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)

2019

OMB No. 1545-0047

(Rev. January 2020)

▶ Do not enter social security numbers on this form as it may be made public

		of the Treasury	► Go to www.irs.gov/Form990 for instructions and the	-		•		Inspec	
<u> </u>			dar year, or tax year beginning January 1 , 2019, ar			Decembe	r 21	, 20 19	,11011
<u></u>		applicable.		ilu ellui	iig_				
В			C Name of organization Village2Village Project, Inc.				Emplo	yer identificatio	n number
귀	Address	•	Doing business as	<del></del>	5			46-5669532	<del></del>
님	Name ch	· i	Number and street (or P.O. box if mail is not delivered to street address)		Room/s		: relepn	one number	_
片	Initial ret		12175 Visionary Way	1	Ste	106		317-995-222	<del></del>
님		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			1.			
님	Amende	ı	Fishers, IN 46038		· I		<del></del>	receipts \$	344,131
ш	Applicati	on pending	F Name and address of principal officer: Laura Kroll		<i>1</i>	• • • •		r subordinates? 🔲 `	=
	Tay-eyer	mpt status:	12175 Visionary Way, Ste 106 Fishers, IN 46038   501(c)(3)		<del>/</del> /"	• •		es included? [_] ' et. (see instruction	
<del>-</del>		<del></del>	lage2villageproject.org					-	isj
<u>K</u>				ar of form		(c) Group exe	<del></del>		IN
Ĩ.	art I	Summa		ar or tom	nauon.	2010   10	n State (	of legal domicile:	114
-			cribe the organization's mission or most significant activities:	1/21/ ni	rovidos	comprehe	BCIVO	empowering	
•									
CUC! Governance	1		and compassionate care for Uganda's vulnerable children and far						
- Ĕ			od, clothing, education, medical care, social & spiritual mentorin box ► ☐ if the organization discontinued its operations or di						
38			voting members of the governing body (Part VI, line 1a)	ispose	u oi iii	016 (1141) 20	3	its riet assets	_
~ w			independent voting members of the governing body (Part VI, line 1a).	ina 1k	 h)		4		8
es v	1		per of individuals employed in calendar year 2019 (Part V, line		υ, .		5		7
∑.≨.				•	• •		6		2
AFR 2 2 A Activities &	1		per of volunteers (estimate if necessary)		• •	}	7a		9
∢ `			ed business taxable income from Form 990-T, line 39		• •		7b		0
	<del>                                     </del>	ivet uniterat	ed business taxable income from Form 950-1, line 59	• •	<del>i :</del>	Prior Year	70	Current Y	0
	8	Contributio	6 700	Our ent 1					
Revenue	1		ens and grants (Part VIII, line 1h)	6,700		344,131			
ě.	1	_		- 4		0			
æ	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)		0		0		
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), lin			-	244 424		
_	<del></del>		similar amounts paid (Part IX, column (A), lines 1–3)	10 12)	<del> </del>		6,700	<del></del>	344,131
	1		id to or for members (Part IX, column (A), line 4)	5,557	<del></del>	191,868			
			ner compensation, employee benefits (Part IX, column (A), lines t	 5 10\	<del> </del>	44	0		440.000
Š			al fundraising fees (Part IX, column (A), line 11e)	•	-	111	6,917		118,030
Expenses			aising expenses (Part IX, column (D), line 25) ▶				- 0		<u>'</u>
찣	L .		nses (Part IX, column (A), lines 11a-11d, 11f-24e)				0.420	· · · · · · · · · · · · · · · · · · ·	40.745
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	٠	<b>—</b>		2,430		40,715
	1		ss expenses. Subtract line 18 from line 12		-		4,904		350,613
= 8		TICVCTIGE 1C	RECEIVED : 1	····	Region	ing of Current	1,796	End of Y	-6,482
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)		Dog.iii				
Ass	21		s (Part X, line 16)	• •	-		9,579 0		23,098
E SE	22		as friend belonges. Subtract lind for friend line 20		$\vdash$	20		<del>-,</del>	22.000
	art II	Signatu			<u> </u>		9,579	<del></del>	23,098
			I declare that I have examined this return, including accompanying schedules	and stat	tamente	and to the he	act of m	v knowledge an	d belief it is
tru	e, correct,	and complete	Declaration of preparer (other than officer) is based on all information of which	h prepar	rer has a	ny knowledge	).	y kilowieuge all	4 <del>1001101, 11 13</del>
_		<b>\</b>	Kall Das King D			15	1,1	2020	<del></del>
Sig	gn	Signatu	re of officer			Date	1 / / =	XUAU_	
He			AURA J. KROLL EXE	-		115	Dir	RECTO	0
		Type or	print name and title			V C.	<del>10   1  </del>	<u> </u>	
_		<u>,</u>	preparer's name Preparer's signature	Tr	Date	T	heck [	7 # PTIN	<del></del>
Pa							neck _ elf-empl	<b>-</b> 3 ''	
	eparei		—————————————————————————————————————			Firm's El	<u> </u>	I	
US	e Only	Firm's add	· · · · · · · · · · · · · · · · · · ·	· <del></del>		Phone no	-		
Ma	y the IR		his return with the preparer shown above? (see instructions)			Frionen	<del>-</del>	. Yes	□No
			on Act Notice, see the separate instructions.	Cot	No. 110		<del></del>		990 (2019)
. 51	. apoi W	-in Houseul	on not notice, see the separate instructions.	cat.	No. 112	.921	-28	e rom	2 <b>20</b> (2019)

Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide comprehensive, empowering, respectful and compassionate care for Uganda's vulnerable children and their families, one
	life at a time. Our vision is to transform children with stolen futures into tomorrow's leaders. We believe that lasting change is made
	by loving individuals investing deeply into the life of each child helping them to reach their potential and make an inpact on
	their communities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
J	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 178,816 including grants of \$ 21,830 ) (Revenue \$ )
	Child Sponsorship Program: Village2Village Project encircles orphaned and vulnerable children with love, dignity, accountability and
	hope through a team of caring staff, the child's extended family, and like minded friends. This love is combined with the commitment
	of a sponsor who provides them with letters of encouragement, nutritious meals, needed medical care and an excellent education.
	We build relationships with children and families one at a time - seeing them as individuals with the untapped potential to change
	achievement scores on primary standardized testing in the nation. Village2Village Project has two campuses in different subcounties
	in Serere, which has a population of 350,000. Our program serves more than 200 children and young adults from preschool through
	University level, providing social and spiritual mentoring and daily casework support in an effort to transform children with stolen
	futures into leaders. Village2Village Project also builds the capacity of their guardians to provide and care for them and for the
	other children in their care. Village2Village Project children do not live in an orphanage. The sponsor, the V2V staff and the
	extended families who shelter and guide the children are all partners in this care and become a community that changes lives.
4b	(Code:) (Expenses \$ 74,506 including grants of \$) (Revenue \$)
	Emerging Leaders Program: Students that complete secondary school at the ordinary or advanced level are able to apply
	for professional or university studies. Caseworkers visit, monitor and support these students, quarterly gatherings are
	arranged and they have an annual campout. The university students also help with the primary and secondary program during
	school breaks, and an effort is made to give them projects that relate to their course of study. These students are encouraged
	also to be involved in a charitable project that serves the wider community. One such project was the design and building of
	a drainable pit latrine donated to their former primary school that will serve 1,000 students for many years. Graduates from the
	V2V Program transition to the Alumni Club and they also have a way to be involved in the younger V2V children's developement.
	,
	***************************************
4c	(Code:) (Expenses \$ 44,704 including grants of \$) (Revenue \$)
	HOPE Ministry/Guardian Support Program: Village2Village Project provides essential medical care, nutritional support and counseling
	for seriously ill parents and grandparents of our sponsored children, and helps more than one thousand children avoid the loss
	of yet another beloved caregiver. V2V guardians' groups also provide business and agricultural training, group agricultural
	projects, child care discussions and micro-loans and savings circles that help lift entire families to a more secure level.
	Guardians meetings are held monthly, and guardians' groups meet autonomously as often as they wish to work on projects.
	Guardians also receive casework support when they are having difficulty with a child or any other family issue. Home visits
	are conducted with and without the sponsored child present. In emergency decisions, the staff works with the child's entire clan.
	For those children with special medical needs, including HIV/AIDS, specialists are accessed, medication is monitored and every effort
	is made for the child to live as healthy and normal a life as possible. In times of crisis, such as flood or famine, the organization
	provides emergency items for the entire family.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 8 298,026

Part	Checklist of Required Schedules		1	1
	Is the expenization described in section 501/cV/2) or 4047/cV/1) (other than a private foundation)? If "Vec."		Yes	No
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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		,
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		,
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		,
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		7
9	complete Schedule D, Part III	8		-
	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		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	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		,
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		~
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		,
e	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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
	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	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13	-	7
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_
	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		١
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		V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b o+	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants are other assistance to any demostic arrangements are	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		/

Part	Checklist of Required Schedules (continued)	·		*. •
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,0
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		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď		24d		ļ
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		"
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		١
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		V
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		~
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		
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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	• •	· ·	
1.	Enter the number reported in Roy 2 of Form 1006 Enter 0 if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			į
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		İ
, b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
•••	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶ .	<u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
-	organization colicit any contributions that were not tax deductible as charitable contributions?	6a		٧.
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			]
	gifts were not tax deductible?	6b	L	
7	Organizations that may receive deductible contributions under section 170(c).			}
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods.			<u> </u>
	and services provided to the payor?	7a		~
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 for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~ ·
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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 person?	9b		
10	Section 501(c)(7) organizations. Enter:	İ		
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		j	
	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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 on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	_		•
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	i	ł	ļ

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in		
Secti	on A. Governing Body and Management			· ,,
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4 · 1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .   1b	<u>,</u>		
2	Did any officer, director, trusteo, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		<b>&gt;</b>
.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		~
6	Did the organization have members or stockholders?	6		~
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		~
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	200 )	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ne Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	.00	<u> </u>
ь	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	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
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	V	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	<del>- ,</del>
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	~	
b	Other officers or key employees of the organization	15b		
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	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 stops to safoguard 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 ▶ Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website   Other (explain on Schedule O)	·		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re Katie Greiwe, 12175 Visionary Way, Ste 106, Fishers, IN 46038 317-995-2225	cords	<b>&gt;</b>	

Form	990	(2019)	

