### TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

DECEMBER 31, 2018

	<u> </u>
Prepared for	PROJECT 150 3600 N. RANCHO DR. LAS VEGAS, NV 89130-3149
Prepared by	BRADSHAW, SMITH AND CO., LLP 5851 W. CHARLESTON BLVD LAS VEGAS, NV 89146
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019.

### Form 8879-E0

### IRS e-file Signature Authorization for an Exempt Organization

	-	
calendar year 2018, or fiscal year beginning		, 2018, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

PROJECT 150

\*\*-\*\*\*5161

Name and title of officer

PATRICK SPARGUR

Name of exempt organization

CHAIRMAN/PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0.). But, if you entered .0. on the return, then enter .0. on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1,921,819.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶  b Balance Due (Form 8868, line 3c)	5b	

### Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X lauthorize BRADSHAW, SMITH AND CO., I

to enter my PIN

45161

ERO firm name

do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88051550455

Do not enter all zeros

certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

823051 10-26-18

### EXTENDED TO NOVEMBER 15, 2019

### Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PROJECT 150 \*\*-\*\*\*5161 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3600 N. RANCHO DR. 702-478-8375 termi ated City or town, state or province, country, and ZIP or foreign postal code 1.921.819. G Gross receipts \$ Amended return LAS VEGAS, NV 89130-3149 H(a) Is this a group return Applicafor subordinates? ..... L F Name and address of principal officer: PATRICK SPARGUR Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ▶ WWW.PROJECT150.ORG **H(c)** Group exemption number ▶ Corporation X Trust Other > K Form of organization; Association L Year of formation: 2011 M State of legal domicile; NV Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 7 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 ..... 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 1,637,448. 1,903,352. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,424. 18,467. 1,921,819. 1,640,872. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 1,448,632. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,364,128. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 227,929. 231,954. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 267,385. 219,274. 1,863,467. 1,895,835. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -222,595. 25,984. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 934,840. 977,661. Total assets (Part X, line 16) -1.333. 15,504. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 ..... 936,173. 962,157. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PATRICK SPARGUR, CHAIRMAN/PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid JEFFREY COOPER P00165181 Preparer Firm's name BRADSHAW, SMITH Firm's EIN Firm's address 5851 W. CHARLESTON BLVD Use Only Phone no. (702) 878-9788 LAS VEGAS, NV 89146 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

## Form 990 (2018) PROJECT 150 Part IV Checklist of Required Schedules

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	) .		
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
a	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	44.1		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	<u>X</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	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		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 43		
124	Only delt. D. Desta William IVII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		Х
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		X
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		Х
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	17		X
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		_X_
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		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_

Pa	rt IV 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	X	
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			7.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С		00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	^
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
31	contributions? If "Yes," complete Schedule M	30		
31	MIN III I O A A A N O A	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
-	Schedule N, Part II	32		x
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	х	
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
: <del></del>	Check if Schedule O contains a response or note to any line in this Part V			$\perp \perp$
111			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	- Bennemily minings to price without:	1c	11	

