of supp perated, supervised, or control ower to regularly appoint or ele- complete Part IV, Sections & supervised or controlled in controlled in controlled.	to perform the function of the function of the function of the function of the function with the function with its supported to a majority of the function with its supported to the function w	i 509(a)(2). See section ! and complete imos 120, 1 organization(s), typically i lirectors or trustees of the orted organization(s), by i	i08(a)(3). 2f, and 12g by giving naving
of one or more pu Check the box in i a Type I. A sup the supported supporting or b Type II. A sup control or mar	blichy supported organines 12a through 12d i poding organization of organization(s) the po- janization. You must of opporting organization s ingement of the suppo-	izations described in section that describes the type of supperated, supervised, or control ower to regularly appoint or electormplete Part IV, Sections A supervised or controlled in controlled in controlled or ganization vested in this	to perform the function of the function with its supported of the function with its supple same persons that	i 509(a)(2). See section ! and complete imos 120, 1 organization(s), typically i lirectors or trustees of the orted organization(s), by i	i08(a)(3). 2f, and 12g by giving naving
of one or more pu Check the box in it Type I. A sup the supported supporting or Type II. A sup control or mai organization(s	blichy supported organines 12e through 12d porting organization of organization of organization from must organization from must organization so the supporting organization polyments of the supporting organization organ	izations described in section that describes the type of supperated, supervised, or control over to regularly appoint or electorized in controlled in controlled in controlled in controlled granization vested in the Part IV, Sections A and C. supporting organization opera	to perform the function of the function of the function of the function of the function with its supported of a majority of the case of the function with its supposes and persons that the function with its supposes of the function with its supp	is 509(a)(2). See section 5 and complete into 120, 1 organization(s), typically lirectors or trustees of the orted organization(s), by lirectors or manage the suith, and functionally integrit	iO8(a)(3). 2f, and 12g by giving naving pported
of one or more purcheck the box in it. a Type I. A supthe supported supporting organization(s b Type II. A supthe supported or meroganization(s c Type III functions supported	blichy supported organines 12e through 12d porting organization of organization of organization organization. You must organization You must organization so the supporting organization of the supporting organization(s) (see in organization(s) (see in	izations described in section that describes the type of supperated, supervised, or control over to regularly appoint or electorized in controlled in the Part IV, Sections A and C. supporting organization operastructions) You must complete	to perform the function of perform the function of portion of the color of the colo	is 509(a)(2). See section 5 and complete into 5 12c. 1 organization(s), typically lirectors or trustees of the orted organization(s), by lirectors or manage the suith, and functionally integrals A, D, and E.	iOB(a)(3). 2f, and 12g by giving naving pported sted with.
of one or more pu Check the box in i Type I. A sup the supported supported support or mei control or mei organization(s type III funct ts supported d Type III non-	bicly supported organines 12a through 12d porting organization of organization of organization of the polyanization You must control or the supporting organization shagement of the supporting organization of the supporting organization (see in conally integrated. A organization(s) (see in functionally integrate	izations described in section stated describes the type of supperated, supervised, or control ower to regularly appoint or elections A supervised or controlled in convining organization vested in the e Part IV, Sections A and C. supporting organization operal structions) You must complete. A supporting organization of	to perform the function of performing organization lied by its supported at a majority of the case and 8. nection with its supposes as the persons that the case persons that the persons that the persons it connection where Part IV. Section operated in connection persons the connection where the persons it connection where the persons that the persons it is connected in connection persons that the persons it is connected in connection persons that the persons it is the persons that the persons it is the persons that the persons it is the persons it is the persons that the persons it is the persons it	is 509(a)(2). See section sand complete (mos 12c, 1) organization(s), typically lirectors or trustoes of the orted organization(s), by lirectors or manage the suith, and functionally integrals A, D, and E. on with its supported organizations 12c.	iOB(a)(3). 2f, and 12g by giving naving pported ated with, nization(s)
