Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 20 2018, and ending For the 2018 calendar year, or tax year beginning D Employer identification number C Name of organization MADE IN THE STREETS Check if applicable: 20-4044723 Doing business as Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 615-373-1782 Initial return 409 Franklin Road City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 759,785 G Gross receipts \$ Brentwood, TN 37027 Amended return H(a) Is this a group return for subordinates? ☐ Yes ☑ No F Name and address of principal officer: Application pending H(b) Are all subordinates included? 🗌 Yes 🔲 No Amy Surdacki - 409 Franklin Road, Brentwood, TN 37027 If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) (501(c)(3) Tax-exempt status: H(c) Group exemption number ▶ www.madeinthestreets.org Website: ▶ M State of legal domicile: TN Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2005 Summary Part I Briefly describe the organization's mission or most significant activities: To provide financial support for relief of the poor, the distressed and the underprivileged in and around Nairobi, Kenya and to receive contributions and pay them to MADE IN THE Activities & Governance STREETS (Kenya), a society organized under the laws of Kenya as a non-governmental organization. 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 25 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0 Net unrelated business taxable income from Form 990-T, line 38 **Current Year** 760,150 721,978 Contributions and grants (Part VIII, line 1h) . . . Revenue Program service revenue (Part VIII, line 2g) 9 (365)Investment income (Part VIII, column (A), lines 3, 4, and 7d) 786 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 51.362 11 759,785 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 774,126 12 727,653 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 652,953 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 124,966 105,138 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 60,881 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 67,372 17 913,500 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 825,463 18 (153,715)(51,337)Revenue less expenses. Subtract line 18 from line 12 . 19 **End of Year** Beginning of Current Year 355,342 509,057 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) . . . 21 355,342 Net assets or fund balances. Subtract line 21 from line 20 22 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. Date Sign Signature of officer Treasurer Cricka Here Type or print name and title Date Preparer's signature Print/Type preparer's name Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no. Firm's address ► Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions)

orm 990	O (2018)
Part l	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: To provide financial support for relief of the poor, the distressed and the underprivileged in and around Nairobi, Kenya and to receive
	To provide financial support for relief of the poor, the distressed and the didde privileges in successful and the didde prival and the didde privileges in successful and the
	contributions and pay them to MADE IN THE STREETS (Kerrya), a society organization.
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2	Did the organization undertake any significant program services during the year which were not listed on the
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3	Did the expeniation coses conducting or make significant changes in now it consists and it
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4	Describe the organization's program service accomplishments for each of its three largest program services, as modelled by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ including grants of \$ 625,953) (Revenue \$)
4a	
	the Life and provided houseing from Chilling, HealthCale and County on the Establishment
	the program. In addition, carried on a program of visiting, feeding, counseling, and program. In addition, carried on a program of visiting, feeding, counseling, and program of visiting, and
	residency program.
	residency program.
	5 400 \ (Royenue \$)
4b	(Code:) (Expenses \$5,400 including grants of \$5,400) (Revenue \$)
	Sent money to Lighting the Ethiopian Faul, a non-profit solution and goals as MADE IN THE STREETS. the Ethiopian Path is a program with a similar mission and goals as MADE IN THE STREETS.
	the Euliopian Fauris a programmer.
	Code:) (Expenses \$including grants of \$) (Revenue \$)
40	; (Oode,
_	
4	Other program services (Describe in Schedule O.) (Figure 2008
	(Expenses \$ Total 361
4	le Total program service expenses ► 794,261 Form 990 (201

In the organization described in section 501(c)(S) or 4947(e)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization engage in clared to rindirect political campaign activities on behalf of or in opposition to maridates for public officer if "Yes," complete Schedule C, Part II and the organization and the traveal of the property of the organization engage in foliations on the foliation of the organizations. Did the organization engage in foliation organization that receives mambership dues, essessioners, or similar amounts as defined in Revenue Procedure 96-197 if "Yes," complete Schedule C, Part III assessions of the organization as section 50(c)(S), organization that receives mambership dues, assessioners, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III assessioners, or organization remarks as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III assessioners, or other invalidation receives or the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part III assessioners, or other similar assate? If "Yes," complete Schedule D, Part IV III if the organization report an amount for lineating assession to propriet schedule D, Part IV III if the organization report an amount for lineating assession of the schedule D, Part IV III if the organization included in consolidated, independent audited financial statements for the tax year if the schedule D, Part IV III is the part of the IV III in the organizat	Part I	Checklist of Required Schedules	1	Yes	No
complete Schodule A. 1 Is the organization required to complete Schodule B, Schodule of Contributors (see instructions)? 2 If the organization engage in infert or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schodule C, Part I . 3 Action 501(e)(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 Schodule C, Part II . 5 Is the organization as section 501(e)(4), 501(e)(6), or 501(e)(6) organization that receives membership dues, assessments, or shinlar amounts as defined in Revenue Procedule 9-8-19 If "Yes," complete Schodule C, Part II . 5 Is the organization an anitian any dener 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 Schodule D, Part II . 5 If the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schodule D, Part II . 5 If the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ion 21, for serve or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for serve or custodial account liability, serve as a custodian for amounts or listed in Part X, line 12 flat is 5% or more of the transparent or consolidates ac			\dashv		
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 5	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)	4		✓
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 101 in 163 complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VI Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX is proported in Part X, line 167 if "Yes," complete Schedule D, Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," complete Schedule D, Part X is proported in Part X, line 167 if "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII is optional to the organization report on Part IX, column (A), line 3, more than \$10,000 form grants or other assi	11	If the organization's answer to any of the following questions is "Yes, then complete ocheans by the transfer of the complete ocheans by the c			
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of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. e Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d	b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% of more	11b	-	1
d Did the organization report an amount for other assets in Part X, line 15 that is 3% of micro on to total reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 and XI soft on the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XI soft on the "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XI is optional "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional "Yes," and if the organization and office, employees, or agents outside of the United States? 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts I and IV. 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV. 16 Did the organization report at a total of more than \$15,000 of programs for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. 17 Jin 15 Jin 16 Jin 16 Jin 16 Jin 16 J	С	Did the organization report an amount for investments—program related in Part X, line 15 that is 50% of more	11c		1
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the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "Yes," and if the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, for any foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundralising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II (see instructions) 17 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 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 II 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If "yes," complete Schedule H 20 Did the organization operate one or more hospital facilities? If any domestic organization organization organizati	е	the second of th	1.0	+	+
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b Was the organization included in consolidated, independent audited financial statements of the tax year """ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a	Did the organization obtain separate, independent audited financial statements for the tax year in res, complete	12a	1	-
13 Is the organization a school described in section 170(b)(1)(A)(II)? Test, complete Schedule Schedu	b	Was the organization included in consolidated, independent audited financial statements for the tax year. If		_	1
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grafts of other assistance to 5. 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. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a ✓ 20a ✓ 20b ✓ 20b ✓ 20b ✓		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaning, fundraising, business, investment, and program service activities outside the United States, or aggregate fundraising, business, investment, and program service activities outside the United States, or aggregate fundraising, business, investment, and program service activities outside the United States, or aggregate	14l	3 V	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants of other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20a ✓ 20a ✓ 20b ✓ 20b ✓ 20b ✓	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to street the organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to street as str	15	. 1	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundations of Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants of other	16	;	1
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions. Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20 a Utilities The schedule G, Part III. 20 b Utilities The schedule G, Part III. 20 c Utiliti	17	Did the organization report a total of more than \$15,000 of expenses for professional full daising services of	17	<u> </u>	/
19 Did the organization report more than \$15,000 of gross income from gaming activities of Fact VIII, into out. If "Yes," complete Schedule G, Part III	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of	18	3	1
20 a Did the organization operate one or more hospital facilities? If "Yes, complete schedule II." b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 40b 20c 40c		Did the organization report more than \$15,000 of gross income from gaming activities of Fart viii, into sach			
	20	a Did the organization operate one or more hospital facilities? If "Yes, complete schedule?"	20		<u>'</u>
TARRESON SOLVENIA CONTRACTOR CONT					V 1994

