| efil | e GR/ | APHI | C print - DO NOT PROCESS As Filed Data - | | DLN | l: 93493316045038 |
|--------------------------------|----------------------|----------------------------|--|---------------|---------------------------|------------------------------|
| | 00 | 0 | Return of Organization Exempt From | Incom | e Tax | OMB No 1545-0047 |
| Form [®] | 99 | U | Under section 501(c), 527, or 4947(a)(1) of the Internal Reve foundations) | | | 2017 |
| - | | f the Tre nue Serv | asury Do not enter social security numbers on this form as it ma | | | Open to Public Inspection |
| A F | or the | 2017 | calendar year, or tax year beginning 01-01-2017 ,and ending 12-3 | 1-2017 | | |
| | | plicabl | C Name of organization PROCLAIMING JUSTICE TO THE NATIONS INC | | D Employer in | dentification number |
| | dress c me cha | change ange | | | 20-314420 | 6 |
| | tial reti | - | Doing business as | | | |
| | | /termina return | ted Number and street (or P O box if mail is not delivered to street address) Room/su | ito | – E Telephone nu | umber |
| | | n pend | PO BOX 682711 | ite | (615) 778- | 0202 |
| | | | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | | | FRANKLIN, TN 37068 | | G Gross receip | ts \$ 1,009,186 |
| | | | F Name and address of principal officer LAURIE MOORE | H(a) Is the | nis a group returr | |
| | | | 1858 WILSON PIKE | | ordinates? | 🗌 Yes 🗹 No |
| - T- | | | FRANKLIN, TN 37067 | | all subordinates uded? | 🗌 Yes 🗹 No |
| | | npt stat | ✓ 501(c)(3) | | | (see instructions) |
| w נ | ebsite | e:► \ | WWW PJTN ORG | H(C) Gro | up exemption nur | nber Þ |
| K Forr | n of or | ganızat | on \blacksquare Corporation \square Trust \square Association \square Other \blacktriangleright | L Year of for | mation 2005 M | State of legal domicile TN |
| Pa | rt I | Su | mmary | | | |
| | 1 B T S | Briefly O PRC SUPPOI | describe the organization's mission or most significant activities MOTE AN UNDERSTANDING AND/OR UNITY WITHIN THE CHRISTIAN AND JEV RT, AND ENCOURAGEMENT TO HELP INDIVIDUALS AND GROUPS BUILD STRO I COMMUNITIES AND WITH THE STATE OF ISRAEL | | | |
| Governance | | | | | | |
| ven | _ | | | | | |
| 69 | 2 | Check | this box \blacktriangleright if the organization discontinued its operations or disposed of m | ore than 25 | % of its net asset | ţs |
| න් ග | | | er of voting members of the governing body (Part VI, line 1a) | | | 3 10 |
| Activities & | | | er of independent voting members of the governing body (Part VI, line 1b) | | • | 4 9 |
| NT: | | | number of individuals employed in calendar year 2017 (Part V, line 2a) | | • | 5 3 |
| Ă | | | number of volunteers (estimate if necessary) | • • • | • • | 6 85 7a 0 |
| | | | weleted house to well a second from France 000 T line 24 | | • | 7a 0 |
| | | Net al | related business taxable income from Form 990-1, line 34 | | · rior Year | Current Year |
| _ | 8 | Contri | outions and grants (Part VIII, line 1h) | | 834,159 | |
| S nu | | | m service revenue (Part VIII, line 2g) | | 16,060 | · · · · · |
| enneven | 10 | Invest | ment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 0 |
| ш. | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 4,922 | 4,853 |
| | 12 | ⊤otal r | evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 855,141 | 1,002,610 |
| | | | and similar amounts paid (Part IX, column (A), lines 1–3) \ldots . | | 33,295 | 30,586 |
| | | | ts paid to or for members (Part IX, column (A), line 4) | | | 0 |
| ŝ | | | es, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 216,965 | , |
| Exp enses | | | sional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| Â | | | ndraising expenses (Part IX, column (D), line 25) ▶120,314 expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 599,984 | 569,891 |
| | | | expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 850,244 | 824,487 |
| | | | ue less expenses Subtract line 18 from line 12 | | 4,897 | 178,123 |
| <u>کې</u> | | | | Beginnin | g of Current Year | |
| Net Assets or Fund Balances | | _ | | | | |
| Ass I Ba | | | issets (Part X, line 16) | | 26,232 | 192,653 |
| , nuc | | | abilities (Part X, line 26) | | 57,830 | · · · · |
| | t II | _ | sets or fund balances Subtract line 21 from line 20 | | -31,598 | 146,525 |
| Undei know | . pena | alties o and be | f perjury, I declare that I have examined this return, including accompanying elief, it is true, correct, and complete Declaration of preparer (other than offic | | | |
| | | | | | | |
| c: | | Sigi | *** nature of officer | | 018-11-12 ate | |
| Sign Here | | LA. | RIE MOORE President | | | |
| | | | e or print name and title | | | |
| | | 1' | | ate | heck I If PTIN | |
| Paio | ł | | J Barry Higginbotham J Barry Higginbotham | se | elf-employed | .05858 |
| | oare | | Firm's name SPAIN & HIGGINBOTHAM CPA GROUP PLLC | | Irm's EIN ► 56-231 | |
| Use | Onl | ly | Fırm's address ► 1127 W MAIN ST | P | hone no (615) 794- | 8100 |

| May the IRS discuss this return with the preparer shown above? (see instructions) | • | • | • • | • | • | • • | . 🗹 Yes | | |
|---|-------|---|-------|-------|-------|-----|---------|------------------|-------|
| For Paperwork Reduction Act Notice, see the separate instructions. | | | Cat N | Vo 11 | .282Y | | F | orm 990 (| 2017) |

FRANKLIN, TN 370643111

| Form | n 990 (20 | 17) | | | | | Page 2 |
|------|-----------|----------------|--------------------|-----------------------|---------------------------|--|-----------------------|
| Par | t III | Statement | of Program Se | rvice Accomplis | hments | | |
| | | Check If Schee | dule O contains a | response or note to a | any line in this Part III | | 🗹 |
| 1 | | | rganızatıon's miss | | · · | | |
| ENC | OURAGEN | | INDIVIDUALS AN | | | SH FAITHS AND TO COMBINE EDUC. S WITHIN THE CHRISTIAN AND JEV | |
| 2 | | 2 | , , | | 5 / | which were not listed on | |
| | • | | | | | | 🗌 Yes 🗹 No |
| _ | | | se new services of | | | | |
| 3 | | - | 2. | or make significant | changes in how it conc | lucts, any program | Ves Vo |
| | service | | • • • • | | | | ∟Yes ⊻No |
| | | | se changes on Sch | | | | |
| 4 | Section | n 501(c)(3) an | d 501(c)(4) organ | | to report the amount | largest program services, as meas of grants and allocations to others, | |
| 4a | (Code | |) (Expenses \$ | 289,000 | including grants of \$ |) (Revenue \$ |) |
| | See Add | litional Data | | | | | |
| 4b | (Code | |) (Expenses \$ | 85,000 | including grants of \$ |) (Revenue \$ |) |
| | See Add | litional Data | | | | | |
| 4c | (Code | |) (Expenses \$ | 30,586 | including grants of \$ | 30,586) (Revenue \$ |) |
| | See Add | litional Data | | | | | |
| 4d | Other p | program servic | es (Describe in So | hedule O) | | | |
| | (Expen | ises \$ | 29,470 | including grants of | \$ |) (Revenue \$ |) |
| 4e | Total | program serv | vice expenses 🕨 | 434,0 | 56 | | |
| | | | • | · | | | Form 990 (2017 |