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<u>=</u> g						· · · · · · ·		icoa aii, oaii, oiic	Jingor, andotor,	or arabibo.
				(	C)	•				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Edwin Norse	11	-						0	0	
(2) Catherine Caum	2							0	0	
(3) Ruud Zijdel	2	,				<u> </u>		0		
(4) Annabel Henley	15	,						. 0		
(5) Nicole Marin, Chair	4	,		,				0	0	
(6) Marjorie Overhiser, Vice Chair	2	,		,				0	0	
(7) Nicholas Powell, Treasurer	3	,		,						
(8) Laura Kroll, Executive Director	50	,		~				0 65,457	0	
(9)		•	:					03,437		
(10)										
(11)				<b>ــــ</b> ــــــــــــــــــــــــــــــــ						
(12)	<b></b>									
(13)	<b>1</b>									
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	EM			s, an	a F	lignest Compe	nsated	Emplo	yees (	contir	nuea)
					•	C) sition				(F)			-	
	(A)	(B)			neck	more	e than o		(D) Reportable		(E) Reportable		(F) ited am	notint
	Name and title	Average hours		box, unless person is to officer and a director/t					compensation	compen	sation	0	f other	
		per week (list any	<del></del>		_		<del>,</del>		from the organization	from re organiza			pensatı om the	
		hours for	Individual to	<u> </u>	Officer	e e	nples phes	Former	(W-2/1099-MISC)	(W-2/1099		organ	ızatıon	and
		related organizations	of P	PS S		Key employee	8 Cg					related o	organiz	ations
		below	Individual trustee or director	Institutional trustee		8	mage		,					
		dotted line)	*	e e			Highest compensated employee	ŀ						
(15)			-	-	<b> </b>	├		<del> </del>						
77.27		<del> </del>	İ					ļ						
(16)				<u> </u>								• ,		
		<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>				<u> </u>		
(17)		<b></b>												
		<u> </u>		₩	_	$\vdash$	ļ					····		
(18)			1					Į.						
(19)		<del> </del>	-			<del> </del>								
3		<b>†</b>	1					ļ						
(20)														
	· · · · · · · · · · · · · · · · · · ·		ļ	_	_	<u> </u>		ļ	ļ					
(21)			-					ł	ŀ					
(22)				-			<del> </del>	╁						
122)		<del> </del>	1	1	İ	ĺ	ĺ	Į						
(23)						t		<u> </u>						
			1		L	<u> </u>		L						
(24)		ļ			l	ŀ		1						
			<u> </u>			ļ	<u> </u>	<del> </del>						•
(25)			1					l				•		•
1b	Subtotal	<u></u>	<u> </u>	L	L	Ļ	Ļ	<u> </u>	65,457			<del></del>		
c	Total from continuation sheets to Part							<b>•</b>	001,07					· · ·
d	Total (add lines 1b and 1c)	<u> </u>						<b></b>	65,457					
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received mor	e than \$1	00,000	of		
	reportable compensation from the organi	ization >							0				Yes	Ma
_	Pil II	- <b>cc</b> : 1:		<b></b>		_ 1.			bi-baa				Tes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s											3		1
4	For any individual listed on line 1a, is the								•					
•	organization and related organizations													
	individual											4		V
5	Did any person listed on line 1a receive of													
Cooti	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compi	ete	Scr	neau	JIO J T	or s	sucn person .	· · ·	<u>· · ·                                  </u>	5	نــــا	1
1	Complete this table for your five high	nest comp	eneat		inde		ndent		ontractors that r	eceived	more t	han \$1	100.00	00 of
•	compensation from the organization. Rep	ort compen	satio	n foi	r the	opo.	Jenda	r ye	ar ending with or	within th	e organ	ization'	s tax	year.
	(A)	<u>`</u>						Γ	(B)			(C)		
	Name and business add	Iress						Ļ	Description of serv	nces		Compens	ation	
								<u> </u>	<del> </del>					
								-	<del></del>					
								<del> </del>		<del></del>	<u> </u>			
		<del></del>						-			<del></del> -			
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot !	limit	ed to	th	nose listed abov	e) who				
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion	<b>&gt;</b>		0					]

Par	t VIII	Statement of Re							· · · ·	. 199
•		Check if Schedule	O CC	ontains a r	espoi	nse or note to an	y line in this Pa · (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
<u> </u>	12	Federated campaig	ine	<del></del>	1a	1	<del> </del>			sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Membership dues			1b	0				
Ğ ₹	C	Fundraising events			1c	6,855				1
A ts	d	Related organization			1d	5,235				
う いっこう いっこう いっこう いっこう いっこう いっこう いっこう いっこ	e	Government grants			1e	5,205				
ns,	f	All other contribution								i
ē, ē		and similar amounts n			1f	332,041				
뒫	g	Noncash contributi	ons ir	ncluded in						
g g		lines 1a-1f			1g	\$ 0		Į		
<del>ة</del> ٽ	h	Total. Add lines 1a	-1f .			🕨	344,131			
4						Business Code				
<u>Ğ</u> .	2a									
Program Service Revenue	b		•							
e E	С									
gram Ser Revenue	d			***				,		
ρο F	e	***************************************								
ڇ	f	All other program s				L			· · · · · · · · · · · · · · · · · · ·	
	g	Total. Add lines 2a-		<del></del>			0			
	3	Investment income		_						
	۱ ۵	other similar amour Income from investr	•				0		<del></del>	
	5	D 111			•	` _ F	0			•
	"	noyalites	<del></del>	(i) Rea		(ii) Personal	0			<u> </u>
	6a	Gross rents	6a	(1) 1100		(ii) i ersonar				
	Ь	Less: rental expenses				<del></del>				
	C	Rental income or (loss)								
	d	Net rental income or (loss)				•	0			
	7a	Gross amount from (i) Securities				(ii) Other				
	'a	sales of assets								
		other than inventory	7a							
<u> </u>	ь	Less: cost or other basis								
/enne		and sales expenses .	7b							
	С	Gain or (loss)	7c	l						
<u> </u>	d	Net gain or (loss)					0			
Other Re	8a	Gross income from	m fu	ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a		ļ			
		Less: direct expense			8b	<u> </u>				· · · · · · · · · · · · · · · · · · ·
		Net income or (loss)			g eve	nts ▶	0			
		Gross income f activities. See Part I			9a					
		Less: direct expense			9b					
		Net income or (loss)				l 2s ▶				······································
		Gross sales of in			Livine	,, , , , , , , , , , , , , , , , , , ,	0			
		returns and allowan		ory, less	10a		i			
		Less: cost of goods			10b					
		Net income or (loss)				ry ▶	0			
S				,		Business Code				
اہ ق	11a									
scellaneo Revenue	b									
	C									
Miscellaneous Revenue	d	All other revenue	· · ·		•					
Σ	е	Total. Add lines 11a				▶	0			
		Total revenue. See					344 131			····