Part I	V Checklist of Required Schedules (continued)	Y	es N	0
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<u>/</u>
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	24a	,	<u>/</u>
	the investory proceeds of tay-exempt hongs beyong a temporary period exception	24b	<u> </u>	
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c	1.	/
С		24d	- `	/
d	the season of th			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an oxoso permanents of the section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an oxoso permanents of the section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an oxoso permanents of the section 501(c)(4), and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an oxoso permanents of the section 501(c)(4), and 501(c)(4)	25a		/_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees.	26		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee, a grant selection committee member, or to a 35% controlled substantial contributor or employee, a grant selection committee member, or to a 35% controlled substantial contributor or employee.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (300 05.1543.15 = 5.	28a		√
а	till an director trustee or key employee? If tes, complete ochodulo 2, and			
b				✓
C	" - " - Illust or indirect OMNORY IT YES COMDICTE OUTGOING ET ANTI-	28c 29		√
29	was an officer, director, trustee, or direct of indirect owner; " " " " " " " " " " " " " " " " " " "			
30	Did the organization receive more than \$25,000 in historical treasures, or other similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			√
31	conservation contributions? If "Yes," complete Schedule N. Part I Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	,		
32				√
33				1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, complete schedule II, I also in the complete schedule III, I also in the complete schedule III also in the complete schedule	34 35a		1
35	this is a second of the meaning of Section 314(0)(19).			
!	 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 			1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-statement of the section 501(c)(3) organizations.		-	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization. Did the organization conduct more than 5% of its activities through an entity that is not a related organization.		┼	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Fart Vy mass and the All Farm 1990 filers are required to complete Schedule O.	38	1	_
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	
		1		
-	1a Enter the number reported in Box 3 of Form 1090. Enter -0 if not applicable	-0-		
	Landaus withholding rules for reportable payments to volucio an	nd	,	
	c Did the organization comply with backup withholding rates to reportable gaming (gambling) winnings to prize winners?	10	rm 9 9	10
	1000	10	76 ELL 2013	- (

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? b If at least one is reported on fine 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1s and 2a is greater than 250, you may be required to entire the return of the calendar year, and the programation file all required to entire the program of the calendar year, of the organization and program of \$1,000 or more drings the year? 3b If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial account) as financial accountry as a financial and excount in a foreign country (such as a bank account, securities account, or other financial accountry financial acco	Part \	Toy Compliance (COMMUNE)	Yes No
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16 Is the organization an educational institution subject to the section 4966 excise tax of the investment and		10 Farm 1700 Cohodula N	16
If "Yes," complete Form 4720, Schedule O. Form 990 (2018)	16	Is the organization an educational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocational institution subject to the section 4900 excise tax of the invocation in the invocation in the invocation of the invocation in the	10 4
		If "Yes," complete Form 4720, Schedule O.	Form 990 (2018)

Form 990	0 (2018)	and for a "No"
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instructions.
	Check if Schedule O contains a response or note to any line in this Part VI	🗆
Cti-	on A. Governing Body and Management	
Secu	on A. Governing body and Management	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year	
Ia	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 of similar	
	committee, explain in Schedule O.	
b	Enter the number of voting members included in line 1a, above, who are independent	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 🗸
3	Bid the experience delegate control over management duties customarily performed by or under the direct	3 1
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4 1
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 ✓
5	Did the organization have members or stockholders?	6 ✓
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	
7a	one or more members of the governing body?	7a ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b ✓
	bid the organization contemporaneously document the meetings held or written actions undertaken during	
8	Did the organization contemporaneously document the meetings hold of whiten assets and the following:	-6-
_	the year by the following: The governing body?	8a √
a b	Fach committee with authority to act on behalf of the governing body?	8b ✓
9	to the area and efficient director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at	9 1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ue Code.)
Secti	ion B. Policies (This Section & requests information about policies (This Section & requests information about policies)	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a ✓
b	us (see a superior base proprietion base written policies and procedures governing the activities of such chapters,	
b	will the and branches to oncure their operations are consistent with the organization a exempt purposes.	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before him gifter form:	11a ✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a ✓
12a	Did the examination have a written conflict of interest policy? If "No," go to line 13	12b ✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120 7
С	describe in Schedule O how this was done	12c √
13	Did the organization have a written whistleblower policy?	13 ✓ 14 ✓
14	Did the organization have a written document retention and destruction policy?	14 V
15	Did the organization have a whitest abstance of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO Executive Director, or top management official	15a ✓
b	Other officers or key employees of the organization	15b ✓
	If "Ves" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	with a tayable entity during the year?	16a ✓
b	If the erganization follow a written policy or procedure requiring the organization to evaluate its	
	participation in joint venture arrangements under applicable rederal lax law, and lake sleps to safeguard mo	16b
	organization's exempt status with respect to such arrangements?	1001
Sec	tion C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed Tennessee Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990.	T (Section 501(c)
18	(3)s only) available for public inspection. Indicate now you made these available. Or lock all that apply.	
	□ Own website □ Another's website □ □ Upon request □ Utner (explain in Scriedule U)	احجم بيمال ـ عمريد
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	
20	the person who possesses the organization's books and i	ecords >
20	Ericka Maple, 409 Franklin Road, Brentwood, TN 37027	
		Form 990 (2018)