Form 990 (2017)

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 . | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒 | 3 | | No |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 😒 | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 😤 | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🕉 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒 | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 😒 | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒 | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸 | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😼 | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒 | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒 | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \Im | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸 | 12a | Yes | |
| 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 🐒 | 12b | | No |
| 13 | Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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 ⁹ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | | F | orm 99 0 | 0 (2017) |

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|--------|-----------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots . | 24d | | No |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 | 0 (2017) |

| Form | 990 (2017) | | | Page 5 |
|------|--|------------|-----|---------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | _ | V | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O | 3b | | No |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$. | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| č | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| - | required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | No |
| 0- | Not the expression expression make any tayable distributions under section 40662 | _ | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | No |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | מפ | | No |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | No |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for | | | |
| b | additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in | 13a | | No |
| | which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 14a | | No |
| | | 14a 14b | | |
| U | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 140 | | 0 (2017) |

Form **990** (2017)

| Form | 990 (2017) | | | Page 6 |
|---|--|--|-----------|----------------------------|
| Par | t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | " respo | nse to li | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | \checkmark |
| Se | ction A. Governing Body and Management | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 10 | | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 9 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| - 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more | | | |
| | members of the governing body? | 7a 7b | Yes | No |
| | persons other than the governing body? | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| | The governing body? | 8 a | Yes | |
| | Each committee with authority to act on behalf of the governing body? | 8 b | | No |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | | I |
| | | | Yes | |
| | | | 163 | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | No No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| b 11a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the | 10b | | No |
| b 11a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | Yes | No |
| b 11a b 12a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 10b 11a | | No |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . | 10b 11a 12a | | No |
| b 11a b 12a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 10b 11a 12a 12b | Yes | No |
| b 11a b 12a b c | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c | Yes | No No No |
| b 11a b 12a b c 13 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 | Yes | No No No |
| b 11a b 12a b c 13 14 15 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 | Yes | No No No |
| b 11a b 12a b c 13 14 15 a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 | Yes | No No No |
| b 11a b 12a b c 13 14 15 a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 15a | Yes | No No No No |
| b 11a b 12a b c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 15a | Yes | No No No No |
| b 11a b 12a c 13 14 15 a b 16a | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes | No No No No No |
| b 11a b 12a b c 13 14 15 a b 16a b <u>Se</u> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a structions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yea? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 10b 11a 12a 12b 12c 13 14 15a 15b 16a | Yes | No No No No No |
| b 11a b 12a b c 13 14 15 a b 16a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Ot all members of its governing body before filing the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict? Ot the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Ot the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 10b 11a 12a 12b 12c 13 14 15a 15b 16a | Yes | No No No No No |
| b 11a b 12a b c 13 14 15 a b 16a b <u>Se</u> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a structions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yea? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 10b 11a 12a 12b 12c 13 14 15a 15b 16a | Yes | No No No No No |
| b 11a b 12a b c 13 14 15 a b 16a b 16a b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Bescribe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Bit due organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed FL_TN_TX Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) | 10b 11a 12a 12b 12c 13 14 15a 15b 16a | Yes | No No No No No |

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►LAURIE MOORE 1858 WILSON PIKE FRANKLIN, TN 37067 (615) 778-0202

Form 990 (2017)

 \square

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (list any hours | | ne bo | ox, ι n of | t ch unle ficei | ss pers r and a | son | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|----------------------------------|--|-----------------------------------|-----------------------|---------------|-----------------------|------------------------------|--------|---|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| (1) DOUG STECKBECK Director | 1 00 0 00 | х | | | | | | 0 | 0 | 0 |
| (2) BONNIE GLOTH Director | 1 00 | x | | | | | | 0 | 0 | 0 |
| (3) BILLIE ANN SMITH Director | 1 00 | x | | | | | | 0 | 0 | 0 |
| (4) CHERNA MOSKOWITZ Director | 1 00 0 00 | х | | | | | | 0 | 0 | 0 |
| (5) ANNE KUFELDT Director | 1 00 0 00 | х | | | | | | 0 | 0 | 0 |
| (6) BILL SHOAP Director | 1 00 0 00 | х | | | | | | 0 | 0 | 0 |
| (7) BETH POE Director | 1 00 | x | | | | | | 0 | 0 | 0 |
| (8) LAURIE MOORE President | 100 00 | | | × | | | | 130,240 | 0 | 0 |
| (9) BARBARA WILSON Treasurer | 1 00 0 00 | | | x | | | | 0 | 0 | 0 |
| (10) STANLEY TATE Chairman | 1 00 | | | x | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2017) |

| Par | t VII Section A. Officers, Direct | tors, Trustees | s, Key l | Emp | loye | es, | and I | High | nest Compensat | ed Employees (| cont | inued) | - |
|---|---|---|----------------|-------|--------------------------|-------------------------|--------|----------------------------------|---|--|----------|--|--------------------------------|
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than c ıs b | ne b | ox, u in off tor/t | t cho Inles ficer | and a | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | | (F) Estima amount o compens from f | ted f other ation :he |
| organizations below dotted line) institutional Trustee set enclose below dotted line) institutional Trustee set enclose below dotted line) institutional Trustee set enclose below dotted line) institutional Trustee set enclose below dotted line) institutional Trustee set enclose set | | | | | 2/1099-MISC) | 2/1099-MISC) | | organızatı relate organıza | ed | | | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| С | Sub-Total | art VII, Sectio | nA. | • | • | | | | 130,240 | | - | | |
| 2 | Total number of individuals (including of reportable compensation from the | , but not limited | to thos | | | bove | e) who | rece | eived more than \$ | 100,000 | _ | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2 | | | ee, k | | | | or hig • | ghest compensate | l employee on | 3 | | No |
| 4 | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | n the | | | |
| 5 | Did any person listed on line 1a receiv services rendered to the organization | | | | | | | | | lıvıdual for | 4 | | No No |
| S | ection B. Independent Contract | ors | | | | | | | | | | | 110 |
| 1 | Complete this table for your five high from the organization Report competed | est compensate | | | | | | | | | npens | sation | |
| | | (A) and business addre | | , | | | | | | (B) cription of services | | (C Compen | |
| | | | | | | | | | | | \dashv | | |
| | | | | | | | | | | | \neg | | |
| | | | | | | | | | 1 | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Form 990 (2017)