# Part IX Statement of Functional Expenses

Section	501(c)(3)	and 501(c)(4)	organizations	must complete	all columns. A	All other orga	anizations must	complete colui	mn (A).

	Check if Schedule O contains a response	or note to any line	in this Part IX .		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21 .	o	o		ļ
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	191,868	191,868		
<b>4</b> <b>5</b>	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	0 65,457	55,639	8,509	1,309
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	O	0	0
7	Other salaries and wages	38,100	22,728	15,372	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	7,888	6,705	1,026	158
10	Payroll taxes	7,905	6,006	1,798	101
11	Fees for services (nonemployees):		}		
a	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	<u> </u>	0
e	Professional fundraising services. See Part IV, line 17	0		0	0
f	Investment management fees		0	<u> </u>	<u>_</u>
g	(A) amount, list line 11g expenses on Schedule O.)	0	O.	o	0
12	Advertising and promotion	1440	0	0	1440
13	Office expenses	542	0	542	0
14	Information technology				<del>, </del>
15	Royalties	0	0	0	. 0
16	Occupancy	9,000	4,500	4,500	0
17	Travel	2,056	1,645	411	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	. 0
19	Conferences, conventions, and meetings .	0	0	o	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	1,624	406	1218	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Business Expenses	933	0	933	0
b	Sponsor Support Program	3,091	3,091	0	0
C	Operations	15,092	5,439	6,473	3,180
d	Payment Service Fees	5,617	0	5,617	0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	350,613	298,026	46,399	6,188
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	29,579	1	23,098
- 1	2	Savings and temporary cash investments	23,373		25,050
1	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	0	<del></del>	0
	5	Loans and other receivables from any current or former officer, director,		<u> </u>	
ŀ	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
i		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	. 0
ध	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
ĕ۱	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0	_		
	b	Less: accumulated depreciation 10b 0	0	10c	0
Ì	11	Investments – publicly traded securities	0	11	0
-	12	Investments – other securities. See Part IV, line 11	0	12	0
- 1	13	Investments—program-related. See Part IV, line 11	0	13	1. 0
- 1	14	Intangible assets	0	14	0
J	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	29,579	16	23,098
-	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0		0
t	20	Tax-exempt bond liabilities	0	20	0
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ᅙ		controlled entity or family member of any of these persons	0	22	0
<b>!</b>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
- 1	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	o	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.			
- 등	27	Net assets without donor restrictions	29,579	27	13,098
8	28	Net assets with donor restrictions	0	28	10,000
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
1 ig	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
SS	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
ह	32	Total net assets or fund balances	29,579	32	23,098
žΙ	33	Total liabilities and net assets/fund balances	29,579		23,098