2a Ester the number of employees reported on Form W.3, Transmittat of Wage and Tax Statements, 1801 for the celerator of employees and propried on Form W.3, Transmittat of Wage and Tax Statements, 1801 for the celerator of the celevator of the	Form	990 (2018) PROJECT 150 **-**5	161	Р	age 5
2a Tries The number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2 7	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Bit of the calendary year ending with or within this year covered by this return.  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a both en organization have unrelated business gross income of \$1,000 or more during the year?  3b If 1974es, 'that if lived a firm \$200 for this year? '1974' or fair \$2, provide an explanation is Schoolard or year, and it are called year, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a brink account, secretic account, or deriver from the calendary 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 brink account, secretic account, or deriver financial account)?  4a At any time during the calendary year, did the organization that was or is a party time account or deriver financial accounts (FBAR).  5b If Yes, 'end the time of the foreign country.'  5c Assistance of the financial accounts of the financial accou		W W	0	Yes	No
b If a least one is reported on it in 2.4, did the organization file all required feederal employment has notione?  Note: if the sum of issest a and 28 is greater than 50, you may be required to e-6 fees instructions)  30 Did the organization have unrealized business gross income of \$1,000 or more during the year?  31 Did the organization have unrealized business gross income of \$1,000 or more during the year?  32 All of the organization have unrealized business gross income of \$1,000 or more during the year?  33 All of the organization have unrealized business gross income of \$1,000 or more during the year?  34 All or the man of the fee froign country.  35 If "Yes," find froign country even the analysis of the froign country.  36 If "Yes," find froign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  36 Was the organization party to a prohibilot tax shales transaction at any time during the tax year?  36 Dod any taxoble party notify the organization that it was or is a party to a prohibitotic at shallour transaction?  36 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of extentiable contributions?  37 Doganization shall have a receipt of the valve early selected to the organization in exclusive deductible?  38 If "Yes," did the organization in exclusive deductible organization and party for goods and services provided to the payor?  39 If "Yes," did the organization notify the donor of the value of the yeods or services provided?  40 If "Yes," relicted the have a selected and the payor and the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  40 Did the organization receives a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  41 Tes," did the organization receive a payment in excess of \$75 made party as contribut	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 a		filed for the calendar year ending with or within the year covered by this return 2a			
3a D It he organization have unrelated business gross income of \$1,000 or more during the year?  3b It "Yes", in the filed a Form 900 For the year of "No" to fine 3b, provide an explanation in Schedule D  3b A At any time during the calendar year, did the organization have an intorest in, or a signature or other authority over, a financial account) in a foreign country (euch as a bank account, securidios account, or other financial accounts (PBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR).  Sa Was the organization a party to a prohibite flax shelter transaction at any time during the tax year?  5c A Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c B Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c B It "Yes" did the organization include with every solicitation are optess statement that such contributions or grifts were not tax deductible?  6c B It "Yes" and the organization receive adeductible contributions under section 170(c).  8d bit for organization receive a payment in excess of \$7 made partly as a contribution and partly for goods and services provided to the payor?  7c C X It "Yes", indicate the number of Forms 8202 fled during the year  1d It "Yes", indicate the number of Forms 8202 fled during the year  1d It "Yes", indicate the number of Forms 8202 fled during the year  1d It the organization received an outribution of qualified intellectual property, did the organization file a Form 1900 fled to the payment of the organization received a contribution of causified intellectual property, did the organization file a Form 1900 fled to the payment of the organization make any taxibid contribution of cause of the payment of the pay	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," this it flield a Form 990 T for this year? If "No" to fire 3b, provide an explanation in Schedule O.  A All any time unkning the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country. P.  If "Yes," enter the name of the foreign country. P.  Sae instructions for filing requirements for FineCRN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  Sae instructions for filing requirements for FineCRN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  Sae in Structions for filing requirements for FineCRN Form 114, Report of Foreign Bank and Financial Accounts (FRAR).  Sae in Struction and the enginezation that it was or is a party to a prohibited stax shelter transaction?  Sae Does the organization the enginezation that it was or is a party to a prohibited stax shelter transaction?  Sae Does the organization selection of the common selection of the selection of the common selection selection of the common selection of the common selection of the common selection of the common selection selection selection selection selection selection selection selection selecti		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A vary time during the calendary year, did the organization have an interest in, or a signature or other authority over a francial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 19 "Yes", effort the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 2 Was the organization and the provision of the pro	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
If Yes,* enter the name of the foreign country,	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b if Year," arter the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Year's to line Saor 5b, did the organization file Form 88667?  5c If Year's to line Saor 5b, did the organization file Form 88667 and contributions or gifts any contributions that were not tax disductibile?  5c If Year, did the organization include with every solicitation an express statement that such contributions or gifts were not tax disductibile?  5d Uf Year, did the organization include with every solicitation an express statement that such contributions or gifts were not tax disductibile?  5d Uf Year, did the organization notify the donor of the value of the goods or services provided?  5d Uf Year, did the organization notify the donor of the value of the goods or services provided?  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  5d Uf Year, indicate the number of Forms 8282 fled during the year  6d Uf Year, indicate the number of Forms 8282 fled during the year  7d Uf Year, indicate the number of Forms 8282 fled during the year  7d Uf Year, indicate the number of Forms 8282 fled during the year  7d Uf Year, organization received a contribution of cars, beats, implaines, or other vertices, did the organization flee Form 1990 flear year year year year year year year y	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax sheler transaction at any time during the tax year?  5 Dd any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Description of the party of the	-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  16 "Yes," see instructions and file Form 4720, Schedule N. 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income?			8		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1 6			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4.5				
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15 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?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.				-	Δ
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If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15				v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15	-	Λ
If "Yes," complete Form 4720, Schedule O.	46		40		v
		•	10		v
		n 169, complete Form 4720, Schedule O.	Form	990	(2018)

\*\*-\*\*\*5161 Form 990 (2018) PROJECT 150 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ [ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? Х 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b Х 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)

832006 12-31-18

Form 990 (2018)

89130

statements available to the public during the tax year.