Part VIII Statement of Revenue

| | Check if Schedul | le O contains a | respo | nse or note to an | y line in this Part VI | п | | | 🗆 |
|---|---|---------------------------------|-------------|-------------------|-----------------------------|---|--------|--|--|
| | | | | | (A) Total revenue | (B) Related exempt function revenue | t n | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a Federated campaig | ns | 1a | | | | - | | 512-514 |
| nts | b Membership dues | L | 1b | | | | | | |
|) Du | c Fundraising events | L | 1c | | | | | | |
| An S. C | d Related organizatio | L | 10 1d | | | | | | |
| lar Iar | - | L | | | | | | | |
| s, G | e Government grants (co | L | 1e | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f All other contributions, and similar amounts in above | , gifts, grants, ot included | 1f | 997,047 | | | | | |
| đi Đ | g Noncash contributio in lines 1a-1f \$ | ons included | | | | | | | |
| n on | h Total.Add lines 1a-1 | <i>c</i> | | • | | | | | |
| <u>s</u> | | | • • | · · • | 997,047 | | | | I |
| RIE | | | | Busines | ss Code | | | | |
| YeY. | 2a EVENT TICKET SALES | | | | | 710 | | | 710 |
| °₹ | b | | _ | | | | | | |
| MC. | c | | _ | | | | | | |
| ઝેં | u | | | | | | | | |
| E | e ——— | | _ | | | | | | |
| Program Service Revenue | f All other program se | rvice revenue | | | 710 | | | | |
| ٦ | 9Total.Add lines 2a-2f | f | ł | • | /10 | | | | |
| | 3 Investment income (in | | | | | 0 | | | |
| | | | | | ▶ <u> </u> | 0 | | | |
| | 4 Income from investme 5 Royalties | | | | ▶ | 0 | | | |
| | S Royalles | (1) Real | | (II) Personal | ▶ | - | | | |
| | 6a Gross rents | | | (II) Personal | - | | | | |
| | | | | | | | | | |
| | b Less rental expenses | | | | | | | | |
| | c Rental income or | | | | _ | | | | |
| | (loss) | | | | | | | | |
| | d Net rental income o | r (loss) | | • • • • | | 0 | | | |
| | | (ı) Securiti | es | (II) Other | | | | | |
| | 7a Gross amount from sales of | | | | | | | | |
| | assets other than inventory | | | | | | | | |
| | | | | | _ | | | | |
| | b Less cost or other basis and | | | | | | | | |
| | sales expenses C Gain or (loss) | | | | - | | | | |
| | d Net gain or (loss) | | | • | | 0 | | | |
| | 8a Gross income from fi | undraising eve | nts [| F | - | | | | |
| Other Revenue | (not including \$ contributions reporte | ed on line 1c) | of | | | | | | |
| eve | See Part IV, line 18 | | a | 58 | | | | | |
| α Έ | b Less direct expense c Net income or (loss) | | b DC eve | | _ | 24 | | | -124 |
| he | 9a Gross income from g | | - | ents 🕨 | | | | | 121 |
| δ | See Part IV, line 19 | | | | | | | | |
| | | | a | | | | | | |
| | b Less direct expense | | Ь | | | | | | |
| | c Net income or (loss) | | activiti | es 🕨 | | 0 | | | |
| | 10aGross sales of invent returns and allowand | tory, less | | | | | | | |
| | | | a | 10,84 | .5 | | | | |
| | b Less cost of goods s | sold | ь | 5,86 | .8 | | | | |
| | c Net income or (loss) | from sales of | nvente | ory 🕨 | 4,9 | 77 | 4,977 | | |
| | Miscellaneous | | | Business Code | | | | | |
| | 11a | | | | 7 | | | | |
| | | | | | | | | | |
| | b | | | | - | | | | |
| | | | | | | | | | |
| | c | | | | | | | | + |
| | - | | | | | | | | |
| | d All other reverse | | | | | _ | | | |
| | d All other revenue . e Total. Add lines 11a | | L | | | | | | |
| | | | • • | | ļ | 0 | | | |
| | 12 Total revenue. See | Instructions | • • | • • • • | 1,002,6 | 10 | 4,977 | | 586 |

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

| | Check if Schedule O contains a response or note to any | - | | | 🗆 |
|----|--|-----------------------|-------------------------------|-----------------------|---------------------|
| | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) Management and | (D) |
| - | 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and | Total expenses 30,420 | expenses 30,420 | general expenses | Fundraisingexpenses |
| | domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part | 0 | , | | |
| 2 | IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 166 | 166 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 130,240 | 65,120 | 39,072 | 26,048 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 77,948 | 31,179 | 38,974 | 7,795 |
| | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 0 | 01,1.7 | | ., |
| 9 | Other employee benefits | 0 | | | |
| | Payroll taxes | 15,822 | 7,367 | 5,866 | 2,589 |
| | Fees for services (non-employees) | | | | · · · |
| | Management | 132,069 | 36,075 | 91,069 | 4,925 |
| | | 471 | , | 471 | , |
| | Accounting | 16,615 | | 16,615 | |
| | | 0 | | , | |
| | Professional fundraising services See Part IV, line 17 | 0 | | | |
| | Investment management fees | 0 | | | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 | Advertising and promotion | 13,711 | 7,294 | 4,580 | 1,837 |
| 13 | Office expenses | 26,875 | 632 | 20,772 | 5,471 |
| | Information technology | 18,808 | 9,404 | | 9,404 |
| | Royalties | 0 | | | |
| | Occupancy | 49,661 | 29,781 | 14,890 | 4,990 |
| 17 | Travel | 91,725 | 48,479 | 2,360 | 40,886 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| 19 | Conferences, conventions, and meetings | 24,363 | 24,329 | | 34 |
| 20 | Interest | 23,092 | | 17,542 | 5,550 |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 5,191 | 2,076 | 2,596 | 519 |
| 23 | Insurance | 17,014 | 8,507 | 8,507 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| | B EDUCATION AND ADVOCACY | 90,044 | 90,044 | | |
| | b meals and entertainment | 41,496 | 31,359 | 2,916 | 7,221 |
| | c Printing and Publications | 7,557 | 7,395 | | 162 |
| | d Postage and Shipping | 6,923 | 4,226 | 232 | 2,465 |
| | e All other expenses | 4,276 | 203 | 3,655 | 418 |
| 25 | Total functional expenses. Add lines 1 through 24e | 824,487 | 434,056 | 270,117 | 120,314 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | Check here I if following SOP 98-2 (ASC 958-720) | | | | |
| 1 | | | | | Earma 000 (2017) |

Form 990 (2017)

Form 990 (2017)

Part X Balance Sheet

| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part IX 🔒 🔒 | | | 🗆 |
|-------------|-----|---|---|-----------------------------|---------------------------------|--------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 11,433 | 1 | 182,382 |
| | 2 | Savings and temporary cash investments 🛛 . | | | | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | | | 3 | 0 |
| | 4 | Accounts receivable, net | • | | | 4 | 1,004 |
| | 5 | Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L | ated er | nployees Complete Part | 341 | 5 | 0 |
| (6 | 6 | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L | s(c)(3)(B), and of section 501(c)(9) structions) Complete | | 6 | o | |
| ssets | 7 | Notes and loans receivable, net | | | | 7 | 0 |
| SS | 8 | Inventories for sale or use | | | 8 | 0 | |
| ۲ | 9 | Prepaid expenses and deferred charges | | 9 | 0 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 24,292 | | | |
| | Ь | Less accumulated depreciation | 10 b | 21,025 | 8,458 | 10c | 3,267 |
| | 11 | Investments—publicly traded securities . | | | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | | | 12 | 0 | |
| | 13 | Investments—program-related See Part IV, line | | | 13 | 0 | |
| | 14 | Intangible assets | | [| | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | [| 6,000 | 15 | 6,000 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | ial line | 34) | 26,232 | 16 | 192,653 |
| | 17 | Accounts payable and accrued expenses | | 57,830 | 17 | 46,128 | |
| | 18 | Grants payable | - | | 18 | | |
| | 19 | Deferred revenue | | - | | 19 | |
| | 20 | Tax-exempt bond liabilities | | [| | 20 | |
| ŝ | 21 | Escrow or custodial account liability Complete F | Part IV | of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former key employees, highest compensated employee | | | | | |
| ab | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted th | rd parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | s to related thırd partıes, | | 25 | |
| | 26 | Total liabilities.Add lines 17 through 25 . | | _ | 57,830 | 26 | 46,128 |
| Balances | 27 | Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets | | | | 27 | |
| Bal | 28 | Temporarily restricted net assets | | | | 28 | |
| Ы | 29 | Permanently restricted net assets | | F | | 29 | |
| Fund | | Organizations that do not follow SFAS 117 | (ASC | 958), | | | |
| or | 30 | check here > and complete lines 30 th Capital stock or trust principal, or current funds | 34. | | 30 | | |
| ets | 31 | Paid-in or capital surplus, or land, building or ec | | nt fund | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated in | | | -31,598 | 32 | 146,525 |
| Net / | 33 | Total net assets or fund balances | | | -31,598 | 33 | 146,525 |
| ž | 34 | Total liabilities and net assets/fund balances . | | | 26,232 | 34 | 192,653 |
| | L | | | | | | E 000 (2017 |

| Form | 990 (2017) | | | | Page 12 |
|------|---|--------|----|-----|----------------|
| Par | t XI Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | ••• | . 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1 | ,002,610 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 824,487 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 178,123 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | -31,598 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 146,525 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 🗹 Cash 📙 Accrual 🛄 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | ired | Зb | | |