_	-	•
Page		1

	0 (2019)					
Part	XI Reconciliation of Net Assets  Charlet & School of Connections or reconcerns or note to any line in this Part XI					" <u>—</u>
	Check if Schedule O contains a response or note to any line in this Part XI	1	· · ·	• •	····	<u> </u>
1 2	Total expenses (must equal Part IX, column (A), line 25)	2				14,13 50,61
	Revenue less expenses. Subtract line 2 from line 1	3				-6,48
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				29,57
_	Net unrealized gains (losses) on investments	5			<u>-</u>	.0,0.
6	Donated services and use of facilities	6			•	
	investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			2	, 23,09
	XII Financial Statements and Reporting		•	,		,;
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
	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," e	xplain	in			
_	Schedule O.	'	-	2a		_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			7a		_
	If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both:		· -			
b	If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a 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 basis, consolidated basis, or both:	npiled 	or .	2b		V
b	If "Yes," check a box below to indicate whether the financial statements for the year were conversived on a 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 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 over the audit, review, or compilation of its financial statements and selection of an independent accountant.	npiled ted or ersight	or .	,		~
b	If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a 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 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 over the audit, review, or compilation of its financial statements and selection of an independent accountable of the organization changed either its oversight process or selection process during the tax year, eschedule O.	npiled ted or ersight ant? xplain	or .	2b		7
b c	If "Yes," check a box below to indicate whether the financial statements for the year were conveyiewed on a 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 audiseparate 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 over the audit, review, or compilation of its financial statements and selection of an independent accountable the organization changed either its oversight process or selection process during the tax year, exception to a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	npiled ted or ersight ant? xplain rth in t	or a tof . on	2b		V
b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were conveviewed on a 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 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 over the audit, review, or compilation of its financial statements and selection of an independent accountable the organization changed either its oversight process or selection process during the tax year, excepted to a federal award, was the organization required to undergo an audit or audits as set for 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.	npiled ted or ersight ant? xplain rth in t	or  i of  on  the	2b 2c		<i>V</i>
b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a 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 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 overthe audit, review, or compilation of its financial statements and selection of an independent accountains the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set for 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits.	npiled ted or ersight ant? xplain rth in t	or  i of  on  the	2b 2c 3a 3b	990	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were conveviewed on a 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 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 over the audit, review, or compilation of its financial statements and selection of an independent accountable the organization changed either its oversight process or selection process during the tax year, excepted to a federal award, was the organization required to undergo an audit or audits as set for 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.	npiled ted or ersight ant? xplain rth in t	or  i of  on  the	2b 2c 3a 3b	9900	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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b c 3a	If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a 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 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 overthe audit, review, or compilation of its financial statements and selection of an independent accountains the organization changed either its oversight process or selection process during the tax year, exception of a federal award, was the organization required to undergo an audit or audits as set for 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a required audit or audits.	npiled ted or ersight ant? xplain rth in t	or  i of  on  the	2b 2c 3a 3b	990	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name	or the	organization						Employer identificatio	n number
		age Project, I							69532
Pai	_				I organizations mus				ons.
The o					ıs: (For lines 1 through		•	•	11/
1					tion of churches desci				14
2					(Attach Schedule E (F				/ /
3					ganization described				•
4	□ A	medical rese	earch organization	on operated in c	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
	ho	spital's nam	e, city, and stat	e:					
5			n operated for )(1)(A)(iv). (Com		college or university	owned o	or operat	ed by a governmen	tal unit described in
6				=	nmental unit described	d in coeti	on 170/h	\/4\/ <b>A</b> \/64	
7	☐ Ar	n organizatio		receives a subs	stantial part of its sup				n the general public
8					)(1)(A)(vi). (Complete	Part II.)			
9					d in section 170(b)(1)		erated in	conjunction with a	land-grant college
	or un	university or iversity:	r a non-land-gra	int college of ag	riculture (see instructi	ons). Ente	er the nar	me, city, and state of	f the college or
10	☐ An	organizatio	n that normally	receives: (1) mo	re than 331/3% of its s	upport fr	om contri	butions, membershi	p fees, and gross
	rec	ceipts from a	activities related	to its exempt fu	unctions—subject to o rrelated business taxa	ertain ex	ceptions,	and (2) no more tha	n 331/3% of its
	ac	quired by th	e organization a	ifter June 30, 19	75. See <b>section 509</b> (a	a)(2). (Co	mplete P	art III.)	บนรแเธรรธร
11		-	-	-	sively to test for publi		•	•	
					sively for the benefit o	_			rry out the purposes
					ons described in sect				
					scribes the type of su				
а					d, supervised, or conti		_	•	
_	_				regularly appoint or e				
					ete Part IV, Sections				000 01 1110
b	П		-	•	sed or controlled in co			cupported organizati	on(c) by baying
	لسيا				organization vested in				
					IV, Sections A and C		persons	that control of mail	age the supported
С				=	ting organization ope		onnectio	n with and functions	ally integrated with
·	ت				ons). <b>You must comp</b>				any integrated with,
d					•		•	• •	
u					ipporting organization inization generally mu				
					complete Part IV, Sec				u an altentiveness
	$\Box$		-	-	•		•		
е	ш				a written determination				e II, Type III
4					ctionally integrated sup	pporting	organizat	ion.	<del></del>
† ~			r of supported o					• • • • • • •	1
<u>g</u>					oorted organization(s).	т		T	
	(I) Nam	e of supported	organization	(ii) EiN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	l No		
		<del></del>			<u> </u>	168	No		
(A)				_					
VI	lage2\	/illage Projec	t Organisation	n/a	Uganda NGO	-		191,868	*
(B)									
						<u> </u>			
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Total			1 !		I	ł	j .	י שנו זו ו	

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<del></del>
	on A. Public Support	(-) 0045		(-) 0047	(-D-0040	(-) 0040	(A) T-4-1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(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					,	
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge.						
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					<u> </u>	
	on B. Total Support	1 2 2 2 2 2	(A) 0040	(1) 0047	( D 0040	(-) 0040	(O T-1-1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7 8	Amounts from line 4						
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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-		d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
Saat!	organization, check this box and stop he		<u> </u>	· · · · /· ·	· · · · · ·	· · · · ·	· · • U
<u>5ecu</u> 14	on C. Computation of Public Suppor Public support percentage for 2019 (line 6			1 column (d)		14	%
15	Public support percentage from 2018 Sch	. ,,	-	1, coldinii (I)		15	<del></del>
16a	331/3% support test—2019. If the organi box and stop here. The organization qua	ization did not	check the box		d line 14 is 33		
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not qualifies as a p	check a box of publicly suppor	n line 13 or 16 rted organizati	on . 🔪		ore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumsta	ances" test, ch	eck this bòx a	and <b>stop here.</b>	Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets the	e "facts-and-c	ircumstances"	test, check t	this box and s	top here.
18	Private foundation. If the organization di instructions	d not check a l	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see ▶ □
					Sch	edule A (Form 990	or 990-EZ) 2019