DONALD PURDUE - (702) 721-7150

3600 N RANCHO AVENUE, LAS VEGAS, NV

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

### 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.

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONALD PURDUE	20.00								_	
EXECUTIVE VICE PRESIDENT		X		X				0.	0.	0.
(2) PATRICK SPARGUR	20.00									
PRESIDENT/CO-FOUNDER		X		X				0.	0.	0.
(3) ROBERT B. MCBEATH	20.00									
PRESIDENT	00.00	Х	_	Х		_		0.	0.	0.
(4) GINO WIDEEN	20.00									_
SR. VICE PRESIDENT	00.00	X		X				0.	0.	0.
(5) PASTOR RONALD THOMAS	20.00					ŀ			0	0
VICE RPESIDENT	20.00	X	_	X	_	-	-	0.	0.	0.
(6) HARPER KO	20.00	٠,,		3.7					0	0
DEPUTY GENERAL COUNSEL	20.00	X	-	X	-	-	-	0.	0.	0.
(7) KATE WHITE	20.00	Х		x				0.	0.	0
DIRECTOR OF BUSINESS INTELLIGENCE	20.00	_		Λ				0.	y.	0.
(8) STACEY MILLER EISENBERG	20.00	Х		x				0.	0.	0.
VICE PRESIDENT OF SALES		^		Δ				0.	U •	0.
4	,									
-	,									
( <del></del>							,			
										_

	t VII   Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any	(do box, offic	not c	(C Pos heck ss pe	C) ition more rson		one h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	а	(F) stimate mount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or ar	npensa from th ganizat Id relat anizati	e tion ted
													-
1b c	Sub-total Total from continuation sheets to Part \	/II, Section A						<b>&gt;</b>	0.	0			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization							no re	0. eceived more than \$100	,000 of reportable		Yes	0 . No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s	such individual um of reportable	e co	mpe	 ensa	tion	 and	ot	ner compensation from	the organization	3		х
5 Sec	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	accrue compen	sati	on f	rom	any	unr	elat	ed organization or indivi	dual for services	5		X
1	Complete this table for your five highest co	•	-								sation	from	
	the organization. Report compensation for (A)  Name and business			)NE		/ith (	or w	itnir	the organization's tax (B)  Description of s			C) ensatio	n
2	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nite	d to		se lis	sted	I above) who received m	ore than	F	990 (	0040

Form	990 (	2018) PROJE	ECT 150				**_**5	161 Page 9
	rt VII							
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
		·			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
iran		Membership dues						
Gifts, Grants ilar Amounts		Fundraising events						
ar Z		Related organizations				1		
Contributions, Giff and Other Similar		Government grants (contribut						
rior S	f	All other contributions, gifts, gran						
혈第		similar amounts not included abo	ve 1f 1	903,352.				
dat		Noncash contributions included in lines		246,043.				
<u>8 0</u>	h	Total. Add lines 1a-1f						
				Business Code		-		
Program Service Revenue		×						
ie Š	b							
ven S	C							
gra	d							
Pro	e f	All other program service reve	NDUO.					
_	3	Investment income (including						
	Ü	other similar amounts)						
	4	Income from investment of ta						
_	5	Royalties						
	_	<b>/</b>	(i) Real	(ii) Personal				
	6 a	Gross rents	V		12			
	b	Less: rental expenses			č.			
		Rental income or (loss)						
		Net rental income or (loss)		·····				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				-		
		and sales expenses						
	С	Gain or (loss)				- 1		
	d	Net gain or (loss)						
e e	8 a	Gross income from fundraisin	•					
lu e		including \$						
Rev		contributions reported on line	•					
Other Revenue		Part IV, line 18						
ott.		Less: direct expenses						
		Net income or (loss) from fund	=	······				
	9 a	Gross income from gaming ac						
		Part IV, line 19			ti l			
		Less: direct expenses  Net income or (loss) from gam						
		Gross sales of inventory, less	•					
	IU a	and allowances						
	h	Less: cost of goods sold			1			
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	INSURANCE CLAIM		900099	18,467.	18,467.		
	b					,		
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d			18,467.			
	12	Total revenue. See instructions			1,921,819.	18,467.	0.	0.