Form 990 (2017)

Additional Data

Software ID: 17005038 Software Version: 2017v2.2 EIN: 20-3144206 Name: PROCLAIMING JUSTICE TO THE NATIONS INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PRODUCTION AND BROADCASTING OF EDUCATIONAL PROGRAMMING SERVED TO ENCOURAGE JEWISH AND CHRISTIAN FAITHS TO UNITE TOGETHER AND COME TO THE DEFENSE OF THE NATION OF ISRAEL







GRANTS AND AWARDS GIVEN TO ORGANIZATIONS AND INDIVIDUALS TO ENCOURAGE JEWISH AND CHRISTIAN FAITHS TO UNITE AND COME TO THE DEFENSE OF THE



| efile GRAPHIC print - DO N | | | | T PROCESS | As Filed Data - | | | DLN: 9 | 3493316045038 |
|---------------------------------------|---|---|--------------------------------|--|---|-----------------------------------|---|---|------------------------------|
| | m 990 | ULE A 0 or | Con | | Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9 | ion 501(c)(3) o mpt charitable | organization oi trust. | | 2017 |
| - | | the Treasury | ► Inf | ormation abou | ıt Schedule A (Form | | | ictions is at | Open to Public Inspection |
| Name | e of th | ne Service ne organiza 5 JUSTICE TO 1 | tion THE NATIONS I | NC | <u></u> | <u> </u> | | Employer identifie | |
| | | | | | | | | 20-3144206 | |
| Pa The o | | | | | us (All organization: it is (For lines 1 thro | | | see instructions. | |
| 1 | | A church, c | onvention of | churches, or as | sociation of churches | described in sec t | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | escribed in se | ection 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | | • | • | vice organization desci | | | - | |
| 4 | | | esearch orga and state | nızatıon operate | ed in conjunction with | a hospital descri | bed in section : | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | | ation operate (iv). (Comple | | t of a college or univer | sity owned or op | perated by a gov | ernmental unit descr | bed in section 170 |
| 6 | | A federal, s | state, or local | government or | governmental unit de | scribed in sectio | on 170(b)(1)(A | (v). | |
| 7 | | | | rmally receives a (vi). (Complete | a substantial part of it: Part II) | s support from a | governmental u | init or from the gener | al public described in |
| 8 | | | | | n 170(b)(1)(A)(vi) | (Complete Part I | Ι) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | lege or university or a |
| 10 | V | from activit | ties related to income and | o its exempt fun unrelated busin | (1) more than 331/3% ctions—subject to cert ess taxable income (le implete Part III) | ain exceptions, a | and (2) no more | than 331/3% of its s | |
| 11 | | An organiza | ation organiz | ed and operated | exclusively to test for | r public safety S | ee section 509 | (a)(4). | |
| 12 | | more public | cly supported | organizations o | exclusively for the be described in section 5 the type of supporting | 09(a)(1) or sec | ction 509(a)(2 |). See section 509(a | |
| а | | organizatio | n(s) the pow | | ated, supervised, or co appoint or elect a majo | | | | |
| Ь | | manageme | nt of the sup | | ervised or controlled in ation vested in the san and C. | | | | |
| С | | | | | supporting organization ons) You must com | | | | ated with, its |
| d | | functionally | / integrated | The organizatio | d. A supporting organi n generally must satis t IV, Sections A and | fy a distribution i | requirement and | | |
| e | | | | | ved a written determin integrated supporting | | RS that it is a Ty | ре I, Туре II, Туре II | I functionally |
| f | Integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations | | | | | | | | |
| g | | | | | ipported organization(| | | | |
| (i) Name of supported organization | | | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organized in your govern | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| Tota | | | | | | | | | |

| P | Support Schedule for C | Organizations | Described in S | ections 170(b | •)(1)(A)(iv), 17 | 'O(b)(1)(A)(v | ri), and 170 |
|-------------|---|---------------------|----------------------|-----------------------|----------------------|--------------------|----------------|
| | (b)(1)(A)(ix) | | | | . | | |
| | (Complete only if you che | | | | | | ify under Part |
| | III. If the organization fa | ils to quality un | der the tests lis | ted below, pleas | se complete Part | 111.) | |
| S | ection A. Public Support | | | 1 | , | | . <u> </u> |
| | Calendar year | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 4 | (or fiscal year beginning in) ► Gifts, grants, contributions, and | | | | | | |
| T | membership fees received (Do not | | | | | | |
| | include any "unusual grant ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | |
| • | line 4 | | | | | | |
| S | ection B. Total Support | | | | • | | |
| | Calendar year | (a)2013 | (b) 2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
| | (or fiscal year beginning in) 🕨 | (a)2013 | (0)2014 | (0)2015 | (0)2010 | (8)2017 | |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| _ | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | |
| 10 | | | | | | | |
| 10 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | |
| | 10 | | | | | | |
| 12 | Gross receipts from related activities, e | tc (see instructio | ins) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization | 's first, second, th | ird, fourth, or fifth | n tax year as a sect | :ion 501(c)(3) org | ganization, |
| | check this box and stop here | | | | | • | 7 |
| 5 | ection C. Computation of Public | | | | | | |
| | Public support percentage for 2017 (lin | | - | (f) | | | |
| | | | | | | 14 | |
| | Public support percentage for 2016 Sch | | | | | 15 | |
| 16 a | 33 1/3% support test—2017. If the | organızatıon dıd r | ot check the box | on line 13, and lin | ie 14 is 33 1/3% or | more, check this | |
| | and stop here. The organization qualif | ies as a publicly s | upported organiza | ation | | | |
| b | 33 1/3% support test-2016. If the | e organization did | not check a box o | n line 13 or 16a, a | and line 15 is 33 1/ | '3% or more, che | ck this |
| | box and stop here. The organization | qualifies as a pub | licly supported or | anization | | | |
| 172 | 10%-facts-and-circumstances test | | | | ne 13, 16a, or 16b. | and line 14 | |
| 1/a | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization meets t | | | | | | |
| | organization | | | | | | ▶□ |
| h | 10%-facts-and-circumstances tes | t—2016. If the o | ganization did not | t check a hox on li | ine 13, 16a, 16b, o | r 17a, and line | - L |
| U | 15 is 10% or more, and if the organization | | | | | | |
| | Explain in Part VI how the organization | | | | | | |
| | supported organization | | | 2 | | · · | |
| 1 8 | Private foundation. If the organization | n did not check a | box on line 13 1 | 6a. 16b. 17a or 1 | 7b, check this box | and see | |
| 10 | | ala not check a | LEX ON MIC 10/ 1 | , 100, 1/0, 01 1 | , sy check this box | | |
| | Instructions | | | | | . / | |