orm 990 (2018	Turtes Kay Employees Highest Compensated Employees, an	d
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	
	Independent Contractors	7

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.

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

compensated employees; and former such pers	ons.								sefficer director	or trustee
Check this box if neither the organization not	r any related	dorga	niza	ation	1 00	mpe	nsa	ted any curren	officer, director	, or trustee.
				,,	7				İ	
(A)	(B)	(-1		Posit		than c		(D)	(E)	(F)
(A) Name and Title	Average	(ao na	ot on: Inless	eck i s der	son	is both	an	Reportable	Reportable	Estimated amount of
Name and the	hours per	office	r and	a di	recto	or/trust	ee)	compensation from	compensation from related	other
	week (list any hours for	or Inc	'n	읶	₹ 6	육동	Ę.	the	organizations	compensation
	related	Individual trustee or director	曹	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the organization
	organizations	tual	tion	,	nplc	t co	`	(W-2/1099-MISC)		and related
	below dotted	trug	ם		уее	mpe				organizations
		tee	Institutional trustee		"	Highest compensated employee				
			ö			ted	L			
(1) Patrick Chappell	22	1								
Director		\ <u> </u>	├-	-	┝		+			
(2) Chris Gingles	2	1							1	
Director		+*	+-	 	\vdash	├	+	+		
(3) Larry Hagerman	2					Ì	1			
Director		1	┿-	+-	\vdash	+	+			
(4) Steve Henn	2	٠,								
Director		+*	+	+-	-	┼─	十		 	
(5) Cassuandra Stephens	2	- ,								_
Director		1	-	┼─	+	+-	+			
(6) Winn Thomas	22	-					-			
Director		1	+	+-	+	+-	+			
(7) David Wilson	2	- /					Ì			
Director		+ *	+	+-	+	+	+			
(8) Sarah Wilson	2	- ,								
Director		1	+	+	╅	+-	+	+		
(9) Amy Surdacki	5	/						Ì		
President		1		+	+	+-	-			
(10) Steve Sherman	2	/								
Secretary		_	+	+	+		+			
(11) Ericka Maple	5	} ,	.					9,6	20	
Treasurer		✓	+	-	-		+	9,00	, o	
(12) Brad Voss	40							75,0	no	
Executive Director		+-		+	+	+	-+	75,0		
(13)							1			
			-	+	+	\dashv	\dashv	-		
(14)							ĺ			
					L					F 000 (2018

orm 990 (2		oos Key Et	nnlov	ees	. an	d H	iahes	t Co	ompensated E	nployees (cont	inued)
Part VI	Section A. Officers, Directors, Trust	ees, Key Ei	пріоу	000	(C)	.9				
	(A) Name and title	(B) Average	box. t	ot ch	s per	nore	than o	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
5)											
6)											
7)					_						
8)											
9)			-					-			
20)			-				_	_			
21)			_		_						
22)				_	ļ,	-	ļ	_			
23)				_			-	1			
24)					_			_		-	
25)								_	84,60	20	
C	Sub-total	rt VII, Sect	ion A	٠.	•		 	•	84.6	00	2.000 of
2	Total (add lines 1b and 1c) Total number of individuals (including be reportable compensation from the organical compensation).	out not limit	ed to	tho	se li	iste	d abo	ve)	who received 0	more than \$100	Yes No
3	Did the organization list any former employee on line 1a? If "Yes," complet	a Schedille	I ICH	3111	JI I II	IUIV	laaai				
4	For any individual listed on line 1a, is to organization and related organization individual	the sum of as greater	reporthan	tabl \$15	e co 50,0 	omp 00?	ensa If " 	tior Yes 	n and other coll ," complete S 	chedule J for nization or indi	such 4 1
-	for services rendered to the organization	on? If "Yes	, con	прів	10 0	00710	Juano	0 /	,, odo., p		
1	Complete this table for your five highe compensation from the organization.	st compen Report com	sated pens	ind atio	epe n fo	nde r th	ent co e cale	ntra end:	actors that rece ar year ending	eived more that with or within t	
	year. (A) Name and business	address							Description	of services	(C) Compensation
	Total number of independent contra	actors (inc	luding	bu	ıt n	ot l	imited	d to	those listed	above) who	
-	received more than \$100,000 of comp	ensation fr	om th	e or	gan	ızat	ion 🟲				Form 990 (2