# Form 990 (2018) PROJECT 150 Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon-	(A)	(B)	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	1 440 630	1 440 620		
_	individuals. See Part IV, line 22	1,448,632.	1,448,632.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	176,813.		176,813.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	1/0,013.		1/0,013.	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10		51,116.		51,116.	
11	Payroll taxes Fees for services (non-employees):	31,110.		51,110.	
'' a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g.	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4 217	1 760	2,457.	
12	Advertising and promotion	4,217. 1,351.	1,760. 1,351.	2/15/1	
13	Office expenses	1,331.	1,331.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,231.	1,231.		
18	Payments of travel or entertainment expenses	1,201.			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,852.	33,852.		
23	Insurance	25,015.	25,015.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	25 165	25 165		
a	PUBLIC RELATIONS	35,165.	35,165.		-
b	REPAIRS & MAINTENANCE	24,978.	24,978.		
C	INSURANCE - LIABILITY	17,142.	17,142.		
d	PROFESSIONAL FEES	16,996. 59,327.	16,996. 56,758.	2,569.	
e			1,662,880.	232,955.	(
25	Total functional expenses. Add lines 1 through 24e	1,895,835.	1,002,000.	434,333.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	79,031.	1	155,519
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		-	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
س ا	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8   Š	Inventories for sale or use	110,230.	8	110,415
100	B	110,230.	9	110,413
9	Prepaid expenses and deferred charges		9	
108	basis. Complete Part VI of Schedule D 10a 834,785.			
П.		745,579.	40-	711,727
		145,515.		111,121
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	024 040	15	077 ((1
16	Total assets. Add lines 1 through 15 (must equal line 34)	934,840.	16	977,661
17	Accounts payable and accrued expenses	-1,333.	17	15,504
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>ဗ</u> 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities 22	key employees, highest compensated employees, and disqualified persons.			
ei.	Complete Part II of Schedule L		22	
ے <sub>  23</sub>	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
- 1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	-1,333.	26	15,504
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
ဟ မ	complete lines 27 through 29, and lines 33 and 34.		.	-
Ë 27	Unrestricted net assets		27	
g 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
훈	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶			*
៦	and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds	0.	30	0
31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	936,173.	32	962,157
ž   33	Total net assets or fund balances	936,173.	33	962,157
34	Total liabilities and net assets/fund balances	934,840.	34	977,661.

Form 990 (2018)

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Form	990	(2018)	
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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,92		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,89	5,8	35.
3	Revenue less expenses. Subtract line 2 from line 1	3			84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93	6,1	73.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	96	2,1	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		8		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				2.0
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

\*\*-\*\*\*5161 PROJECT 150 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage	Sec	ction A. Public Support						
1. Giffs, grants, contributions, and membership feets received, (Do not include any *unusual grants.*)  2. Tax revenues leved for the organization includes any *unusual grants.*)  3. 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 sine 11, column (i)  6. Public support. Person to sine 11, column (i)  7. Amounts from line 4  8. Gross income from interest, clusters of the sine sine sine sine sine sine sine sin	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
include any "unusual grants.")  2. Tax rovuruous lovied for the organization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge  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, secure the 4 two line 4.  8. Gross income from line 4.  8. Gross income from line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9. Net income from unrelated business activities, etc. (see instructions)  10. Other income. De not include gain or loss from the sale of capital assets (Explain in Part VI).  11. Total support, Add lines? Ithrough 10.  12. Gross receipts from leaf describities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization.  14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (ff).  15. Public support percentage from 2017 Schedule A, Part II, line 14.  16. Sal 31/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (fi).  17. 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.  18. Jacks support test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 1			\\\			1	1	***
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 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. Setosetine \$ ten mine4 8. Gross income from interest, dividends, payments received on securities loans, continued to the set of seto seto seto seto seto seto seto seto		membership fees received. (Do not						
Leadion's benefit and either paid to or expended on its behalf								
or expended on its behalf  3. The value of services or facilities fumished by a governmental unit to the organization without charge  4. Total. Add lines it 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, cokum (f)  6. Public support, selvest line 5 ton line 4.  8. Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources.  9. Not 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 safe of capital assets (Explain in Part VI).  11. Total support Add lines 7 through 10  25. Cross receipts from related activities, etc. (see instructions)  12. Cross receipts from related activities, etc. (see instructions)  13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization  b 33.173% support test - 2018. If the organization did not check the box on line 13, etc. (see instruction of the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the orga	2	Tax revenues levied for the organ-						
3 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, seterate line 5 tom line 4.  Section B, Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total organization in the securities loans, rents, reyalline, and income from interest, dividends, payments received on securities loans, rents, reyalline, and income from ministrest, dividends, payments received on securities loans, rents, reyalline, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support, daff lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, if the Form 990 is for the organization's first, second, firind, fourth, or fifth tax year as a section 501(c)(3) organization, check his box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16a 33 1/3% support test: 2017, If the organization oft on check a box on line 13, read line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test: - 2018, If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts		·						
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) support.  6 Public support. Setemet line 5 ton line 4.  8 Certion B. Total Support.  8 Cross income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, dividends, payments received on securities loans, rents, royalities, and income from innested 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 assess (Explain in Part VI) 1 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI in the organization meets the "facts and-circumstances" test. 1 congruization of the organization in Part VI in the organization meets the "facts and-circumstances" test, check this box and stop here. The organization may fact the "facts and-circumstances" test, check this box and stop here. Explain in Part VI in the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization line to check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circums								
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4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicity supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Sedant line 5 from line 4.  Section B. Total Support  6 Section B. Total Support  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Not 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 assest (Szyplain in Part VI).  11 Total support, Add lines / through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organizations first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here  5 Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  16 3 33 1/3% support test - 2018, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2017, if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and s		, ,						
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. Setreat les & from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources securities loans, rents, royalties, and income from similar sources setimates activities, whether or not the business activities, whether or not the 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 assats (Explain in Part VI.)  11 Total support. Add lines? Ithrough 10  12 Gross receipts from related activities, etc. (see instructions)  12 First five years. If the Form 900 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2017 Schedule A, Part II, line 14  15 Public support percentage from 2017 Schedule A, Part II, line 14  16 3 31/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization length is possible or years. In the Form organization organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstanc		· · · · ·						
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								, <del>[</del>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions				-				
Schedule A (Form 990 or 990-EZ) 2018	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	Sie Wij produce Comp	ioto i dit iii				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	254,304.	581,464.	1 844 971.	1 637 448.	656,709.	4 974 896.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			,	<b>3</b> °à		***************************************
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	·					
6	Total. Add lines 1 through 5	254,304.	581,464.	1,844,971.	1,637,448.	656,709.	4,974,896.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		u				0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)					L. L. L	4 974 896.
_	ction B. Total Support	2780aa I	770		WW no.co	( )	727 - 1 1
	ndar year (or fiscal year beginning in)	(a) 2014 254, 304.	(b) 2015	(c) 2016	(d) 2017	(e) 2018 656, 709.	(f) Total
	Amounts from line 6 Gross income from interest,	254,504.	581,464.	1,844,971.	1,637,448.	030,709.	4,974,896.
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	254,304.	581,464.	1 844 971	1 637 448	656,709.	4 974 896.
14	First five years. If the Form 990 is for					n 501(c)(3) organiza	ation,
	check this box and stop here						<b>▶</b>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2018 (	line 8, column (f), d	livided by line 13, c	olumn (f))			L00.00 %
16	100 00						
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	118 (line 10c, colum	nn (f), divided by lin	e 13, column (f)) .		17	.00 %
18	Investment income percentage from :					18	%
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a	•	•		-		<b>►</b> X
b	33 1/3% support tests - 2017. If the	-					na 
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization			,		-	
20	i mate roundation. Il the organization	and not oneck as	DON OH MIR 14, 19a	OF TOD CHECK THE	S NOV WHO SEE ILIS		