Schedu	le A (Form 990 or 990-EZ) 2019						Ŗáge 3
Part		tions Descri	bed in Section	on 509(a)(2)			
•	(Complete only if you checked th	ne box on line	10 of Part I	or if the organ			der Part II.
<u> </u>	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	i <b>.)</b>	
	on A. Public Support	(-) 004E	(h) 0040	(2) 0017	(4) 0010	(2) 2010 (	<b>60</b> Tatal
Calen 1	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019/	(f) Total
•	received. (Do not include any "unusual grants.")	0	o	14,233	296,700	344,131	CEE OC
2	Gross receipts from admissions, merchandise	- 0		14,233	290,700	7344,131	655,064
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		o	O		,	
3	Gross receipts from activities that are not an	0	<u>u</u>	<u>v</u>		· · · · · ·	·
	unrelated trade or business under section 513	o	0	o	/ 0	0	(
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	o	o	0		o	(
5	The value of services or facilities						
	furnished by a governmental unit to the	]					
	organization without charge	0	o		0	0	
6	Total. Add lines 1 through 5	0	0	/ 14,233	296,700	344,131	655,064
7 <b>a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons .		_				
	· · · · · · · · · · · · · · · · · · ·	· 0	0	<u>/</u> 0	17,077	23,670	40,747
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	o		o	o	٥	c
С	Add lines 7a and 7b	0	0	0	17,077	23,670	40,747
8	Public support. (Subtract line 7c from	Ť	/				
	line 6.)	, 1	/			l	614,317
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	/ 0	0	14,233	296,700	344,131	655,064
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources .		0	ام			c
b	Unrelated business taxable income (less	<del>∕                                    </del>				<u> </u>	
_	section 511 taxes) from businesses						
	acquired after June 30, 1975 /.	o	o	o	o	o	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
40	or not the business is regularly carried on	0	0	<u> </u>	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	o	م	o		0	0
13	Total support. (Add/lines 9, 10c, 11,		<del></del>		<u> </u>	- 4	
	and 12.)	اه	٥	14,233	296,700	344,131	655,064
14	First five years If the Form 990 is for th	e organization'	s first, second				
	organization, check this box and stop her	е					<b>&gt;</b> 🗹
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		•			15	%
16	Public support percentage from 2018 Sch			· · · · · ·	<del></del>	16	%
	on D. Computation of Investment Inc		<del></del>	. Um = 40 == 1:		1471	0/
17 18	Investment income percentage for 2019 (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					17	<u>%</u>
	33 <sup>1</sup> /3% support tests—2019. If the organi						
	,						

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization .  $\blacktriangleright$ 331/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

# 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art 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		 	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	~	<del> </del>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	~	<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		~
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	~	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		<u>.</u>	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ļ	<b></b>
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 used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(R)			
	purposes.	4c		ļ
5 <b>a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		V .
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	V .
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		7
С	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 <b>Part VI.</b>	9c		<b>V</b> .
10a		10a	·	
· b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	·	· · · · ·	

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)		,	
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ͺa	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u></u>		
	below, the governing body of a supported organization?	11a		~
	A family member of a person described in (a) above?	11b		~
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part '			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	,		١
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
	the supported organization(s).	1		
Section	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
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			لــــــــا
		1		~
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	~	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	[		- 1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Casti	· · · · · · · · · · · · · · · · · · ·	3		
Secu	on E. Type III Functionally Integrated Supporting Organizations		4.	
'	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	cuons	<i>5).</i>
a b	The organization satisfied the Activities Test. Complete line 2 below.		•	
C	<ul> <li>☑ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (statement).</li> </ul>	in	.44.	1
	Activities Test. Answer (a) and (b) below.	Г	Yes	
		┌──┤	165	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		ļ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		İ	1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		—
	·	Z.a	-	
	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," oxplain in Part VI the			.
	reasons for the organization's position that its supported organization(s) would have engaged in these			.
	activities but for the organization's involvement.	<u></u>	<u> </u>	<u> </u>
		2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			- 1
	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? <i>Provide details in Part VI.</i>	<u> </u>		
_		3a		<del></del> ;
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 III the role played by the organization in this regard	3h	<del></del>	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<del> </del>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del>,,</del>	
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	· · · · · · · · · · · · · · · · · · ·	
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<del></del>	
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	<u> </u>	
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		<del></del>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<u></u>	
4 Enter greater of line 2 or line 3.	4		<del>                                     </del>
5 Income tax imposed in prior year	5		<del></del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non functionall instructions).	y int	egrated Type III supporti	ng organization (see

.. .

Part	V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	zations (continued)	
Sect	ion D—Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted .	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
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.	th the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6		<del></del>	
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1_	Distributable amount for 2019 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019		<del></del>	
а	From 2014			• • • • • • • • • • • • • • • • • • • •
b	From 2015		·	
С	From 2016			
d	From 2017			ļ
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			•
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	I
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	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.			
6	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 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016		-	
С	Excess from 2017			
d	Excess from 2018			
_	Evanor from 2010			

Schedule A (F	Form 990 or 990-EZ) 2019		
Part VI	Supplemental Information. Provide the ex III, line 12; Part IV, Section A, lines 1, 2, 3b, B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, lines 2, 5, and 6. Also complete this part for	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, Part IV, Section D, lines 2 and , line 1e; Part V, Section D, li	11a, 11b, and 11c; Part IV, Section I 3; Part IV, Section E, lines 1c, 2a, 2t nes 5, 6, and 8; and Part V, Section E
Part III Line	12: We did not have any other income.		
Part III B: Ti	he Executive Director in the US and the Director of O	perations in Uganda work togeth	er to draft policies, programs, and
activities fo	or the beneficiaries of V2V Project Organisation in Ug	anda. These activities are guided	by decisions made by the
Ugandan V	2V Board and the US V2V Board.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ı'
	Our supported organization in Uganda, Village2Village	•	registered Ugandan NGO since 2006.
Part IV E 2a	a: The activities funded by Village2Village Project are	lifesaving and enriching activitie	s for desperate children living in an
•	ral area. These include medical, educational, emotion		
	amilios. In addition, V2V supports the sponsorship re		1
	r and the child who is sponsored. V2V is responsive		
	of ideas and planning. V2V has no activities that woul		
	a: Village2Village Project Organisation in Uganda app	•	
		•	
	a member of the board but not an officer and attends	, .	
·	gulations, staff policies, and makes decisions that he		~ ·
of services	and expansion. Traveling US board members are inv	vited to meetings held by the Uga	ndan board, and to observe activities
with the chi	ildren.	•••••	
·			
+			•
		·	
		. ,	-