Part '	VIII	Statement of Revenue			line in this	Dort VIII		🗆
	1997	Check if Schedule O contai	ns a respo	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
10 10	10	Federated campaigns	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						$\frac{d^2}{dt}dx = 1$
S E		Fundraising events	·					
LA its		Related organizations	·					
- E		Government grants (contribution						
Sir	f	All other contributions, gifts, gran	its,		3.5			
He E		and similar amounts not included abo	ve 1f	760,150				
들	g	Noncash contributions included in line	s 1a–1f: \$					
a So	h	Total. Add lines 1a-1f	· · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>	760,150			-
e n			Ļ	Business Code				
ven	2a		}					
Se	b							
Ğ.	С							
Ser	d							
ram	е	All other program service re	venue .		 			
Program Service Revenue	f	Total. Add lines 2a-2f	veriuo : · [5.7		
	<u>g</u>	Investment income (includ	ing divide	ends, interest,				
	"	and other similar amounts)		•	(365))		
	4	Income from investment of tax	exempt bo	ond proceeds ►				
	5	Royalties		<u> ▶</u>				
	~	, to yailine) Real	(ii) Personal	2.0			1.0
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)			47			
	d	Net rental income or (loss)	<u> </u>					
	7a	Gross amount from sales of (i) S	ecurities	(ii) Other	-			
	1	assets other than inventory					and the state of	
	b							
		and sales expenses .			- 100			
	C	· · · · · · · · · · · · · · · · · · ·						
	d	Net gain or (loss)		· · · · · ·		1	T 100	
Φ	8a	Gross income from fundrai	sina					
J.	oa	events (not including \$	g					
ě		of contributions reported on	line 1c).					
Œ.		See Part IV, line 18		a				
Other Revenu	l b	t live of our appear		0				
0		At the ser as (loss) from f	undraising	g events . 🕨	•			
	98	Gross income from gaming	activities.					
	ļ	See Part IV, line 19	:	a				
	k	Less: direct expenses .	1	b				
	0	Net income or (loss) from	gaming ac	tivities •	<u> </u>			
	108	a Gross sales of invent	ory, less			100		
		returns and allowances		a	-			
		b Less: cost of goods sold	 - alaa of in	b	-			
	<u> </u>	c Net income or (loss) from	sales of in	Business Cod				T 1 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Miscellaneous Revenu						
	11			•				
	1	b		-				
	1	d All other revenue		•				
	- 1	e Total. Add lines 11a-11d			>			
	12			<u>)</u>	759,7	785		Form 990 (2018)

	•				
Pa	ırt IX	Statemen	of	Functional	Expenses

	501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response	se or note to any iin	em mistartix .	(C)	(D) Fundraising
3b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	727,653	727,653		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	75,000	22,500	15,000	37,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			2,004	20,578
. 7 8	Other salaries and wages	41,156	12,347	8,231	20,510
9 10 11	Other employee benefits	8,810	2,643	1,762	4,405
a b c	Management	14,790		14,790	
d e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	5,532	2	5,532	
15 16 17 18	Royalties	29,11	8 29,11	8	
19 20 21 22	Conferences, conventions, and meetings Interest				
23 24	Insurance	26 d f		266	11,17
	Fundraising Event	. 11,1	75		11,17
	All other expenses Total functional expenses. Add lines 1 through 24	e 913,5	794,2	61 45,58	1 73,65
	organization reported in column (B) joint cost from a combined educational campaign an fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	d if			Form 990 (201

Pa	rt X	Balance Sheet	+ X		
		Balance Sheet Check if Schedule O contains a response or note to any line in this Pal	(A)		(B)
			Beginning of year		End of year
		Cash—non-interest-bearing	504,768		336,154
	1	Cash—non-interest-bearing		2	19,188
1		Pledges and grants receivable, net		3	
Ì	3	Accounts receivable, net	757S	4	
ļ	4	to the receivebles from current and former officers, directors,			Electric Files
	5	Loans and other receivables from current and trustees, key employees, and highest compensated employees.		_	
- {		Complete Part II of Schedule L		5	
}		the conscionables from other disqualified persons (as defined under section			
ì	6				
1		the restance of section 50100000 VOIDINALLY CITIDIOYEES DOTICIONALLY		ا ۽	
s		organizations (see instructions). Complete Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use	4 702	9	
1	9	Prepaid expenses and deferred charges	1,783		
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		10c	
	b	Less: accumulated depreciation [10b]		11	
	11	Investments—publicly traded securities		12	
	12	Associated at the securities See Part IV. Inc. 11		13	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	509,057	16	355,342
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	17	Accounts payable and accrued expenses		18	
	18	Deferred revenue		19	
	19	To assembly hand liabilities		20	
	20	Francisco ar sustadial account liability. Complete Part IV of Schedule D.		21	
10	1 -	t use so current and former officers, unectors,			
ţį	22	the last employees highest compensated employees, and		22	
Liabilities		disqualified persons. Complete Part II of Schedule E		23	
Ľ.	23	Occurred mortgages and notes payable to unrelated third parties		24	
	24	the same distance and loans navable to unrelated third parties		27	
	25	todorol income tax Davables to related time	,		
		parties, and other liabilities not included on lines 17-24). Complete t are	`	25	
		of Schedule D		26	
	26	Total liabilities. Add lines 17 through 25	nd		
		Organizations that follow SFAS 117 (ASC 958), check here ► □ au complete lines 27 through 29, and lines 33 and 34.			
ğ		complete lines 27 through 25, and lines 65 and 6 w	220,817	27	176,025
2	27	Unrestricted net assets	288,240	28	179,317
ď	28	= it is the depote the second to the second		29	
ב 2	29	Permanently restricted net assets . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ ar	nd		
ű	-	complete lines 30 through 34.			
Separate And Balances	5 20	Carital stock or trust principal or current funds		30	
4	30	Delid in an applied surplus, or land, building, or equipment tung		31	
2	2 31 32 32	Rotained earnings, endowment, accumulated income, or other funds.		32	
•	32 9 33	Total net assets or fund balances	509,05 509.05		
2	34		509.05	/ 34	Form 990 (2018
-	1 0-1				·

Form 990	(2018)				
Part 2	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	1		759,	,785
1	Total revenue (must equal Part VIII, column (A), line 12)	2			,500
2	Total expenses (must equal Part IX, column (A), line 25)	3		(153,	
3	Revenue less expenses. Subtract line 2 from line 1	4		509	,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	5			
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			:
8	Prior period adjustments	9			
9	Other changes in net assets or fund balances (explain in Schedule O).				
10	Other changes in net assets of fund balances (orphantal lines 3 through 9 (must equal Part X, line Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10		355	5,342
	33, column (B))				
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	· · ·	
	Check it Schedule O contains a responde of flete to any			Yes	No
1 2a b	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	 npiled ted or	. 2a or 2b		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the tax year, or the organization changed either its oversight process or selection process during the organization changed either the organization changed eith	explain	n in	✓	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as se			-	1
b	to the required audit or audits? If the organization did not un	20.90		orm 990	12010
	Toguilou dustres. 7 - 1		Fo	ıın əət	J (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 20-4044723 MADE IN THE STREETS