### 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

Sec	etion 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		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI 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 Part VI what controls the organization put in place to ensure such use.	Зс		
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			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		**********	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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		
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		
9a	, , , , , ,			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	-
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	10a	-	-
b				
	determine whether the organization had excess business holdings.)	10b	L	I

Par	t IV   Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
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.		
Sect	tion 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.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	1	ļ
Sect	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	tion 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		
	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?	-	
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).	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
C 1	supported organizations played in this regard.		
Seci	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).		
	Activities Test. Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain 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.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	The completion of governmentation is a confidence of the transfer of Military Milita		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function		ed Type III supporting ord	anization (see
		, 5.7	,, ,, ,,	·
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	<b>τ∨</b>   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
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 which t	he organization is responsive	<u> </u>	
Ū	(provide details in Part VI). See instructions.	ino organization to respondit	•	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	(1)	(::)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	Distributable Amount for 2018
_1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)	_		
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			
•	line 7:	'		
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
_				
6	Remaining underdistributions for 2018. Subtract lines 3h			•
	and 4b from line 1. For result greater than zero, explain in		•	
_	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
•	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

	PROJECT 150		**-***5161		
Organization type (chec	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
	527 political organization				
Form 990·PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
	501(c)(3) taxable private foundation				
· -	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Ru	le. See instructions.		
General Rule					
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor. Complete Parts I and II. See instructions for determining	-	, ,		
Special Rules					
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 )(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part putor, during the year, total contributions of the greater of (1) \$5,000; or (2) 20 -EZ, line 1. Complete Parts I and II.	II, line 13, 16a,	or 16b, and that received from		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contributi is checked, eni purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusion complete any of the parts unless the <b>General Rule</b> applies to this organizat table, etc., contributions totaling \$5,000 or more during the year	tions totaled m <i>usively</i> religious ion because it i	ore than \$1,000. If this box i, charitable, etc., received <i>nonexclusively</i>		
Caution: An organizatio	on that isn't covered by the General Rule and/or the Special Rules doesn't file	Schedule B (F	form 990, 990-EZ, or 990-PF),		
	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990, et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	O-EZ or on its F	orm 990-PF, Part I, line 2, to		
LHA For Paperwork Red	duction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		