of one or more put Check the box in a Type I. A supported supporting organization(s Type III runci its supported that is not fundamental to the control or market in the co	blichy supported organines 12a through 12d i poding organization of organization(s) the po poding organization so porting organization so porting organization so pagement of the suppo You must complet tionally integrated. A progranization(s) (see in functionally integrated. The	izations described in section that describes the type of supperated, supervised, or control over to regularly appoint or electorized in controlled in the Part IV, Sections A and C. supporting organization operastructions) You must complete	to perform the function of performing organization lied by its supported of a majority of the care and B. In the care and B. In the care are persons that the care are persons that the care are persons that are the Part IV, Section or persons of a connection with the persons that are also are persons that are pe	s 509(a)(2). See section 9 and complete (mos 12c, 1 organization(s), typically lirectors or trustees of the corted organization(s), by lirectors or manage the suith, and functionally integrates A, D, and E. on with its supported organization and an atternation 12c.	iOB(a)(3). 2f, and 12g by giving naving pported ated with, nization(s)
of one or more pur Check the box in it. a	blichy supported organines 120 through 120 through 120 porting organization of organization of organization of the supporting organization is sugement of the supporting organization (S) (see in functionally integrated. A organization(S) (see in functionally integrated. The organization organization) or the organization organization re	izations described in section that describes the type of supperated, supervised, or control ower to regularly appoint or electormplete Part IV, Sections A suppervised or controlled in controlling organization vested in this e Part IV, Sections A and C. supporting organization opera structions) You must complete d. A supporting organization operative organization generally must must complete Part IV, Sectioned a written determination	to perform the function of perform the function of the color of the co	is 509(a)(2). See section 5 and complete (inco 12c) to organization(s), typically lifectors or trustees of the corted organization(s), by it control or manage the suith, and functionally integral is A, D, and E. on with its supported organization and an after Part V.	io8(a)(3). 2f, and 12g by giving naving ipported ated with, inization(s)
of one or more purcheck the box in a Type I. A suptime supporting one or more or more organization (so Type III non-that is not fun requirement (control of the box of functionally in the box of the	bicly supported organines 12a through 12d porting organization of organization of organization of organization organization. You must opporting organization suggement of the supporting organization of the supporting organization of the organization or organization organizati	izations described in section of that describes the type of suppervised, or control ower to regularly appoint or electromagnetic Part IV, Sections Aupervised or controlled in controlling organization vested in the e Part IV, Sections A and C. supporting organization operastructions) You must complete. A supporting organization ceroid organization generally must must complete Part IV, Sectioned a written determination on-functionally integrated supportungerated supportuned as presented of the supportuned organization of the ceroid of the suppervised of the su	to perform the function of perform the function of the color of the co	is 509(a)(2). See section 5 and complete (inco 12c) to organization(s), typically lifectors or trustees of the corted organization(s), by it control or manage the suith, and functionally integral is A, D, and E. on with its supported organization and an after Part V.	io8(a)(3). 2f, and 12g by giving naving ipported ated with, inization(s) aliveness
of one or more purcheck the box in it. a	bicly supported organines 12a through 12d porting organization of organization of organization organization organization You must complet to a must complete to a m	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections Augustion operation operations of the Part IV, Sections A and C. supporting organization operativations) You must complete. A supporting organization operativations operativations of You must complete organization generally must complete Part IV, Sections of the organization determination of the organization of the organization determination of the organization determination of the organization determination of the organization determination of the organization organization of the organization organizat	to perform the function of perform the function of the color of the co	is 509(a)(2). See section 5 and complete (inco 12c) to organization(s), typically lifectors or trustees of the corted organization(s), by it control or manage the suith, and functionally integral is A, D, and E. on with its supported organization and an after Part V.	io8(a)(3). 2f, and 12g by giving naving ipported ated with, inization(s)