	Reason for Public Charit	v Status (All o	rganizations must c	omplete	this par	t.) See instruction	S
Par	rappization is not a private foundation	on because it is:	(For lines 1 through 1	2, check	only one	DOX.)	
ine o	A church, convention of churche	es or association	of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	
0	[] A school described in section 1	70(b)(1)(A)(ii). (A	ttach Schedule ⊑ (For	m 990 or	990-62)	•)	
_	The state of the second st	sital convice oraș	nization described in :	section	/UIDH H	(A)(III)•	
4	☐ A hospital or a cooperative nosp ☐ A medical research organization	operated in con	junction with a hospit	al descril	oed in se	ction 170(b)(1)(A)(ii	i). Enter the
4	the state of the seal states						
5	☐ An organization operated for th	e benefit of a c	ollege or university o	wned or	operated	by a governmental	unit described in
	section 170(b)(1)(A)(iv), (Compl	ete Part II.)					
6	☐ A federal, state, or local government	ment or governm	ental unit described i	n section	170(b)(I)(A)(V). mantal unit or from	the general public
7	An organization that normally re	eceives a substa	intial part of its supp	ort from a	a govern	mental unit of nom	the general partie
	described in section 170(b)(1)(A	4)(VI), (Complete	ran II.)	ort II \			
8	A community trust described in	section 170(b)(1)(A)(VI). (Complete Fa	art II.)	rated in c	conjunction with a la	nd-arant college
9	An agricultural research organiz or university or a non-land-gran	ation described	In section 170(D)(1)(F	s). Enter	the name	e, city, and state of t	he college or
10		ceives: (1) more	than 331/3% of its sur	port fror	n contrib	utions, membership	fees, and gross
10	An organization that normally re receipts from activities related t support from gross investment	o its exempt fun	ctions—subject to ce	rtain exce le income	eptions, a e (less se	ction 511 tax) from b	usinesses
	support from gross investment	for June 30 1975	5. See section 509(a)	(2). (Com	plete Pa	rt III.)	
11	D. A	onorated exclusi	ively to test for public	safety. S	ee secu	on ous(a)(4).	
12		والمرام والمسلم والمساور	ualy for the hengtit at	to perior	m me n	HULLOHS OF OF IO CALL	y out the purposes
	of one or more publicly support Check the box in lines 12a throu	igh 12d that des	cribes the type of supp	porting of	gariizatio	tod organization(s)	voically by giving
a	Type I. A supporting organithe supported organization	zation operated,	supervised, or contro	oct a mai	s suppoi ority of th	ne directors or truste	es of the
	the supported organization(supporting organization. Y o	s) the power to r	te Part IV. Sections	A and B.	orney or a	10 4.11 001010	
		!!! aumonio	nd or controlled in cot	nection :	with its s	upported organization	on(s), by having
ŧ	control or management of t	nzation supervise he supporting of	rganization vested in t	he same	persons	that control or mana	ige the supported
	() V	samplata Dart II	/ Sections A and G.				
	T = III for attenually into a	rated A support	ing organization opera	ated in co	nnection	with, and functiona	lly integrated with,
,	to supported organization(s	s) (see instruction	ns). You must compi	ete Part	17, 3661	Ulio A, D, alia II	
		1	nnoding organization	onerated	in conne	ection with its suppo	rted organization(s)
	that is not functionally inter	rated. The organ	nization denerally mus	st sausiy	a uistiibu	(tion requirement an	u an attentiveness
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	lions A a		etitio a Typo I Type	II Type III
•	e Check this box if the organ	ization received	a written determinatio	on from tr	ie iRS iri Irganizat	atitis a Type i, Type ion.	ii, Type iii
	functionally integrated, or T	ype III non-tunc	lionally integrated sup	porting	, gaia.		
	f Enter the number of supported of Provide the following information	organizations .	orted organization(s).				
_	(i) Name of supported organization	(ii) FIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(.,,	(described on most 1		ir governing ment?	support (see instructions)	other support (see instructions)
			above (see instructions))			,	
				Yes	No		
<u></u>							
(A)							
(B)							
(-)							
(C)						_	
(D)							
(E)				5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		釜	
To	tal					<u> </u>	000 == 000 E7\ 201

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.)

A Total Acid lines of through 3. The value of services or facilities furnished by a governmental unit to the organization without charge. The value of services or facilities furnished by a governmental unit to the organization without charge. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support Subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support scale line 5 from line 4 Section B. Total Support A mounts from line 4 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Support scale line 5 from line 4 Section B. Total Support A mounts from line 6 from li		n A. Public Support		#1.004F	(-) 001C	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do not include any 'unusual grants.'')	alend	ar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(a) 2017	(e) 2010	(i) Total
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furnished by a governmental unit to the organization without other go. 4 Total. Add lines 1 through 3	- (organization's benefit and either paid to or expended on its behalf						
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Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) First five years. If the Form 990 is for the organization first, second, third, fourth, or fifth tax year as a section 501(e)(3) 112 124 Public support percentage from 2017 Schedule A, Part II, line 14. 139 99.9	Calend	far year (or fiscal year beginning in)	(a) 2014	(b) 2015			+	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			699,095	935,172	582,772	773,340	760,150	3,750,529
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loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business is regularly carried on						
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15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, theorem this box and our explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	17a	10% or more, and if the organization rearrigation meets the	neets the "facts "facts-and-cir	cumstances"	test. The orga	nization qualifi	es as a publicly	y supported
	b	10%-facts-and-circumstances test— 15 is 10% or more, and if the organi Explain in Part VI how the organization	2017. If the or zation meets in meets the "fa	ganization did the "facts-and acts-and-circur	not check a blaction of the contraction of the cont	oox on line 13 es" test, check t. The organiza	, 16a, 16b, or it this box and ation qualifies a	stop here. as a publicly
supported organization	18	Private foundation, If the organization	did not check	a box on line 1	13, 16a, 16b, 1	/a, or 1/b, cn	eck this box an	u 300
instructions		instructions					<u> </u>	<u> </u>

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

(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.)