Name of organization

Employer identification number

### PROJECT 150

\*\*-\*\*\*5161

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	. (d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	:
(a) No. from Part I	. (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	=
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b> \$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

ROJEC	т 150		**	*-***5161			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total				
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held			
Part I	(b) i dipose of gift	(o) ode of gat	(d) Description	of now gar to note			
	(e) Transfer of gift						
:=	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held			
		(a) Transfer of wift					
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
9							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held			
	Transferee's name, address, an	ad ZIP + 4	Relationship of transferor	to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held			
	# # # # # # # # # # # # # # # # # # #						
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor	to transferee			
12							

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROJECT 150

Employer identification number \*\*-\*\*\*5161

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring				
-							
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area				
	Protection of natural habitat	Preservation of a certified	historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
, а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
С	( )						
d							
	listed in the National Register						
3		leased, extinguished, or terminated by the org	janization during the tax				
	year •						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per		Yes No				
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,	***************************************					
O	Land volunteer flours devoted to monitoring, inspecting,	rialiding of violations, and emorcing conserve					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year				
•	► \$	and of violations, and officially consolvation	cassification during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(b)(4	MB)(i)				
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organizat	•					
	conservation easements.						
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,				
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide				
	the following amounts required to be reported under SFAS 1	• -					
а	Revenue included on Form 990, Part VIII, line 1						
_ <u>b</u>	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018				

832051 10-29-18

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings		747,095.	61,906.	685,189.
c Leasehold improvements				
d Equipment		82,666.	56,980.	25,686.
e Other		5,024.	4,172.	852.
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, colur	nn (B), line 10c.)	▶	711,727.

Schedule D (Form 990) 2018

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements with neven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	ALCO INC.	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII Reconciliation of Expenses per Audited Financia	_	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
ď	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines to and the			
·	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lint XIII Supplemental Information.	ne 18.)	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lint XIII Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	
5 <b>Pa</b> l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; F	5	

# SCHEDULE 1 (Form 990)

Department of the Treasury internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Go to	
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2018	Open to Public	Inspection
	_	_

OMB No. 1545-0047

Employer identification number

Name of the organization PROJECT 150	50						Employer identification number
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?			•			Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domestic	c Governments.	Complete if the orga	anization answered "\	(es". on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
,							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	ne line 1 table				<b>A</b>

Schedule I (Form 990) (2018)

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

3 Enter total number of other organizations listed in the line 1 table

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance \*\*-\*\*5161 (e) Method of valuation (book, FMV, appraisal, other) 1 251 538 THRIFT SHOP VALUE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 9 34 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2018) CLOTHING AND FOOD 832102 11-02-18 Part III

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

\*\*-\*\*\*5161

	PROJECT 150					**-***5	161	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) od of determir contribution a	•	ts
1	Art · Works of art							
2	Art · Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		1,246,043.	THRIFT	SHOP VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded			•				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							-
14	Qualified conservation contribution - Other							
15	Real estate - Residential				-			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				-		_	
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ( )		- 11 4					
29	Number of Forms 8283 received by the organi for which the organization completed Form 82		• .					
	for which the organization completed Form 82	os, Partiv, i	Donee Acknowled	gement 29			Vaa	Na
200	During the year did the argenization require h	u aantributia		arted in Dort Llings 1 through	ah 20 that it		Yes	No
SUA	During the year, did the organization receive by	•			<del>-</del>			
	must hold for at least three years from the date	_		•		00-		х
	exempt purposes for the entire holding period	f	•••••			30a	-	
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance	noliny that =	aguiros tha ravier	of any panetanderd contribu	ıtione?	04		x
31		-	-	=	**********	31		
s∠a	Does the organization hire or use third parties contributions?		•	cit, process, or sell noncasn		32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	( /	Z1 - 1 - 1 - 1 - 1		· 			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Sche	edule M (Fori	m 990	2018

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

Schedule M	(Form 990) 2018	PROJECT	150	**-***5161	Page:
Part II	Supplemental is reporting in Part this part for any ac	Information. I, column (b), the	Provide the information required by Part I, I number of contributions, the number of iter on.	ines 30b, 32b, and 33, and whether the organizes received, or a combination of both. Also cor	ration nplete
				·	
				·	
				1.	
32142 10-18-1	8			Schedule M (Forn	990) 201