of one or more purcheck the box in it. a	bicly supported organines 12a through 12d porting organization of organization of organization organization organization You must complet to a must complete to a m	izations described in section of that describes the type of suppervised, or control ower to regularly appoint or electromagnetic Part IV, Sections Aupervised or controlled in controlling organization vested in the e Part IV, Sections A and C. supporting organization operastructions) You must complete. A supporting organization ceroid organization generally must must complete Part IV, Sectioned a written determination on-functionally integrated supportungerated supportuned as presented of the supportuned organization of the ceroid of the suppervised of the su	to perform the function of perform the function of the color of the co	is 509(a)(2). See section 5 and complete (inco 12c) to organization(s), typically lifectors or trustees of the corted organization(s), by it control or manage the suith, and functionally integral is A, D, and E. on with its supported organization and an after Part V.	io8(a)(3). 2f, and 12g by giving naving ipported ated with, inization(s)
of one or more purcheck the box in it. a	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of the color of the co	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illiveness iii (vi) Amount of other support (see)
of one or more purcheck the box in it. a	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or efections of the complete Part IV, Sections A and C. supervised or controlled in convining organization vested in the e Part IV, Sections A and C. supporting organization opera structions) You must complete. A supporting organization operativuction organization generally must must complete Part IV, Sections and the organization determination must complete part IV, Sections to organization determination on functionally integrated supportions he supported organization(s).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	s 509(a)(2). See section 9 and complete (mos 12c, 1 organization(s), typically lirectors or trustees of the corted organization(s), by 1 control or manage the suith, and functionally integris A, D, and E. on with its supported organization organization and an atter Part V. [v] Amaint of monetary	iOB(a)(3). 2f. and 12g by giving naving pported sted with. mization(s) eliveness
of one or more purcheck the box in it. a Type I. A supported supporting organization (S. Type III functions and functionally in f. Enter the number g. Provide the follow (Nemo of supported organization).	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of the color of the co	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in it. a Type I. A supported supporting organization (S. Type III functions and functionally in f. Enter the number g. Provide the follow (Nemo of supported organization).	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in a Type I. A supported supporting out control or mai organization(s. C. Type III functions that is not functionally in f. Enter the number g. Provide the follow (i) Name of supported organization(s.)	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in a supported dissupported this supported supported supported the supported organization	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in a Type I. A supported supported supported or Type II. A supported or Type III functionally in a Check this box of the follow Provide the follow (i) Name of supported (i) Name of supported (ii) Name of supported (iii) Name of supported (iii) Name of supported (iiii) Name of supported (iiii) Name of supported (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and converted a written determination in-functionally integrated suppritions. (iii) Type of organization (s).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in a Type I. A supporting organization(s or Type III non-that is not fun requirement (s organizationally in f Enter the number g Provide the follow (i) Name of aupported organization	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and convolutions of the supporting organization on functionally integrated supportions. (IIII) Type of organization (S).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	and complete (mos 12c, 1) organization(s), typically illirectors or trustees of the orted organization(s), by it control or manage the su th, and functionally integral is A, D, and E. on with its supported organization or equirement and an after Part V. is a Type I, Type II, Type (v) Amount of monetary support (see	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illveness iii (vi) Amount of other support (see