	If the organization rails to quality	ariadi ara ta					
Section	on A. Public Support	() 0044	/b) 0015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calend	lar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(6) 2010	(d) 2017	(4)	
1	Gifts, grants, contributions, and membership fees				1		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise]				
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					ì	
3	Gross receipts from activities that are not an			ļ		Ì	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						•
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the					Ì	
	organization without charge	1					
	•						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ. ———				
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	_					
_	Add lines 7a and 7b						
C	Public support. (Subtract line 7c from			100			
8							
	line 6.)						
Sect	ion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(2) = 3				
9	Amounts from line 6		+	<u> </u>			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .			 	 		
b	Unrelated business taxable income (less				ļ		
-	section 511 taxes) from businesses				[
	acquired after June 30, 1975	1					
_	4 1 1 1 m = 40 and 40h						
4.4	Net income from unrelated business						
11	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 assets	1					
	(Explain in Part VI.)			-		1	
13	Total support. (Add lines 9, 10c, 11	,			ļ		
			<u> </u>	and third form	th or fifth tay	vear as a sect	ion 501(c)(3)
14	and 12.) First five years. If the Form 990 is for	the organizat	ion's tirst, seco	ma, mira, iour	ui, Oi mui tax	, cai ao a 000i	▶ □
	organization, check this box and stop to	nere		<u> </u>	 		<u> ▶ □</u>
Sec	O Commutation of Bublic Supp	ort Percent:	age		n)	. 15	%
15	D. I. I'm and percentage for 2018 (lin	e 8. column (f), divided by IIN	e 13, column (") · · · ·	. 16	
46	Public support percentage from 2017 S	Schedule A, Pa	art III, line 15	<u> </u>	<u> </u>	. 16	
God	D. O-moutation of Investment	Income Per	centage				%
-	to the same percentage for 201	R (line 10c. co	iumn (t), aividei	d by line 13, co	olumn (f))	. 17	%
17							
18							1/3%, and line
19							
	b 331/3% support tests—2017. If the orgaline 18 is not more than 331/3%, check the support tests—2017. If the organized in the support tests—2017. If t	inization did N	on here. The ora	anization qualit	ies as a publich	supported org	janization 🕨 🗌
	line 18 is not more than 331/3%, check the	is dox and sto	in inere. The org	14 100 01101	o check this he	ox and see ins	tructions
20	Private foundation. If the organization	did not chec	k a box on line	14, 13a, 01 191	o, or ook and be	Schedule A (Form	990 or 990-EZ) 2018
					•		

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) at satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discreti despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinat under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and 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 act was accomplished (such as by amendment to the organizing document).
 - Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefi by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled er with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or m disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in w the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal ber from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sec 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integra supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720 determine whether the organization had excess business holdings.)

	Yes No	
ng <i>by</i>	Yes No	
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)(B)		To a second
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eign tion	4b	
tion sed 2)(B)	4c	
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Part	V Supporting Organizations (continued)	Yes No
b	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described in (a) above? 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. On B. Type I Supporting Organizations	11a 11b 11c
Secu	on B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	lv - l N -
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).	Yes No
Sect	ion D. All Type III Supporting Organizations	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	
c		Yes No
2	Activities Test. Answer (a) and (b) below. 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.	2a
ļ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	2b
3	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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)		(A) Prior Year (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount	1 2 3 4 5 6 7	(A) Prior Year	(optional)
1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount	2 3 4 5 6 7	(A) Prior Year	(B) Current Year
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount	3 4 5 6 7	(A) Prior Year	(B) Current Year
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount	4 5 6 7	(A) Prior Year	(B) Current Year
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount	5 6 7	(A) Prior Year	(B) Current Year
5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see	6	(A) Prior Year	(B) Current Yea
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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	(B) Current Yea
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Accregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	(B) Current Yea
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see	7	(A) Prior Year	(B) Current Year
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Accregate fair market value of all non-exempt-use assets (see		(A) Prior Year	(B) Current Yea
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B—Minimum Asset Amount 1 Accregate fair market value of all non-exempt-use assets (see	8	(A) Prior Year	(B) Current Year
ection B—Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see		(A) Prior Year	(B) Current Year
1 Aggregate fair market value of all non-exempt-use assets (see			(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
instructions for short tax year or assets held for part of year):			
Illistructions for short tax year states	4 .		
2 Average monthly value of securities	1a		
b Average monthly cash balances	1b		
- Fair market value of other non-exempt-use assets	1c		+
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
for prior year (from Section A. line 8, Column A)	1		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	2		
2 Enter 85% of line 1.	3		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
4 Enter greater of line 2 or line 3.	5		
5 Income tax imposed in prior year	Ť		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions). 7	lly in	tegrated Type III support	ing organization (s

Part \	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			NIN .
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013	(E)		- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
b	From 2014			
c	From 2015			THE STATE OF THE S
d	From 2016			
<u>е</u>	From 2017	1901		
f	Total of lines 3a through e	1	200	
g	Applied to underdistributions of prior years			
s	Applied to 2018 distributable amount			
<u></u>	Carryover from 2013 not applied (see instructions)			1
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			8 1
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 31 and 4b from line 1. For result greater than zero, explain Part VI. See instructions.	h in		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			100 M
a	- 4 0014			688
				Esphanis .
	- (0016		7	
				le A (Form 990 or 990-EZ) 20°
			Schedu	Ie A (Form 990 of 990-EZ) 20