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

559,667

6,584

566,251

372,742

372,742

(a) 2013

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

(c) 2015

732,841

17,966

750,807

457,443

457,443

(d) 2016

829,810

16,060

13,703

859,573

473,055

473,055

(e) 2017

997,047

11,556

584

1,009,187

693,610

693,610

(b) 2014

626,917

39,857

666,774

325,468

325,468

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants")
- Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- Gross receipts from activities that 3 are not an unrelated trade or business under section 513
- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- The value of services or facilities 5 furnished by a governmental unit to the organization without charge
- Total. Add lines 1 through 5 6
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- 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 С

q

h

С

11

12

13

14

10a

8 Public support. (Subtract line 7c from lin<u>e 6)</u>

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|-----------------|----------|----------|-----------|-----------|
| Amounts from line 6 | 566,251 | 666,774 | 750,807 | 859,573 | 1,009,187 | 3,852,592 |
| Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| Add lines 10a and 10b | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | 98 | | 98 |
| Total support. (Add lines 9, 10c, 11, and 12) | 566,251 | 666,774 | 750,807 | 859,671 | 1,009,187 | 3,852,690 |

| | check this box and stop here | | |
|-----|---|---------|---------------------------|
| S | ection C. Computation of Public Support Percentage | | |
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | 39 720 % |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | 40 470 % |
| S | ection D. Computation of Investment Income Percentage | | |
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |
| 19a | a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 | 3 1/3% | , and line 17 is not |
| ł | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is m | | an 33 1/3% and line 18 is |
| | not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organi | zation | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins | tructio | ns 🕨 🗌 |

Schedule A (Form 990 or 990-EZ) 2017

3,746,282

92,023

14,287

0

0

0

3,852,592

2,322,318

2,322,318

1,530,274

(f) Total

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2017

| | | | Yes | No |
|----|---|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI | 11c | | |
| | | | | |

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s) | 1 | | |

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> | | | | |
| | | 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 | | | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔲 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🛛 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted | | |
|---|--|------------|---|
| | substantially all of its activities | 2a | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization(s) would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's involvement. | | |
| | involvement | 2 b | L |
| | | | |

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - 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.*
 - **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

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

| Part V Type III Non-Functionally Integrated | 1 509(a)(3) Supporting | Organizations (continue | ed) |
|--|---------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 Amounts paid to perform activity that directly furthers excess of income from activity | exempt purposes of supported | organizations, in | |
| 3 Administrative expenses paid to accomplish exempt pu | rposes of supported organizati | ons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval require | ed) | | |
| 6 Other distributions (describe in Part VI) See instruction | ons | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions | nich the organization is respon | sive (provide | |
| 9 Distributable amount for 2017 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013 | | | |
| d From 2015 | | | |
| e From 2016 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$\$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014 | | | |
| <u>c</u> Excess from 2015 | | | |
| d Excess from 2016 | | | |
| | I | í | 1 |

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

 Software ID:
 17005038

 Software Version:
 2017v2.2

 EIN:
 20-3144206

Name: PROCLAIMING JUSTICE TO THE NATIONS INC

Schedule A (Form 990 or 990-EZ) 2017

Page **8**

Part VISupplemental 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)

Facts And Circumstances Test

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493316045038 | | | | | | | | 045038 | | |
|--|---|--|--|---|---|--|---|---|---|--|
| SC | HEDULE C | P | olitical Campaign and | Lobbying A | Activit | ies | | OMB No 1 | .545-0047 | |
| | m 990 or 990- | | ations Exempt From Income Tax | | | | 527 | 7 2017 | | |
| Department of the Treasur Internal Revenue Service berne Service berne Service www.irs.gov/form990. | | | | | | | Open to Inspe | Public ection | | |
| • S • S • S • S • S • S • S • S • S • S | ection 501(c)(3) or Section 501(c) (oth Section 527 organiz e organization ans Section 501(c)(3) o Section 501(c)(3) o e organization ans xy Tax) (see sepai Section 501(c)(4), (me of the organization CLAIMING JUSTICE To t I-A Complet Provide a descript "political campaig | ganizations Cor er than section 5 zations Complet wered "Yes" or rganizations that ganizations that wered "Yes" or rate instruction 5), or (6) organiz ton 5) THE NATIONS IN the if the organ tion of the organ in activities") | n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under si t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then zations Complete Part III | Part I-C I-A and C below 90-EZ, Part VI, Iin ection 501(h)) Co der section 501(h)) (see separate ir) (see separate ir | Do not cor e 47 (Lob mplete Pa)) Comple instruction a section | mplete Part I bying Activ rt II-A Do no te Part II-B s) or Form Employer i 20-3144206 n 527 org | ities) ot cor Do no 990-E ident | , then nplete Part II-I ot complete Part Z, Part V, lin ification nun ation. | 3 art II-A e 35c 1ber | |
| 3 | | | aign activities (see instructions) | | | | | | | |
| Par | t I-B Complet | te if the orga | nization is exempt under sectio | n 501(c)(3). | | | | | | |
| 1 | Enter the amount | of any excise ta | ax incurred by the organization under se | ction 4955 | | ► | \$ | i | | |
| 2 | Enter the amount | of any excise ta | ax incurred by organization managers ur | ider section 4955 | | ► | \$ | i | | |
| 3 | If the organizatio | n incurred a sect | tion 4955 tax, did it file Form 4720 for t | his year? | | | | 🗌 Yes | ✓ No | |
| 4a | Was a correction | made? | | | | | | 🗌 Yes | 🗹 No | |
| b Par | If "Yes," describe t I-C Complet | | nization is exempt under sectio | n 501(c), exce | pt sectio | on 501(c) | (3). | | | |
| 1 | Enter the amount | directly expend | ed by the filing organization for section | 527 exempt functi | on activiti | es 🕨 | \$ | | | |
| 2 | Enter the amount function activities | | anızatıon's funds contributed to other or | ganizations for se | ction 527 (| exempt ► | \$ | i | | |
| 3 | Total exempt fund | ction expenditur | es Add lines 1 and 2 Enter here and on | Form 1120-POL, | lıne 17b | • | ¢ | : | | |
| 4 | Did the filing orga | anization file For | m 1120-POL for this year? | | | | 4 | Yes | | |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | | | | | | | | | |
| | (a) Nam | e | (b) Address | (c) EIN | filing o | ount paid fro rganization': if none, ente -0- | s | (e) Amount contributions and promp directly deliv separate p organization enter | s received otly and vered to a political If none, | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|----------------|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

| Sch | nedule C (Form 990 or 990-EZ) 2017 | | | Page 2 |
|-----|--|--|--|-----------------------------|
| Р | art II-A Complete if the organization is a section 501(h)). | exempt under section 501(c)(3) and file | ed Form 5768 (elect | tion under |
| A | Check If the filing organization belongs to an expenses, and share of excess lobbying | affiliated group (and list in Part IV each affiliated g expenditures) | group member's name, a | address, EIN, |
| в | Check Check if the filing organization checked box i | A and "limited control" provisions apply | | |
| | Limits on Lobbying (The term "expenditures" means | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public opinio | on (grass roots lobbying) | | |
| b | Total lobbying expenditures to influence a legislative | body (direct lobbying) | | |
| с | Total lobbying expenditures (add lines 1a and 1b) | | | |
| d | Other exempt purpose expenditures | | 434,056 | |
| е | Total exempt purpose expenditures (add lines 1c and | d 1d) | 434,056 | |
| f | Lobbying nontaxable amount Enter the amount fror columns | n the following table in both | 86,811 | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f |) | 21,703 | |
| h | Subtract line 1g from line 1a If zero or less, enter - | 0- | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0 | - | | |
| j | If there is an amount other than zero on either line : | 1h or line 1i, did the organization file Form 4720 re | eporting [| ☐ Yes ☑ No |

section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | | |
|----|--|-----------------|-----------------|-----------------|-----------------|-----------|--|--|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total | | | | | |
| 2a | Lobbying nontaxable amount | 67,214 | | | 86,811 | 154,025 | | | | | |
| Ь | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 231,038 | | | | | |
| с | Total lobbying expenditures | | | | | | | | | | |
| d | Grassroots nontaxable amount | 16,804 | | | 21,703 | 38,507 | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 57,761 | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| Ford | or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | | (a) | | (b) | |
|-------|---|-----------|--------|------|-----|--|
| activ | | Yes | No | Amou | int | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | |
| а | Volunteers? | | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| С | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ſ | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | ľ | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | Ī | | | |
| Pai | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). | :)(5), oi | sectio | 1 | | |
| | | | | Yes | No | |