of one or more purcheck the box in a Type I. A suptember of supported supporting out control or mar organization (so Type III functions and functionally in a Enter the number of Provide the follow (i) Name of supported organization (ii) Name of supported organization (iii) Name of supported organization	blichy supported organines 12a through 12d porting organization of organization of organization of organization You must opporting organization suggement of the supporting organization of the supporting organization (see includity integrated. The organization organization regarated, or Type Illinof supported organizating of supported organizating of supported organizating information about the organization of supported organizating information about the organization of supported organization of supported organizating information about the organization of supported organization organi	izations described in section of that describes the type of supperated, supervised, or control ower to regularly appoint or electromaphete Part IV, Sections A supervised or controlled in convoting organization vested in this e Part IV, Sections A and C. supporting organization operastructions) You must completed. A supporting organization operation of the organization generally must must complete Part IV, Sections and convolutions of the supporting organization on functionally integrated supportions. (IIII) Type of organization (S).	to perform the function of perform the function of porting organization led by its supported of a majority of the otal and B. nection with its supple same persons that ited in connection wrete Part IV, Section organization of from the IRS that it orling organization. [IV] is the organization letted in your governing document?	s 509(a)(2). See section s and complete (mos 12c, 1 organization(s), typically lirectors or trustees of the corted organization(s), by I control or manage the suith, and functionally integris A, D, and E. on with its supported organization with its supported organizerument and an atter Part V. (v) Amaint of moneizing support (prodies inspections)	iog(a)(3). 2f, and 12g by giving naving pported sited with, inization(s) illiveness iii (vi) Amount of other support (see

Sche	edule A (Form 990 or 990-EZ) 2019 Pr	oject Sha	re			4825632	Page 2
LP	art II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) an	d 170(b)(1)(A)	(vl)
	(Complete only if you cl	necked the box	on line 5, 7, o	r 8 of Part I or i	f the organizat	ion failed to qu	alify under
	Part III. If the organizati	on fails to qual	fy under the te	ests listed belov	v, please comp	ilete Pa <u>rt III)</u>	
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	C19						
1	Gifts, grants, contributions, and membership fees received (Do not	1	}		1	}	
	include any "unusual grants.")			74,923	75,534	70,045	220,502
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf .		<u> </u>			<u></u>	
	The value of consists as for tiles		,				
3	The value of services or facilities furnished by a governmental unit to the		1 '				
	organization without charge						
4	Total, Add lines 1 through 3			74,923	75,534	70,045	220,502
5	The portion of total contributions by						
	each person (other than a				i		
	governmental unit or publicity			!	1		
	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						220,502
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(6) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from tine 4			74,923	75,534	70,045	220,502
В	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from	1	ľ	1 1	I		
	sanilar sources				i		
9	Net income from unrelated business		_				
•	activities, whether or not the business	1					
	is regularly carried on			l			
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.)	l					
11	Total support. Add tines 7 through 10						220,502
12	Gross receipts from related activities, et-	c. (see instructions)			12	
13	First five years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth or fifth lax y	ear as a section 50)1(c)(3)	
	organization, check this box and stop hi						<u>,</u> ▶ 🗓
Sec	tion C. Computation of Public	Support Perce	ntage				
14	Public support percentage for 2019 (line	6, catumn (f) divid	ed by line 11, colu	mn (f))		14	%
15	Public support percentage from 2018 Sc	hedulo A. Part II, I	ne 14			15	%
16a	33 1/3% support test—2019. If the org	anization did not ch	eck the box on lin	e 13, and line 14 is	33 1/3% or more,	check this	_
	box and stop here. The organization qu	alifies as a publicly	supported organiz	ration			, ▶ 📙
ь	33 1/3% support test—2018. If the arg	anization did not ch	eck a box on the	13 or 16a, and line	15 is 33 1/3% or n	nore, check	_
	this box and stop here. The organization	n qualifies as a pub	licty supported oig	anization			▶ 📙
17a	10%-facts-and-circumstances test—2	019. If the organiza	ation did not check	c a box on line 13, 1	6a, or 16b, and Ln	e 14 is	
	10% or more, and if the organization me						
	Part VI how the organization meets the	facts-and-circuins	ances" test. The o	organization qualifie	s as a publicly sup	ported	_
	organization,						▶ 📙
þ	10%-facts-and-circumstances test-2	018 If the organization	ation did not check	a box on line 13, 1	6a, 16b, or 17a, a	nd line	
	15 is 10% or more, and if the organization	n meets the Tacts	end-circumstance	es" lest, check this	box and stop here	2.	