### **SCHEDULE O**

Internal Revenue Service

(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 Open to Public

Inspection

Name of the organization

PROJECT 150

Employer identification number \*\*-\*\*\*51<u>61</u>

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO HELP AND SERVE THE HIGH SCHOOL HOMELESS OF CLARK COUNTY NEVADA.
THIS WILL BE ACCOMPLISHED THROUGH A PUBLIC OUTREACH AND GRASSROOTS
EFFORT THAT ASSISTS ALL HIGH SCHOOLS IN THE AREA. OUR EFFORTS WILL BE
TO RAISE AWARENESS OF THESE STUDENTS AND TO PROVIDE SUPPORT TO MEET
THOSES NEEDS. THIS WILL BE ACCOMPLISHED THROUGH DIRECT INTERACTION
WITH THE SCHOOL ADMINISTRATORS, LOCAL BUSINESS, CIVIC, AND GOVERNMENT
LEADERS.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 REPORT FOR APPROVAL
BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH PRINCIPAL OFFICER AND MEMBER OF THE BOARD MUST SIGN A STATEMENT WHICH
AFFIRMS SUCH PERSON:
HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND
UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND
UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
ACCOMPLISH ONE OR MORE OF IT TAX-EXEMPT PURPOSES.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization PROJECT 150	Employer identification number **-**5161
DONALD PURDUE - 10017 CRESCENT MESA LANE, LAS VEGAS, NV 8	9145
PATRICK SPARGUR - 8768 ANCHOR POINT CIRCLE, LAS VEGAS, NV	89117
ROBERT B. MCBEATH - 3600 N. RANCHO DR., LAS VEGAS, NV 891	30
GINO WIDEEN - 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
PASTOR RONALD THOMAS - 3600 N. RANCHO DR., LAS VEGAS, NV	89130
HARPER KO - 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
KATE WHITE - 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
STACEY MILLER EISENBERG - 3600 N. RANCHO DR., LAS VEGAS,	NV 89130

# Related Organizations and Unrelated Partnerships SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▼ Attach to

	etructions and the latest information
Form 990.	tructions and

Open to Public Inspection 2018

OMB No. 1545-0047

Employer identification number \*\*-\*\*5161

Go to www.irs.gov/Form990 for instructi 150 PROJECT

Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROJECT 150-RENO - 45-6645161 3600 N RANCHO AVENUE LAS VEGAS, NV 89130	TO HELP SERVE THE HIGH SCHOOL HOMELESS OF RENO, NEVADA WITH PUBLIC OUTREACH NEVADA	NEVADA		М	ROJECT 150

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. Part II

	î î	ř	Î	1
Section 512(b)(13) controlled entity?	Yes No			
(f) Direct controlling entity				
(e) Public charity status (if section	501(c)(3))			
(d) Exempt Code section				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

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

Schedule R (Form 990) 2018

Page 2 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. \*\*-\*\*5161 Schedule R (Form 990) 2018 PROJECT 150 Part III

General or Percentage managing ownership partner? Schedule R (Form 990) 2018 Yes No 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. (i) Section 512(b)(13) controlled entity? 3 Percentage ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) 40 <u>©</u> (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization a) 832162 10-02-18 Part IV

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			<b>1</b> a
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10
				1d
				1e
f Dividends from related organization(s)				<b>=</b>
g Sale of assets to related organization(s)				Di
h Purchase of assets from related organization(s)				1h
i Exchange of assets with related organization(s)				1i
j Lease of facilities, equipment, or other assets to related organization(s)				1
k Lease of facilities, equipment, or other assets from related organization(s)				÷
Performance of services or membership or fundraising solicitations for	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			= E
	ion(s)			4
	(2)			10
p Reimbursement paid to related organization(s) for expenses				d.
Reimbursement paid by related organization(s) for expenses				19
r Other transfer of cash or property to related organization(s)				1-
s Other transfer of cash or property from related organization(s)				1s
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.	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	pe <sub>N</sub>
(1)				
West, and the second se				
(2)				
(3)				
(4)				
(5)				
(9)				
832163 10-02-18	41		Schedule R	Schedule R (Form 990) 2018

Page 4

Schedule R (Form 990) 2018 PROJECT 150

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

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.