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |
| | | | | |

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| Dues, assessments and similar amounts from mem | oers |
|--|------|
|--|------|

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|--|----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | |
| b | Carryover from last year | 2b | |
| С | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

| SCHEDULE D | | Fint - DO NOT PROCESS As Fil | OMB No 1545-0047 | | |
|------------|--|--|---|----------------------------|--|
| · | r m 990) irtment of the Treasury | ► Complete if the or Part IV, line 6, 7, 8, 9, 1 | 2017 Open to Public | | |
| | nal Revenue Service | Information about Schedule D (For | rm 990) and its instructions is at <u>www.ir</u> | <u>rs.qov/form990</u> | . Inspection |
| | ame of the organ OCLAIMING JUSTICE | l ization TO THE NATIONS INC | | Employer ider | tification number |
| | | | | 20-3144206 | |
| Pa | | | sed Funds or Other Similar Funds o | r Accounts. | |
| | Comple | te if the organization answered "Ye | (a) Donor advised funds | (b)Funds | and other accounts |
| 1 | Total number at | end of year | | (b)r anas | |
| 2 | | of contributions to (during year) | | | |
| 3 | | of grants from (during year) | | | |
| 4 | Aggregate value | | | | |
| 5 | Did the organiza | • | l I ors in writing that the assets held in donor ad colusive legal control? | vised funds are th | |
| 6 | Did the organiza | ation inform all grantees, donors, and do oses and not for the benefit of the donor | onor advisors in writing that grant funds can r or donor advisor, or for any other purpose c | | Yes No |
| Pa | rt III Conser | vation Easements. Complete if th | ne organization answered "Yes" on Form | n 990, Part IV, | line 7. |
| 1 | Purpose(s) of co | onservation easements held by the orga | nızatıon (check all that apply) | | |
| | 🗌 Preservati | on of land for public use (e g , recreation | n or education) 🛛 🗌 Preservation of an | historically impor | tant land area |
| | Protection | of natural habitat | Preservation of a c | ertified historic st | ructure |
| | Preservatu | on of open space | | | |
| 2 | Complete lines | | qualified conservation contribution in the for | | on the End of the Year |
| а | | conservation easements | | 2a | the End of the real |
| b | Total acreage re | stricted by conservation easements | - | 2b | |
| c | _ | ervation easements on a certified histori | c structure included in (a) | 2c | |
| d | Number of conse | | ired after 8/17/06, and not on a historic | 2d | |
| 3 | Number of cons tax year ► | ervation easements modified, transferre | ed, released, extinguished, or terminated by t | the organization o | luring the |
| 4 | Number of state | es where property subject to conservation | on easement is located > | | |
| 5 | Does the organi | | he periodic monitoring, inspection, handling c | of violations, | |
| 6 | | | s [,] cting, handling of violations, and enforcing co | nservation easen | Yes No Nents during the year |
| - | ▶ | | | | |
| 7 | Amount of expe | nses incurred in monitoring, inspecting, | handling of violations, and enforcing conserv | ation easements | during the year |
| 8 | Does each cons and section 170 | | above satisfy the requirements of section 17 | | 🗆 Yes 🗌 No |
| 9 | balance sheet, a | | servation easements in its revenue and exper : footnote to the organization's financial state its | | |
| Pa | rt IIII Organi | zations Maintaining Collections | of Art, Historical Treasures, or Oth | er Similar Ass | ets. |
| | | te if the organization answered "Ye | | | |
| 1a | art, historical tr | easures, or other similar assets held for | 16 (ASC 958), not to report in its revenue sta public exhibition, education, or research in finction incial statements that describes these items | | |
| b | historical treasu | | L6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furthe | | |
| | - | led on Form 990, Part VIII, line 1 | | ▶ \$ | |
| | | ın Form 990, Part X | | | |
| 2 | If the organizat | | cal treasures, or other sımılar assets for fınar 116 (ASC 958) relatıng to these ıtems | r + ncial gain, provide | e the |
| а | - | ed on Form 990, Part VIII, line 1 | 、 | ▶ \$ | |
| b | | ın Form 990, Part X | | • <u> </u> | |
| - | | ····· , · · · | | · + | |

Cat No 52283D Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

e Other

| Par | | Organizations Mainta | ining Collections o | f Art. Histor | rical Trea | asures, o | r Other | Similar A | ssets (cont | inued) | Tage 2 |
|-----|------------------|---|---|-------------------|---------------|-------------------|-------------|--------------|-----------------|-----------|----------|
| 3 | Using | the organization's acquisitio (check all that apply) | | | | | | | | | |
| а | | Public exhibition | | d | | oan or exch | nange pro | grams | | | |
| b | | Scholarly research | | e | □ o | ther | | | | | |
| С | | Preservation for future gene | rations | | | | | | | | |
| 4 | Provid Part X | de a description of the organi (III | zation's collections and | explain how th | ney further | the organi | ization's e | exempt purpo | ose in | | |
| 5 | | g the year, dıd the organızatı s to be sold to raıse funds rat | | | | | | nılar | 🗌 Yes | <u>п</u> | • |
| Pa | rt IV | Escrow and Custodial | Arrangements. | | | | | | | | <u> </u> |
| | | Complete if the organiza X, line 21. | 0 | ' on Form 99 | 0, Part IV | /, line 9, c | or report | ed an amo | unt on Forn | n 990, | Part |
| 1a | | e organızatıon an agent, trust led on Form 990, Part X? | ee, custodian or other i | ntermediary fo | r contribut | ions or oth | ier assets | not | 🗌 Yes | □ n | 0 |
| ь | If "Ye | s," explain the arrangement | in Part XIII and comple | te the following | a table | | | ļ | mount | | - |
| с | | ning balance | | | 5 | | 1c | | | | _ |
| d | - | ons during the year | | | | | 1d | | | | _ |
| е | | butions during the year | | | | | 1e | | | | _ |
| f | | g balance | | | | | 1f | | | | - |
| 2a | | e organization include an am | nount on Form 990. Par | t X. line 21. foi | r escrow o | r custodial | account li | ability? | | | - |
| b | | s," explain the arrangement | , | | | | | • | □ Yes | | 0 |
| Pa | rt V | Endowment Funds. Co | | | | | | | | | |
| | | | (a)Curren | t year (b) | Prior year | (c)Two y | years back | (d)Three ye | ars back (e) | Four year | rs back |
| 1a | Beginn | ing of year balance | | | | | | | | | |
| b | Contrib | outions | | | | | | | | | |
| С | Net inv | estment earnings, gains, and | losses | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | |
| f | Admini | strative expenses | • | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 | Provid | le the estimated percentage | of the current year end | balance (line : | 1g, columr | ı (a)) held a | as | | | | |
| а | Board | l designated or quasi-endowr | ment 🕨 | | | | | | | | |
| b | Perma | anent endowment 🕨 | | | | | | | | | |
| с | Temp | orarily restricted endowment | . ► | | | | | | | | |
| | The p | ercentages on lines 2a, 2b, a | and 2c should equal 100 |)% | | | | | | | |
| 3a | | nere endowment funds not in | the possession of the o | organization the | at are held | and admir | nistered fo | or the | | | |
| | - | ization by | | | | | | | 2-(1) | Yes | No |
| | | related organizations | | • • • | • • • | • • • | | | 3a(i) 3a(ii) | | |
| b | • • | elated organizations s" on 3a(ii), are the related o | | equired on Sch | edule R? | | | | . 3b | + + | |
| 4 | | ibe in Part XIII the intended | - | | | | | | | | |
| Pa | rt VI | Land, Buildings, and | Equipment. | | | | | | | | |
| | | Complete if the organization | ation answered "Yes | | | | | | | | |
| | Descri | ption of property (a | a) Cost or other basis (investment) | (b) Cost or othe | er basıs (oth | er) (c) Ac | cumulated | depreciation | (d) ⊟ | look valu | e |
| 1a | Land | | | | | | | | | | |
| b | Building | gs | | | | | | | | | |
| | | old improvements | | | | | | | | | |
| | Eauipm | | | | 17, | 596 | | 15,557 | | | 2,039 |