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

2019

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

**Employer identification number** Village2Village Project, Inc. 46-5669532 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and independent of offices in region (by type) (such as, a program service, expenditures for the region fundraising, program services, describe specific type of and investments investments, grants to recipients located in the region) service(s) in the region in the region contractors in the region (1) Sub-Saharan Africa 0 0 Child Sponsorship Program Services 115,121 (2) Sub-Saharan Africa 0 0 Program Services Leadership Development 47,967 . . (3) Sub-Saharan Africa 0 0 Health & Livelihoods Program Services 28,780 (4)(5) (6)(7) (8)(9) (10)(11) (12)(13)(14)(15)(16)(17)3a Subtotal . . . . . 191,868 Total from continuation sheets to Part I . . . . n/a

Totals (add lines 3a and 3b)

191,868

Page 2

Schedule F (Form 990) 2019

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance (f) Manner of cash disbursement 191,868 Wire Transfer (e) Amount of cash grant Sub-Saharan Africa Child Sponsorship + (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II ල € 3  $\Xi$ 

(11)										
(12)						•				-
(13)										
(14)										
(15)									·	
(16)										
8	Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	er of recipies which the q	nt organizations	listed above that ar	re recogni ection 50	are recognized as charities by the fo section 501(c)(3) equivalency letter	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter ▶	ntry, recognized as ta	ix-exempt	_
က	Enter total number of other organizations or entities	r of other o	rganizations or e	intities					•	0
									•	C. C. C. C. C. C. C. C. C. C. C. C. C. C

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Schedule F (Form 990) 2019

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019
Part III Gramts al

	area ii addineliai epae						
, (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)							
(2)							
(3)							
. (4)							
(5)	•	·					
(9)	,	•	•				
(3)	·	•	, ,				
(8)			,				
(6)							
(10)		•					
(11)			Mark are				
(12)			,				
(13)		,					
(14)							
(15)	ż						
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2019

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Page	. 4

Part	IV 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)	☐ <b>Y</b> es	☑ 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 filo with Form 990)	☐ Yés	☑ No

### Double (10111 330) 2013

art V I	Supplemental Information	

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

Part 1-2. The organization's procedures for monitoring the use of its assistance are as follows:
1. Monthly budgets and actual expenditures are submitted to the US office on an excel workbook developed by our US office that
tics cach expenditure, whether school foos, expenses, transportation, medical care, or a portion of operations to a particular
child or bonoficiary who is vettod and enrolled by the Ugandan Board and staff, and the US Executive Director. Reports with
substantiating photos are submitted each month of activities, school visits, home visits and gifts given. School report cards and circulars
(term financial requirements) are also submitted. The Executive Director spends at least 3 weeks in country 1-2 times a year. Sponsors,
US Doard Mcmbers, and volunteers also visit. Receipts for expenditures are submitted each month and approved by the Program Manager
and the Ugandan Director of Operations. An annual audit is done of the Ugandan finances by an independent firm who makes
site visits and reviews all voucher books and bank statements. The Ugandan Director of Operations works in tandem with the
Ugandan board chair and treasurer on all financial transfers and withdrawals of granted funds. Site visits and verification is also
done by the Chief Administrative Officer of Serere District, who verifies workplans and compliance with NGO and district requirements.
······································
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# **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

# 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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** Village2Village Project, Inc. 46-5669532

Part III 4a: Sponsors are provided with updates, photos, letters and opportunities to share personally chosen items with their sponsored
child or their family. Many may opt to visit their child. US sponsorship staff and volunteers often share personal details of the child's family
life, academics, personality, and struggles with the sponsor.
Part VI 11b: Full 990 disseminated via group email to each board member for questions and/or approval. Discussion held during April
2020 video board meeting. Vote taken by email after meeting.
Part VI 12c: The Executive Director is the only person who has a disclosed conflict of interest. Salary discussions are done by the officers
and executive committee without the Executive Director present, and then voted on by the entire board. Loans are not made to board
members or the Executive Director; any contracts that will be executed in the future that involve a person in decision making capacity
will be brought to the entire board for discussions. All present board members are sponsors and/or donors.
Part VI 15a: In order to comply with the IRS requirements for a "reasonable" salary, we apply a minimum of three benchmarks. The first
s from Bluewater Non-Profit solutions found online for Executive Director positions and is a salary survey of those in similar positions
relative to the size of the organizational budget. The second is from Payscale.com referencing the average salary for the industry, and the
hird is also from Payscale.com, but is tailored to the specifics of the individual, the organization's size, and the geographic location.
Finally, the capacity of the organization is considered.
Part VI 19: Governing documents, conflict-of-interest policy, and financial statements are made available upon request.
Part VII 1d: Village2Village Project began in 2003 as a ministry of First Baptist Church of Bristol VT (EIN: 03-0259885).
A small amount of monthly funding still comes through to V2V through that EIN as we complete our transition as an
ndependent entity.
***************************************

Schedule O (Form 990 or 990-EZ) (2019)			<u> </u>	` , ,	· ¿ Fage a
	1 4 4			•	Employer identification number
Village2Village Project, Inc.	٠.		•		46-5669532
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SCHEDULE R (Form 990) Department of the Treasury

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	lame

Village 2Village Project, Inc.