ochedale A (i	in the part II line 17a or 17b' Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of	the org	anization			0-4044723
		STREETS Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accour	nts.
Part		Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		Complete if the organization answered	(a) Donor advised funds	(b) Fund	s and other accounts
		t to and afternoon			
1	Total	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3		gate value of grants from (during year) .			
4		gate value at end of year	advisors in writing that the assets h	neld in donor a	dvised
5		The standard of the standard standard in the	in Dinanization 3 exclusive legal veril		
_				illi lullus can b	0 4004
6	_	the transfer of the total terms and the total terms are the terms and the terms are th	and the doubt of donor warreer, a		
	confe	or charitable purposes and not for the bone erring impermissible private benefit?	<u> </u>		🗌 Yes 🗌 No
Do		O-manustian Eacoments			
Par	t II	Organization answered	"Yes" on Form 990, Part IV, line 7		
	Dura				
1	Purp	ose(s) of conservation easements held by the reservation of land for public use (e.g., recre		of a historically	important land area
		rotection of natural habitat	☐ Preservation	of a certified his	toric structure
					-f a concentration
2	Com	reservation of open space plete lines 2a through 2d if the organization h	neld a qualified conservation contribut	tion in the form	eld at the End of the Tax Year
2	ease	ment on the last day of the tax year.		100000000000000000000000000000000000000	elu at tile cha of tilo tax tom
•		to a formation essements		2a	
a b			nts	2b	
C			i hietorio struciule iliciuudu ii (4) i - i		
d	Num	ber of conservation easements included if	1 (c) acquired after 1720/00; and 110	1	
u.	histo	oric structure listed in the National Register		2d	organization during the
3	Nun	oric structure listed in the National Register onber of conservation easements modified, tra	insferred, released, extinguisned, or te	effilliated by the	5 Organization dames
_	4	· · · · · ·			
4			servation easement is located	nspection, han	dlina of
5	Doe	s the organization have a written policy	regarding the periodic monitoring,	, , , , , ,	🗌 Yes 🗌 No
	viol	ations, and enforcement of the conservation	easements it holds:	cing conservation	easements during the year
6	Staf	ations, and enforcement of the conservation f and volunteer hours devoted to monitoring, ins	pecting, nandling of violations, and office	J	
	▶	ount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing	na conservation	easements during the year
7					
	▶\$	s each conservation easement reported on li	ne 2(d) above satisfy the requirements	of section 1700	h)(4)(B)(i)
8					
		36011011 17 0/1/(1/(2/(4/		nue and expens	e statement, and
9	In F	Part XIII, describe how the organization repor ance sheet, and include, if applicable, the tex	of the footnote to the organization's	financial stater	nents that describes the
	bal	ance sneet, and include, if applicable, the co- anization's accounting for conservation ease	ments.		
		Collections Maintaining Collection	ons of Art, Historical Treasures,	or Other Sim	ilar Assets.
Pá	art III				
	15.4	Complete if the organization answers the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in	its revenue sta	atement and balance siles
1	a Itt	he organization elected, as permitted under rks of art, historical treasures, or other sim	ilar assets held for public exhibition,	, education, or	research in fulfileration o
	⊾ If i	blic service, provide, in Part XIII, the text of the organization elected, as permitted unde	r SFAS 116 (ASC 958), to report in	its revenue sta	tement and palance snee
		who of art historical treasures. Or other sin	illal assets flora for passes	, education, or	research in furtherance o
	(i)	blic service, provide the following amounts of Revenue included on Form 990, Part VIII, lin Assets included in Form 990, Part X	e1		Φ
	(1) (ii)	Assets included in Form 990, Part X		milar apports for	financial gain, provide th
2					manoidi gani, provide in
-	- " fo	the organization received or held works of llowing amounts required to be reported und	er SFAS 116 (ASC 958) relating to the	es nome.	• ¢
	_				Ψ
	b As	sets included in Form 990, Part X	<u> </u>	00000	Schedule D (Form 990) 201
			. for Engine ODD Cat NO. 5	とというレ	·································

Schedule	D (Form 990) 2018				I T.		· Oth	er Similar Asse	ts (contin	ued)
Part	D (Form 990) 2018 Organizations Maintaining C	ollection	s of Art,	, Histor	icai ir	easures, or	ollowir	ng that are a sign	nificant use	of its
3	Organizations Maintaining C Using the organization's acquisition, ac collection items (check all that apply):	cession, a	nd other	records	CHECK	any or the n	Ollovin	.9		
	Public exhibition					r exchange p				
-	Scholarly research			е 🗌	Other					
								-!tlanta ayamn	t nurnose i	in Part
4	 Preservation for future generations Provide a description of the organization 	on's collect	ions and	explain	how th	ey further the	e orga	nization's exemp	t purpose i	ii i ai c
		olicit or rec	ceive dor	nations o	of art, h	iistorical trea	sures,	or other similar	☐ Yes [□No
J	assets to be sold to raise funds rather t	nan to be r	namame	ed as par	t of the	organization	'S COII	ection:	L Tes	
Part									unt on Fo	ırm
I WIT	Complete if the organization	answered	"Yes" o	n Form	990, P	art IV, line s	, or r	eported an ame	Juni on i o	
1a	tructoo	custodian	or other	interme	diary to	r contributio	ns or	Other assets not	☐ Yes	□No
•	included on Form 990 Part X?						• •			<u>ا</u>
b	If "Yes," explain the arrangement in Pa	rt XIII and o	complete	the folic	wing ta	iple:		Am	ount	
							1c			
С	Beginning balance						1d			
d	Additions during the year									
е	Distributions during the year						1e	-		
f							11	annunt liability?	□ Yes	No
2a							itouiai	d on Part VIII		ī
b	Did the organization include an amour If "Yes," explain the arrangement in Pa	art XIII. Che	ck here i	f the exp	lanatio	n nas been p	rovide	d off Fatt Affi .		
Par	F. January ent Euroce									
	Complete if the organization	answered	"Yes"	on Form	1 990, 1	(c) Two years	hack	(d) Three years back	(e) Four yea	ars back
		(a) Current	year	(b) Prior	year	(C) TWO years	Daoix	(4)		
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and					i			Ì	
_	losses					ļ			+	
d	Grants or scholarships								 	
e	Other expenditures for facilities and		1			Ì				
	programs					 			+	
f	Administrative expenses								 	
g		i				1 (-)	\ bald			
2	Provide the estimated percentage of	the current	year end	d balance	e (line 1	g, column (a)) neiu	as.		
a	p	nt ▶		.%						
b	D	<u></u> %								
c	Temporarily restricted endowment		%							
_			equal 10	10%.	1	L - wa hald i	and a	Iministered for th	ne.	
3a	a u and aumont funds not in th	ne possess	ion of the	e organiz	zation ti	nat are neid	anu a		ĪΥ	es No
	organization by:								3a(i)	
	(i) unrelated organizations						• •		3a(ii)	
					• • •				3b	
ŧ	15 (04 - 11 - 11 line 20 (ii) are the related	organizatio	ns listed	as requi	rea on a	Scriedule 11:				
4	Describe in Part XIII the intended use	es of the or	ganizatio	n's enac	wment	iuiius.				
Pa							e 11a	See Form 990	, Part X, li	ne 10.
	Complete if the organization	n answere	ed "Yes"	on For	111 99U	t or other basis	16	Accumulated	(d) Book	value
	Description of property	(a)	Cost or oth			(other)		depreciation	• •	
			,							
1:	a Land	·			<u> </u>					
	b Buildings				 		 			
	c Leasehold improvements				 		 			
	d Equipment						+			
	• •	1		00 5	V 1:	mn (D) line 1	001	•		
Tot	e Other	must equa	al Form 9	90, Part	z, colul	пп (<i>D),</i> ше т	00.7 .	Sc	hedule D (For	m 990) 2018