6,696

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

1,228

3,267

5,468

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| Schedule D (| Form 990) 2017 | | | | | Page 3 |
|--|---|----------|-----------------------------|--------------------|-------------------------------------|----------------------------------|
| Part VII | Investments—Other Securities. Complete if the organ | iizat | ion answ | vered "Yes" or | i Form 990, Pa | |
| | See Form 990, Part X, line 12. (a) Description of security or category (including name of security) | | (b) Book value | Cos | (c) Method of v t or end-of-year | |
| (1) Financial (2) Closely-I (3)Other | held equity interests | · · | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Columi Part VIII | n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. Complete if the organization answered 'Yes' on Form 990 | • | art IV Ju | ne 11c See F | orm 990 Part | X line 13 |
| | | | ok value | | (c) Method of v t or end-of-year | aluation |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 13) | | | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on (a) Description | Forn | n 990, Pa | rt IV, line 11d | See Form 990, P | art X, line 15 (b) Book value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered | d'Ye | • • • s' on Fo | rm 990, Part : | ► IV, line 11e or | |
| 1. | See Form 990, Part X, line 25. (a) Description of liability | — | | ook value | | |
| (1) Federal II | ncome taxes | | | | | |
| | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | Γ | | | | |
| (8) | | | | | | |
| (9) | | | | | | |

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

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 1,002,610 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 а Net unrealized gains (losses) on investments . . . 2a Donated services and use of facilities 2h h 2c С d 2d е 2e 3 3 1,002,610 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b а 4a b Other (Describe in Part XIII) 4b Add lines 4a and 4b **4**c С Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5 1,002,610 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 824,487 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a а b Prior vear adjustments 2b Other losses 2c С 2d d Add lines 2a through 2d 2e е 3 3 824,487 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a а 4b b с **4**c 5 Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18) 5 824,487 Part XIII Supplemental Information

Schedule D (Form 990) 2017

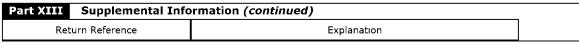
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation | |
|------------------|-------------|--|
| | | |

Page 4









| efile GRAPHIC prin | t - DO NOT I | PROCESS | As Filed Data | - | DLN | 93493316045038 |
|--|---|---|-------------------|--|--|--|
| SCHEDULE F (Form 990) | State | ement of | Activities (| Outside the Uni | ted States | OMB No 1545-0047 |
| (1 0111 000) | ► Compl | lete if the organi | | Yes" to Form 990, Part IV, I | ine 14b, 15, or 16. | 2017 |
| Department of the Treasury Internal Revenue Service | ► Informa | tion about Sche | | to Form 990. and its instructions is at wi | vw.irs.gov/form990. | Open to Public Inspection |
| Name of the organization PROCLAIMING JUSTICE T | | | | | Employer ider | ntification number |
| PROCEATINING JUSTICE 1 | O THE NATION | | | | 20-3144206 | |
| | nformation Part IV, line | | s Outside the l | Jnited States. Comple | te if the organization a | inswered "Yes" to |
| other assistance, to award the grar 2 For grantmaker outside the United | the grantees' its or assistan s. Describe in d States | eligibility for tl ce? Part V the org | he grants or assu | substantiate the amount stance, and the selection dures for monitoring the cated if additional space is | criteria used use of its grants and ot | ✓ Yes □ No her assistance |
| (a) Region | | (b) Number of offices in the region | · · | (d) Activities conducted in | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) See Add'l Data | | | | 2 / | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| 3a Sub-total b Total from continua Part I | | | 1 | | | 70,635 |
| c Totals (add lines 3) | a and 3b) | | 1 | | | 70,635 |

| | | • | | • | | | | | | | |
|--|---|------------|-------------------------|-----------------------------|--|--|--|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax- exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | | | | |

 Page 2

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (g) Description disbursement of non-cash valuation recipients cash grant non-cash (book, FMV, assistance assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part IV Foreign Forms

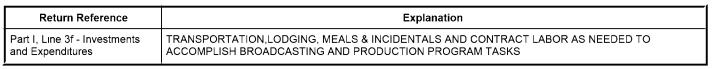
Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes, "the 1 organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreian Corporation (see C Yes No No Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 2 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, do not file with Form 990) 1 Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the 3 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 No Was the organization a direct or indirect shareholder of a passive foreign investment company or a gualified electing 4 fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a No. Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) 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) 1 Yes 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 No. 5713, do not file with Form 990)



Part V Supplemental Information

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

| Return Reference | Explanation |
|--|---|
| Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US | ORGANIZATION DISBURSED \$166 TO A FOREIGN CHARITY OTHERWISE NO GRANT FUNDS WERE DISBURSED TO FOREIGN ENTITIES |



Additional Data

Software ID: 17005038 Software Version: 2017v2.2 EIN: 20-3144206 Name: PROCLAIMING JUSTICE TO THE NATIONS INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e, fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------------|---|--|--|---|--------------------------------------|
| MIDDLE EAST AND NORTH AFRICA | 0 | 1 | PROGRAM | TV AND FILM PRODUCTION | 69,990 |
| EUROPE | 0 | 0 | PROGRAM | TV AND FILM PRODUCTION | 645 |

| efile GRAPHIC pri | nt - DO NOT PROCESS | As Filed Data - | | | | | DLN | I: 934933160 | 45038 |
|---|--|------------------------------------|------------------------------------|--|---|---------------|---------------------------|--|---------|
| Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . | | | | | | | | OMB No 1545-0047 2017 Open to Public Inspection | |
| Name of the organization PROCLAIMING JUSTICE | TO THE NATIONS INC | | | | | Em | ployer ıdentıfica | tion number | |
| | TO THE NATIONS INC | | | | | 20- | 3144206 | | |
| Part I General | Information on Grants | and Assistance | | | | | | | |
| the selection crite | ation maintain records to sub ria used to award the grants V the organization's procedui | or assistance? | | | | e, and | | 🗹 Yes | 🗆 No |
| | d Other Assistance to Dom ed more than \$5,000 Part II | | | nts. Complete if the o | rganization answered "Yes' | ' on Form 990 |), Part IV, line | 21, for any recip | ient |
| (a) Name and addro organization or government | | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | | cription of assistance | (h) Purpose of or assistance | f grant |
| (1) EAGLES TABERNA 15774 APPALOOSA DF FRISCO, TX 37035 | | | 18,000 | 0 | | | | DONATIONS | |
| 2 Enter total number | er of section 501(c)(3) and g | overnment organizations | listed in the line 1 table . | | | | . 🕨 | | 1 |
| 3 Enter total number | er of other organizations liste | d in the line 1 table . | | | | | . 🕨 | | 0 |
| | Act Notice, see the Instructio | | | Cat No 50055 | | | | dule I (Form 990 |) 2017 |