	Explain in Part VI how the organization in	neets the Tacts-an	d-circumstances*	test. The organizati	on qualifies as a p	ublicly	
	supported organization						▶ 🔲
18	Private foundation, if the organization of	lid not check a box	on tine 13, 16a, 1	6b, 17a, or 17b, ch	eck this box and s	69	_
	instructions						▶ ⊔
					Sc.	hedule A (Form 990	or 990-EZ) 2019

Form 990 or 990-EZ) 2019 Pro	oject Sha	re	0		-4825632	Page
Support Schedule for ((Complete only if you ch	organizations	Described in	Section Sust	ajjej osopovatkog (s	utod to avalete v	.nda. 064 II
If the organization fails to	ecken lile nox	on ane 10 of 1	d bolow oleas	urganizacion la	ined to duality o	inder Fan II
A. Public Support	o quality under	the tests hate	d Delow, pleas	se complete r	211 11./	/
ar (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
urits, contributions, and membership lees	(8) 2015	(0) 2016	(6) 2017	(0) 2018	(e) 2015	(i) Total
(Do not enclude any 'unusual grants ')		1			/	
· · · · · · · · · · · · · · · · · · ·						
eceipts from admissions, merchandise services performed, or facilibas	l					
ed in any activity that is related to the ation's lax-exempt purpose	ļ		l			
ecerpts from activities that ere not an						-
ed trade or business under section 513]	
venues texted for the						
zation's benefit and either paid						
xpended on its behalf		ļ				·
alue of services or faculties	1			, P		
ned by a governmental unit to the zation without charge	ŀ	1	/			
Add lines 1 through 5		 	 	 	 	·-··-
•		 			1	
nts included on lines 1, 2, and 3 ed from disqualified persons		i				
la included on linea 2 and 3		†		†		
d from other than disqualified		[/]	
that exceed the greater of \$5,000		/	1	į	1	
of the amount on fine 13 for the year	-	/		}		•
nes 7a and 7b	<u> </u>	//_				
support. (Subtract line 7c from		/		1	1	
. Total Support	L	' / 		J	<u> </u>	
r (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
nts from line 6	(0) 2010	/ 10,20.0	10,2011	10,20.0	1 (0,2010	1.7 . 0.0
		/ 			1	
ncome from interest, dividends, its received on securities loans, rents,	l /	1		1	1	
e, and income from similar sources	/			1		
ted business taxable income (less		1				
1 511 taxes) from businesses	/					
ed after June 30, 1975	-/					
nes 10a and 10b						
ecenteud basiness						
a not included in line 10b, whether	/		1]	
ne business is regularly comed on 🌱						
Income. Do not include gain or				Ì	1	
om the sate of capital assets in in Part VI)		l '	ŀ		i	
Support. (Add lines 9, 10c/11,)			. —	†	
					i	
ive years. If the Form, 990 is for th	e organization's fi	rst, second, third.	fourth, or fifth tax	year es a section	501(c)(3)	_
ration, check this box and stop he	re				·	▶
. Computation of Public S						
support percentage for 2019 (line			vmn (f))		. 15	- %
support percentage from 2018 Sci				<u></u>	<u> 16 [</u>	98
. Computation of Investm			.,			
nent incomé percentage for 2019 (13, column (f))		. 17	94
nent income percentage from 2016			··	·	18	9;
% support tests—2019. If the org						_ r
of more than 33 1/3%, check this t		-				, 🟲 L
, · ·						_ (
,			•		_	💆
z roundation. If the organization d	IU 1101 CRECK B DOX	сол иле 14, 193, С	r 190, Check this			> {
					Schedule A (Form 9)	30 or 990-EZ) 20
ig/n	ot more than 33 1/3%, check t	ot more than 33 1/3%, check this box and stop	of more than 33 1/3%, check this box and stop here. The organiz	of more than 33 1/3%, check this box and stop here. The organization qualifies as	ot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supporte undation. If the organization did not check a box on line 14, 195, or 195, check this box and see instru	Opport tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and ot more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization undation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 9)

Schedi	uto A (Fdrm 990 or 990-EZ) 2019 Project Share	36-4825632		Page 4
	TIV) Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of	Part I, complete Se	ctions	5 A
	and B. If you checked 12b of Part I, complete Sections A and C. If you checke	d 12c of Part I, com	ptete	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and C	, and complete Parl	(V)	
Sect	ion A. All Supporting Organizations			
			Yes	No
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	11		İ
	class or purpose, describe the designation. If historic and continuing relationship, explain			i -
2	Did the organization have any supported organization that does not have an IRS determination of status			
4	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the suppo	ded 1		ŀ
		7.00		
	organization was described in section 509(a)(1) or (2).			