St. and EIN         Primary activity         Logal dominion         Predominant factors         Share of street of control (related, with with the control of country)         Share of street of control of country)         Share of control of control of country)         Share of control of country)         Share of control of country         Share of control of control of country         Share of country         Share of control of country         Share of control of country         Share of country	(a) (b) (c) (d)	(p)	(0)	(p)	(e)	€	(6)	3	(9)	8	3
Sections 512-514) Yes No income assets	Iress, and EIN entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax income	Are all partners sec. 501(c)(3) ons.?		Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing partner?	Percentage ownership
			country)	sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	
											Ì

Schedule R (Form 990) 2018 PROJECT 150	**-***5161	Page 5
Part VII Supplemental Information.		
Preside additional life or start forms are not because in a contract of the start o		
Provide additional information for responses to questions on Schedule R. See instructions.		
		_
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		_

# 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM	990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	Noc.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													-
	9 3600 NORTH RANCHO LAND	07/01/15	ы			201,523.				201,523.			.0	
	10 3600 NORTH RANCHO BUILDING	07/01/15	SL	39.00	MM17	524,736.				524,736.	33,077.		13,455.	46,532.
<del></del> i	11 BUILDING SIGNS	07/01/15	SI	39.00	MMI 7	3,573.				3,573.	226.		92.	318.
<i>н</i>	12 WAREHOUSE SHELVING/STORAGE	07/01/15	200DB	5.00	HY17	4,844.			2,422.	2,422.	1,724.		279.	2,003.
<del>гі</del>	15 SONITROL ALARM SYSTEM	09/13/16	200DB	5.00	HYI 7	12,419.			6,210.	6,209.	3,229.		1,192.	4,421.
	BUILDINGS					747,095.			8,632.	738,463.	38,256.		15,018.	53,274.
	FURNITURE & FIXTURES													
	3 NVIZION IT	05/04/1S 200DB		5.00	HY17	1,865.			933.	932.	663.		108.	771.
н.	13 PACVAN SHIPPING CONTAINER	03/31/16	200DB	5.00	HY17	1,700.			850.	850.	442.		163.	605.
н	$\sim$	02/06/17	200DB	7.00	HY17	1,459.			730.	729.	104.		179.	283.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					5,024.			2,513.	2,511.	1,209.		450.	1,659.
	MACHINERY & EQUIPMENT													
	4 NVIZION IT	05/04/15	200DB	5.00	HXI.7	2,846.			1,423.	1,423.	1,013.		164.	1,177.
	5 NVIZION IT	05/04/15	200DB	2.00	HY17	861.			431.	430.	306.		50.	356.
	6 PHONE SYSTEM NVIZION	06/30/15	200DB	5.00	HY1.7	.009			300.	300.	214.		34.	248.
	7 SPEAKERS CISKO SOUND	06/30/15	200DB	5.00	HY17	500.			250.	250.	178.		29.	207.
	8 NVIZION IT	12/07/15	200DB	5.00	HY17	1,778.			889	889.	633.		102.	735.
828111	828111 04-01-18				=	(D) - Asset disposed	peso		*	ITC, Salvage,	Bonus, Comm	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

# 2018 DEPRECIATION AND AMORTIZATION REPORT

-																
	Ending Accumulated Depreciation	977.	3,700.		20,782.	1,092.	1,794.	24,440.	48,108.	106,741.						
	Current Year Deduction	601.	980.		1,197.	63.	1,104.	15,040.	17,404.	33,852.						
	Current Sec 179 Expense															
	Beginning Accumulated Depreciation	376.	2,720.		19,585.	1,029.	690.	9,400.	30,704.	72,889.	à per					
	Basis For Depreciation	1,878.	5,170.		20,782.	1,092,	3,450.	47,000.	72,324.	818,468.						
	Reduction In Basis	1,879.	5,172.							16,317.						
	Section 179 Expense															January Property
990	Bus % Excl															
	Unadjusted Cost Or Basis	3,757.	10,342.		20,782.	1,092.	3,450.	47,000.	72,324.	834,785.						
Ì	00c>	HY17			HY17	LTAH	H <u>Y1</u> 7	HY17								
	Life	5.00			5.00	2.00	5,00	5.00						_		
	Method				200DB	200DB										
	Date Acquired	08/21/17 200DB			06/13/13	06/18/13	03/09/17 200DB	02/27/17 200DB								
ORM 990 PAGE 10	Description	17   18 IPADS	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	TRANSPORTATION EQUIPMENT	TRUCK	DODGE VAN	PT CRUISER	18 BOX TRUCK	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT	* GRAND TOTAL 990 PAGE 10 DEPR						
ORM 99	Asset No.	17			ri	7	16	1 8								
~																

828111 04-01-18

### Form **8868**

(Rev. January 2019)

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Internal Revenue Service

File a separate application for each return. ➤ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print PROJECT 150 \*\*-\*\*\*5161 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 3600 N. RANCHO DR. City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions LAS VEGAS, NV 89130-3149 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 Form 990-BL 08 02 Form 1041-A Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 10 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 06 DONALD PURDUE The books are in the care of ► 3600 N RANCHO AVENUE - LAS VEGAS, NV 89130 Telephone No. ► (702) 721-7150 Fax No. -I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2019)

☐ Change in accounting period