Schedule I (Form 990) 2017

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| | | shar space is needed | | | | 4 | |
|--|------------|---|-----------------------------|----------------------------------|---|---------------------------------------|--|
| (a) Type of grant or assista | ance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | 1 | | | | |
| Part IV Supplemental 1 | Informatio | on. Provide the in | formation required in ' | Part I, line 2; Part III | , column (b); and any other a | additional information. | |
| Return Reference | Explanatio | Explanation | | | | | |
| Additional Supplemental Information | ELIGIBLE G | LIGIBLE GRANTEES MUST HAVE A MISSION CONSISTENT WITH THE ORGANIZATION'S MISSION | | | | | |
| Grantmaker's Description of How Grants are Used | THE BOARD | APPROVES BUDGE | T ITEMS FOR SUBSTANTI/ | AL GRANTS AND DONATI | TIONS PRIOR TO DISBURSEMENT | OF FUNDS | |

| efile GRAPHIC | C print - DO | NOT PROCES | S As F | iled Data - | | | | | DL | .N: 93 | 8 493 3 | 3160 | 45038 |
|---|------------------|--|---------------------|----------------------------------|--|---------------------------|-------------------|--------|------------------------------|-------------------------|----------------|--------|-----------|
| Schedule L (Form 990 or 990 | -EZ) 🕨 Comr | Tran plete if the orga | | ns with Ir | | | | ·5a. : | 25b. 26 | - | MB No | 1545 | 5-0047 |
| | | | 28b, or 2 ► Atta | 8c, or Form 99 ch to Form 990 | 0-EZ, Part V,) or Form 99 | , line 38a or 4 0-EZ. | 40b. | | | | 2017 | | |
| Department of the Trea Internal Revenue Servi | ISUR | | | <u>www.irs.gov</u> | | | | | | | | pecti | ion |
| Name of the orga PROCLAIMING JUST | | ONS INC | | | | | Er | nplo | yer ide | entifica | ation I | numb | er |
| | D | | | ()()) | | | | | 4206 | | | | |
| | | ransactions (s | | | | | | | | ne 40b | | | |
| |) Name of disqu | | | Relationship be | tween disqual | | | (c) [| Descript | ion of | (d | - | rected? |
| | | | | | organization | | _ | | ansacti | on | - Y | es | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 4958 | | any, on line 2, a | | | | | r unde | er sec | | \$ | | | |
| Com | plete if the org | or From Inter anization answe t on Form 990, I | red "Yes" c | n Form 990-EZ, | Part V, line 3 | 8a, or Form 9 | 90, Pa | rt IV, | line 26 | i, or ıf | the org | ganıza | ation |
| (a) Name of Interested person | | hıp (c) Purpose IION of Ioan | | to or from the anization? | (e) Original principal amount | (f) Balance due | (g) defa | | († Approv boar comm | ved by d or | r | | |
| | | | То | From | | | Yes | No | Yes | No | Yes | | No |
| (1) LAURIE CARDOZA- MOORE | OFFICER | LOAN | | X | 2 | | | No | | No | | | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | • | ↓ ▶ \$ | | | | | | | | |
| | | ance Benefit | | | | | • | | | | | | |
| | | rganization an: (b) Relationship | | es" on Form 9 | | | oface | stand | ~ | (a) Pu | rnose | oface | istance |
| (a) Name of interested person (b) Relationship between interested person and organization | | on and the | | | | | of assistance (e) | | |) Purpose of assistance | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| For Paperwork Red | uction Act Notic | e, see the Instru | ctions for Fe | orm 990 or 990-E | Z. Ca | it No 50056A | | Sc | hedule | (Forn | 1 990 0 | r 990 | -EZ) 2017 |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sh o organiz rever | f ation's |
|---------------------------------|--|-------------------------------------|--------------------------------|---------------------------------|--------------|
| | | | | Yes | No |
| (1) LAURIE CARDOZA-MOORE | OFFICER | 26,800 | OCCUPANCY EXPENSE | | No |
| (2) MP FILMS INC | OFCR SPOUSE BUS | 67,384 | PRODUCTION EXPENSE | | No |
| (3) JOSEPHINE MOORE | OFFICER'S CHILD | 672 | PRODUCTION EXPENSE | | No |
| (4) JESSICA MOORE | OFFICER'S CHILD | 1,382 | CONTRACT LABOR | | No |
| (5) DOUG KIMRA STECKBECK | OFFICER | 725 | CONTRACT LABOR | | No |
| | | | | | |
| Part V Supplemental Information | 1 | | · | | <u> </u> |

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation

| efile GRAPHIC print | DLN: 93493316045038 | |
|---|--|------|
| SCHEDULE O | OMB No 1545-0047 | |
| (Form 990 or 990- EZ) Department of the Treasury | Supplement Complete to pro Form 990 o ► Information about | 2017 |
| Internal Revenue Service L Name of the organization PROCLAIMING JUSTICE TO TH | r identification number | |
| | 06 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4d Other Program Services Description | OTHER PROGRAM SERVICES 4 SUPPORT FOR THE SPECIAL ENVOY TO THE UN FOR THE WORLD COUNCIL OF INDEPENDENT CHRISTIAN CHURCHES SERVED TO EDUCATE MEMBERS OF THE UN AND MEMBERS OF NON-GOV ERNMENTAL ORGANIZATIONS ON JEWISH-CHRISTIAN RELATIONS AND TO ENCOURAGE THEIR SUPPORT OF TH E NATION OF ISRAEL OTHER PROGRAM SERVICES 5 PJTN'S GOAL FOR THIS INITIATIVE IS TO REVIEW AND EXPOSE TEXTBOOKS AND CURRICULUM FOR ANTI-SEMITIC, ANTI-ISRAEL, ANTI-AMERICAN AND ANTI -CHRISTIAN BIAS WE USE THE INFORMATION TO EDUCATE PARENTS, EDUCATORS AND ELECTED OFFICIAL S ABOUT THE CONTENT TO ENSURE THE TEXTBOOKS ARE NOT BIASED AND REFLECT THE VALUES OF OUR C |
| Part III, Line 4d Other Program Services | INDEPENDENT CHRISTIAN CHURCHES SERVED TO EDUCATE MEMBERS OF THE UN AND MEMBERS OF NON-GOV ERNMENTAL ORGANIZATIONS ON JEWISH-CHRISTIAN RELATIONS AND TO ENCOURAGE THEIR SUPPORT OF TH E NATION OF ISRAEL OTHER PROGRAM SERVICES 5 PJTN'S GOAL FOR THIS INITIATIVE IS TO REVIEW AND EXPOSE TEXTBOOKS AND CURRICULUM FOR ANTI-SEMITIC, ANTI-ISRAEL, ANTI-AMERICAN AND ANTI -CHRISTIAN BIAS WE USE THE INFORMATION TO EDUCATE PARENTS, EDUCATORS AND ELECTED OFFICIAL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 11b Form 990 Review Process | The current treasurer, Barbara Wilson, reviews the tax return |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | The organization's expenditures are reviewed during the annual board meeting In addition, the financials are reviewed line-by-line annually by board member Barbara Wilson |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management | President's salary is based on industry standards |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Governing documents, conflict of interest policy and financial statements are available upon request |