Part I

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

.2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had 46-5669532 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) ٠. (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ations. Complete if the unit of the tax year.	ne organization an	swered "Yes" or	Form 990, Part IV	/, line 34, becau	se it ha	g
(a) Name, address, and EIN of related organization	(b) Prmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charrty status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	12(b)(13) illed y?
	-					Yes	٩ ٧
(1) First Baptist Church of Bristol, EIN: 03-0259885							
188 Purinton Road, Bristol, VT 05443	Church, Relig. activity   Vermont, USA	Vermont, USA	50103	Church n/a	n/a		2
(2)Village2Village Project Organisation, NGO: 6014							
PO Box 23805, Kampala, Uganda, East Africa	Orphan Care	Uganda	50103	501c3 NGO/Public Charity n/a	n/a		>
(3)					-	-	
(4)							
	•						
(5)							
(9)	:	-					
(P)		-	,				

Schedule R (Form 990) 2019

Cat No 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 (i) Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Xes Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? ĝ (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ş (f) Share of total income Yes (g) Share of end-of- Dyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) (d) t Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity (b) Primary activity (c) Legal domicile (state or foreign (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part IV Part III <u>6</u> **æ** 2 Ξ 0 9 2 9 8 € 9 0

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	۱.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	izations listed in Part	S II—IV?			[ -
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•	•	· · · · · · · · · · · · · · · · · · ·	1a	7	l .
<b>b</b> Gift, grant, or capital contribution to related organization(s)				⊢	2	į .
c Gift, grant, or capital contribution from related organization(s)				2	>	1
d Loans or loan guarantees to or for related organization(s)	•	•		무	>	l.
e Loans or loan guarantees by related organization(s)				<b>1</b> e	,	[ .
						l¯¯
f Dividends from related organization(s)				#	7	1.
g Sale of assets to related organization(s)	•	•		19	7	l.
h Purchase of assets from related organization(s)				=	2	l
i Exchange of assets with related organization(s)				;=	>	١.
j Lease of facilities, equipment, or other assets to related organization(s)				<b>;</b>	,	l.
						l T
k Lease of facilities, equipment, or other assets from related organization(s)			•	¥	2	١.
l Performance of services or membership or fundraising solicitations for related organization(s)				F	>	
m Performance of services or membership or fundraising solicitations by related organization(s)	•	•		Ę	>	l.
				=	>	l
o Sharing of paid employees with related organization(s)			•	9	,	t.
		-				1
p Reimbursement paid to related organization(s) for expenses				<del>-</del>	2	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	,	_ [
				1	1	- J
Other transfer of cash or property to related organization(s)				-	2	. 1
				18	7	. 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	implete this line, inclu	uding covered relation	nships and transacti	on thres	holds.	
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	g amount	involved	
(1) First Baptist Church of Bristol	v	5,235	5,235 See Schedule R, Part VII	N		i
(2)Village2Village Project Organisation	b, I, p	191,868	191,868 See Schedule R, Part VII	וו או		
(2)						l
(4)						Į 1
(5)						Į
			- distriction	0 /6	1000	ι÷

# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Printed Organization Check Instructions regarding exclusion for certain invocation and partners in the printed of partners in the printed of partners in the printed of partners in the printed part	(k) Percentage ownership											ļ	<u> </u>			
Disproportionate   Code V—UBI   General allocations?   Area   Part   (Form 1069)	<del></del>	, .				ļ .					 					
Disproportionate amount in box 20 of Schedule K-1 (Form 1065)  Yes No  Yes No	(i) heral or naging rtner?	No		<u> </u>			ļ	<u> </u>	ļ	 			ļ			ļ
Disproportionale allocations?   Ves No		Ϋ́		<u> </u>	ļ	<u> </u>	<u> </u>		ļ	 				ļ	ļ	
						-										
	ntionate ions?	2														
County   Legal common   County   Coun	Dispropo allocat	Yes				2										
(a) address, and EN of entry Pinmary actum) (state or foreign protection (	<b>*</b> **				-											
Primary activity (state or foreign income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country))  Predominant income (elasted, country) (state or foreign income (elasted, country)) (s																
Primary activity (state or foreign income (elaited, country) (state or foreign income (elaited, country) (from tax under sections 512—514)	urtners on (X3) tions?	ĝ														
Primary activity Legal dominile Income (elaited, country) (state or foreign income (elaited, country) (from tax under sections 512—514)	Are all pa sectu 501(c) organiza	Yes								-						
b, address, and ElN of entity  Address, and ElN of entity	(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)														
b, address, and EIN of entity  Primary activity	(c) Legal domicile (state or foreign country)						-									
, address, and EIN of entrty	(b) Primary activity			•												
(1) (2) (3) (4) (6) (6) (6) (10) (11) (12) (15) (15) (15) (16) (16)	(a) Name, address, and EIN of entry															

Part VII Provide additional information for responses to questions on Schedule R. See instructions.
Part V 2(1)(d)
All funds designated for Village2Village Project that come into First Baptist Church of Bristol are
deposited into a separate (FBCB Uganda Project) bank account. Totals are transfered to V2V bank accounts monthly.
In 2019, these funds totaled § 5,235.
Part V 2(2)(d)
Village2Vıllage Project Organisation in Uganda submits budgets, actual expenditures and proposals to V2V Project USA on
a monthly and annual basis. In addition, grants awarded by outside organizations for capital development and designated gifts
by individuals are transferred in entirety.
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