38				
	(b) and (c) below.	Ja J		_
Þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	36		
C	Oid the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	purposes? If "Yes," explain in Part VI 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")? #	<u> </u> .		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	48		
b	Did the organization have utilimate 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	i		
	despite being controlled ar 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 Part VI what controls the organization u	sed		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)			ĺ
		4c		
	purposes	" 		
58	Oid the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	enswer (b) end (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 ac			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the e			
	was accomplished (such as by amendment to the organizing document)	5a		
ь	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?	<u>5b</u>		-
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities)	0		1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite	d		i
	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.	6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut	or I		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti-			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
В	Old 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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			-
80	disqualified persons as defined in section 4946 (other than foundation managers and organizations describe	.a		
	• •	90		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	} *** 		
ь		95		
	the supporting organization had an interest? If "Yes," provide detail in Part VI	95		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		₩
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
ь	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)	10ь		<u> </u>
		Schedule A (Form 990	or 990-	<i>EZ</i>) 201

Sched	ulo A (Form 990 or 990-EZ) 2019 Project Share	36-4825632	-4825632		
l Par	t IV) Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
a	A person who directly or indirectly controts, 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			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa ion B. Type I Supporting Organizations	116			
3801	ion b. 17 pe 1 oupporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	110	
•	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,	1 1			
	controlled the organization's activities. If the organization had more than one supported organization,	"		1	
	describe how the powers to appoint end/or remove directors or trustees were ellocated among the suppo	orted	_		
	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			1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pal	r		l t	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l			
	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 director	s		1 1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contro	<i>'</i>		1 1	
	or management of the supporting organization was vested in the same persons that controlled or manage				
	the supported organization(s).	1,		L	
Sect	on 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	.		1	
	organization's lax year. (i) a written notice describing the type and amount of support provided during the p			1	
	year, (ii) a copy of the Form 990 that was most recently fited as of the date of notification, and (iii) copies of	1			
2	organization's governing documents in effect on the date of notification, to the extent not previously provide			 ,	
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	l l		1 1	
	the organization maintained a close and continuous working relationship with the supported organizations	[
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			1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			}	
	supported organizations played in this regard.	3			
Sect	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	ear (866 instructions)			
a	The organization satisfied the Activities Test. Complete Iline 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 governmental entity.	ent entity (see instruction	s)		
2 A	activities Test. Answer (a) and (b) below		Yes	No	
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	or		ľ	
	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 purpose				
	how the organization was responsive to those supported organizations, and how the organization determine				
	that these activities constituted substantially all of its activities	_ <u>2a</u>			
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo	1 1	- 1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	"	l	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b			
•	eclivities but for the organization's involvement	20			
3	Parent of Supported Organizations. Answer (a) and (b) below Did the organization have the newer to requirely expect a respect a majority of the officers, directors, or				
	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	30			
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	1 - 1			
DAA	The supported significations in 100. Goodings in this fit in the profess of the signification in this region	Schedule A (Form 990	or 990-	EZ) 2019	
		•		•	

dulo A (Form 990 or 990-EZ) 2019 Project Share		36-4829	5632 P
art V I Type III Non-Functionally Integrated 509(a)(3) Supporting			
Check here if the organization satisfied the Integral Part Test as a qualifying trus	ton Nov 20,	1970 (oxplain in Parl VI) See
Instructions. All other Type III non-functionally integrated supporting organization	ns must comp	itete Sections A through	
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		(0)
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depietion	5		
Portion of operating expenses paid or incurred for production or	.		