			1110 1101 000 1 01111	
	Complete if the organization answered "Yes (a) Description of security or category	(b) Book value		nod of valuation: of-year market value
	(including name of security)		Cost or end-	or-year market value
	derivatives			
	neld equity interests			
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII	Investments—Program Related. Complete if the organization answered "Ye	s" on Form 990. Part IV.	line 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	I (CI IVIE)	HOU OF Valuation.
	(a) Description of investment	, ,	Cost or end	l-of-year market value
1)				
2)				
3)				
4)				
5)				
c)				
		ľ		
(7)				
(7) (8)				
(6) (7) (8) (9)	u(b) must equal Form 990. Part X. col. (B) line 13.) ▶			
(7) (8) (9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ►			
(7) (8)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	/, line 11d. See Forn	n 990, Part X, line 15.
(7) (8) (9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Complete if the organization answered "Ye (a) Description	es" on Form 990, Part IV	, line 11d. See Forn	n 990, Part X, line 15.
(7) (8) (9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	/, line 11d. See Forn	n 990, Part X, line 15.
7) 8) (9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	, line 11d. See Forn	n 990, Part X, line 15.
(7) (8) (9) otal. (Column Part IX (1)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	, line 11d. See Forn	n 990, Part X, line 15.
(7) 8) (9) otal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	/, line 11d. See Forn	n 990, Part X, line 15.
(7) 8) (9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	/, line 11d. See Forn	n 990, Part X, line 15.
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	, line 11d. See Forn	n 990, Part X, line 15.
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes	es" on Form 990, Part IV	, line 11d. See Forn	n 990, Part X, line 15.
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description			
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description			
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description	15.)		
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description (a) Description	15.)		
(7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answered "Ye (a) Description lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25.	15.)		
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Federa	Other Assets. Complete if the organization answered "Ye (a) Description lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25.	15.)		
7) 8) 9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) tal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)		
(7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Ye (a) Description flumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability (b)	15.)	V, line 11e or 11f. S	ee Form 990, Part X,

Part	XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	1 1	759,785
1	Total revenue, gains, and other support per audited financial statements	i	• •	759,765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Add lines 2a through 2d		2e	0
e	Subtract line 2e from line 1		3	759,785
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	759,785
Part	Reconciliation of Expenses per Audited Financial State	ments With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	913,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	913,500
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		4 -	
С	Add lines 4a and 4b		4c	043.500
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	<i>I</i> ⊓ 0 10./	3	913,500
2; Pai	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any additi	onal information.	

		Page 5
chedule D (Fo	orm 990) 2018 Supplemental Information (continued)	
art XIII	Supplemental information (community)	
	,	
		,
		======================================
	••••	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 20-4044723

	IN THE STREETS	am A ativiti	os Outsida	the United States. Com	plete if the organization a	nswered "Yes" on
Part	Form 990, Part IV, line 14	₽D.				
1	For grantmakers. Does the other assistance, the grantee award the grants or assistance	e?				
2	For grantmakers. Describe i outside the United States.					d other assistance
3	Activities per Region. (The fol	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Sub-Sharan Africa	1	40	Program Services	See Part V	722,253
(2)						
(3)						
(4)						
(5)						
(6)		at .				
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)					
(14)					
(15)					
(16	9)					
(17						722,25
3	b Total from continuation sheets to Part I	n				722,25

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

	CP 12 CO. 1	(c) Region	(d) Purpose of		dsep	noncash	of noncash assistance	(hook FMV
1 (a) Name of ((b) IHS code section and EIN (if applicable)		grant	cash grant	disbursement	assistance		appraisal, other)
		V Spe Part V	See Part V	722,253	722,253 See Part V	-0-	-0- n/a	n/a
		and an analysis of the state of						
Part of the second seco								
					·			
2 Enter total num	nber of recipi	ient organizations li	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemple. The foreign country, recognized as tax-exemple and the foreign country, recognized as tax-exemple.	ecognized as chari ion 501(c)(3) equiva	ties by the foreign co alency letter	untry, recognized as	s tax-exempt	1
by the IRS, or I	TOT WITHCH LINE	by the IRS, or for willon une grantee or common than the						0

(a) Type of grant or assistance	Far III can be duplicated if additional space	ice is Heeded.		Part III can be duplicated if additional space is needed.	3 1	(a) Description	(h) Method of
	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
(13)							
(15)							
(16)							
(17)							

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No
		Schodule F /F	orm 990) 20

Part V

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

2018

Open to Public Inspection

Employer identification number

MADE IN THE STREETS	20-40-4723
WADE IN THE CINCELS	
Part VI, Line 2: David Wilson is married to Sarah Wilson	
Part VI, Line 12(c): All officers and directors are required on an annual basis to sign an attestation v	with respect to compliance with
Conflict of Interest policy of MADE IN THE STREETS.	
Part VI, Line 19: MADE IN THE STREETS makes its Charter, Bylaws, Conflict of Interest policy and	financial statements available to the
public upon request.	