ollection of gross income or for management, conservation, or			
raintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) O. a. Vaa.	(B) Current Yea
ction B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
istructions for short tax year or assets held for part of year)			
a Average monthly value of securdies	1a		T
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		T
d Total (edd lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	I		
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from tine 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ee instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, fine 8, Column A)	11		†
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, tine B, Column A)	3		
Enter greater of line 2 or line 3	4	.,	
Income tax imposed in prior year	5		
Distributable Amount, Subtract line 5 from line 4, unless subject to			
margency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally inte	grated Type II	l sunnoding groanizatio	n (see

redulo A (Form 990 or 990-E2) 2019 Project Share Part VI Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiz	ations (continued)	
ection O - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt p	urposes		
2 Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
Amounts paid to acquire exempt-use essets			
5 Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6.		• •	
B Distributions to attentive supported organizations to which the org	anization is responsive	•	
(provide details in Part VI) See instructions	•		
Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount			
	(1)	(II)	(ili)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Oistributable Amount for 2019
Oistributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019	1		
(reasonable cause required-explain in Part VI) See	1		
instructions.			
3 Excess distributions carryover, if any, to 2019	<u> </u>		
8 From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
Carryover from 2014 not applied (see instructions)			
Remainder Subtract lines 3g, 3h, and 3i from 3f			
Distributions for 2019 from	!		
Section D line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	<u> </u>		
Remaining underdistributions for years prior to 2019, if			
any Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI See instructions			
Remaining underdistributions for 2019 Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3			
and 4c	<u> </u>		
Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016		·	
	ı		
c Excess from 2017 d Excess from 2018			

Part VII	in 990 or 990-EZ) 2019 Supplemental In		nare e the explanation	s required by Part I	36-48256	
	III, line 12; Part IV B, lines 1 and 2, 3a, and 3b, Part	V, Section A, lines Part IV, Section C, V, line 1; Part V, Si	1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section B, line 1e;	c, 5a, 6, 9a, 9b, 9c ection D, lines 2 an Part V, Section D, I tional information	, 11a, 11b, and 11d d 3; Part IV, Sectio ines 5, 6, and 8, ar	; Part IV, Section п Е, lines 1с, 2а, 2
	,					
		•			•	
• • •					•	
	•					
••	• ••			•		
	•		•			•
					•	•
						•
	•	•				
					• •	
		• •				
.,						
					.,	
		,		·		•••
• •			• •	•	•	
••	• • • • • • • • • • • • • • • • • • • •		•		• • • •	• •
		· · · · · · · · · · · · · · · · · · ·			•	•
DAA					Schedule A (F	orm 980 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-E2)

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 2019

▶ Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury biternal Revenue Service Inspection ▶ Go to www.irs gov/Form990 for the latest information. Name of the organization mployer Identification number Project Share 36-4825632 Form 990-E2, Part I, Line 10 - Grants/Similar Amts Paid to Organizations Name: Liceo Diequez Olaverri Escuela Address: El Terrero Zona 4 Huehuetenango Cash contribution: 41,250 Form 990-EZ, Part I, Line 16 - Other Expenses Amount Description Expenses 1,634 Travel 3,805 Interest 375 \$ 12 Administration Expenses Books and Education Sup 575 Bank Fees 664 3,089 Supplies 394 Licenses and Permits 20 Memberships 238 10 . . Phone \$ 24 Miscellaneous 1,635 \$ Office Repair ... Auto and Transport 2,373 Total \$ 14,848 Form 990-EZ, Part II, Line 26 - Other Liabilities For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Farm 990 or 980-EZ) (2019)

Schedule O (Förm 990 or 990-EZ) (2019) Name of the organization		Tem	ployer ide	ndfleation	Page
Project Share		- 1	6-482		namber
Description	Beg.	of	Year	End	of Yea
Credit card	\$		981	\$, 5,0
Form 990-EZ, Part III - Primary Exempt Purp	ose .				1.
The organization's mission is to provide so	holarships	to	eleme	ntary	, juni
high, and high school students in Christian	Schools a	nd t	o pro	vide	
education seminars to teachers.					
Form 990-EZ, Part III, Line 31 - All Other	Accomplish	ment	•		
The organization's mission is to provide so				ntary	r. iuni
high, and high school students in Christian					, , ,
education seminars to teachers.	, bonooka di		o pro	· · · · · ·	
education seminars to teachers.		•			
	•			•	
					•
				•	
e e e e			٠٠.		-
		٠			
		٠			
		٠			
		٠			