Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Α	For the	2018 calend	ar year, or tax	year beginn	ning		, 2018, and en	nding			, 20	
В	Check if ap	oplicable:	C Name of organiz	ization PROJI	ECT SWEET PE.	AS				D E	mployer identific	ation no.
	Address ch	nange	Doing business	as						27	-3679594	
	Name char	nge	Number and stre	reet (or P.O. box	if mail is not delivered to	street address)		Room/suite		E Te	elephone number	
	Initial return	n	45 BOYL	STON STR	EET					(4)	01)212-02	10
	Final return	n/terminated	City or town, sta	ate or province,	country, and ZIP or foreig	gn postal code		'		G G	ross receipts	
Ī	Amended r	return	WARWICK	, RI 028	89	•				\$	236,	755
_	Application	pending	F Name and addre			KING		H(a) Is this	a group retu		rdinates? Yes	
_				C ABOVE							ıded? Yes	☐ No
ı .	Tax-exemp	ot status:	· —) (insert no.)	4947(a)(1) or	527				(see instructions)	_
	Website:		V.PROJECTSW					H(c) Grou				
					ciation Other		L Year of formation: 2		State of I			
_	rt I	Summar								- 3		
			•	ation's mission	on or most significa	int activities: PRO	JECT SWEET PE	ZAS TS A	NATT	ONAT	ORGANTZA	TTON
		•	ŭ		J	H PERSONAL EX						
Se						O FAMILIES OF						THO.
Governance					GNANCY AND I		IRBMATORE OF	C DICK I	MIMMI	J ANL	, 1110DH W	110
ver						erations or disposed	of more than 25% of	of its not ass	ete			
ဗိ				•		, line 1a)				3		7
∞ ∞			=	_		oody (Part VI, line 1b				4		
ties				-		8 (Part V, line 2a)				5		
Activities			er of volunteers (•				· · · —	6		100
Ă			`	•	• ,	;), line 12			_	'a		0
					from Form 990-T, li					a 'b		0
	В	Net unrelate	u business taxa	able income	110111 F01111 990-1, 1		· · · · · · · · · · · · · · · · · · ·			ש	0	
		Contribution	a and granta (De	ort \/III line 1	16)		-	Prior Y		0.5	Current Year	
Revenue					•		_		139,5	05	13	2,275
		-	-		= :	. 	_			_		0
ě			· ·)	_					0
œ			ue (Part VIII, col		56,8			6,255				
						, column (A), line 12)			196,3	60	19	8,530
						(1-3)				_		0
												0
S	15	· ·	•		•	· /·	′ <u>–</u>					0
Expenses	16a		_	-)						0
xbe	b			-	umn (D), line 25)		0					
Ш	1	•	•	. ,-	•	e)	-		165,5			2,668
						nn (A), line 25)	-		165,5	-		2,668
		Revenue les	s expenses. Su	ubtract line 1	8 from line 12	· · · · · · · · · · · · · · · · · · ·			30,7	86	5	55,862
sor	<u> </u>						F	Beginning of C			End of Year	
sset	20		, ,	,			<u>-</u>		151,4	54	20	7,316
Net Assets or	21		,	•			_			_		0
				s. Subtract I	ine 21 from line 20				151,4	54	20	7,316
_	art II		ire Block									
						ng schedules and statemen nation of which preparer ha		nowledge and b	ellet, it is			
Sig	ın		N E NAVA							\-4-		
_			re of officer						L)ate		
He	re		N E NAVA,		ER							
		Type or	print name and title	Т			Tp.:	<u> </u>	E3			
		Print/Type pre	eparer's name		Preparer's signature		Date	Chec	k X if	PTIN		
Pai		David E	Brown CPA				04-06-2019	self-e	mployed	P	01211547	
	parer	Firm's name	▶ D	David Bro	own			Firm's EIN	•			
Us	e Only	Firm's addres	s ► 5	52 Centre	e Street			Phone no.				
			R	Rumford 1	RI 02916				401	-230-	-9866	
Mav	the IRS	discuss this	return with the r	preparer sho	own above? (see in	nstructions)					. 🛛 Yes	No

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

119,632

Total program service expenses ▶

Part IV

Page 3 PROJECT SWEET PEAS 27-3679594 **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
9	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		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		Χ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		7.7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and IL	21		Χ

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Pa	rt IV Checklist of Required Schedules (continued)			<u> </u>
22	Did the organization report more than \$5,000 of greats or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Λ
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	through 24d and complete Schedule K. If "No," go to line 25a			X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	25
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		25	
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization required to the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Λ
32		32		Х
33	complete Schedule N, Part II	32		Λ
33		22		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		v
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			3.5
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u> </u>		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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?	6a		X
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
١٥-	against amounts due or received from them.)	40-		
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		21
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	10		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	10		21
	ii 100, complete i dilli 1120, conoddio C.			

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes	s, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI	

Did the organization delegate control over management duties custor supervision of officers, directors, or trustees, or key employees to a new provision of officers, directors, or trustees, or key employees to a new provision of officers, directors, or trustees, or key employees to a new provision of officers, directors, or trustees, or key employees to a new provision of the organization have members or stockholders, or other persons one or more members of the governing body? Did the organization have members, stockholders, or other persons one or more members of the governing body? Are any governance decisions of the organization reserved to (or sure stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part Vertheorganization's mailing address? If "Yes," provide the names and Section B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies (This Section B requests information about position B. Policies, and branches to ensure their operations are consistent with the organization provided a complete copy of this Form 990 to a participation because the organization of the organization and enforce describe in Schedule O (how this was done. Did the organization have a writte	ne governing body, or	1a 7		Yes	No
If there are material differences in voting rights among members of if the governing body delegated broad authority to an executive com committee, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who can be considered that the number of voting members included in line 1a, above, who can be considered that the number of voting members included in line 1a, above, who can be considered that the number of voting members of key employee have a family related any other officer, director, trustee, or key employees to a related to the organization delegate control over management duties custs supervision of officers, directors, or trustees, or key employees to a related to the organization make any significant changes to its governing to the organization have members or stockholders, or other persons to the the organization have members of stockholders, or other persons to one or more members of the governing body? b. Are any governance decisions of the organization reserved to (or sustockholders, or persons other than the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. Each committee with authority to act on behalf of the governing body? b. If "Yes," did the organization have local chapters, branches, or affiliates? b. If "Yes," did the organization have written policies and p	ne governing body, or	ia /			
if the governing body delegated broad authority to an executive committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who 2 Did any officer, director, trustee, or key employee have a family relation any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties custs supervision of officers, directors, or trustees, or key employees to a result of the organization become aware during the year of a significant of Did the organization have members or stockholders, or other persons where the organization have members or stockholders, or other persons where the organization have members, stockholders, or other persons where the organization contemporaneously document the meetings held the organization contemporaneously document the meetings held the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body Is there any officer, director, trustee, or key employee listed in Part V the organization's mailing address? If "Yes," provide the names and Section B. Policies (This Section B requests information about point the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures graffiliates, and branches to ensure their operations are consistent with Has the organization provided a complete copy of this Form 990 to a become in Schedule O the process, if any, used by the organization become in Schedule O the process, if any, used by the organization bave a written conflict of interest policy? If "Not be Describe in Schedule O the process, if any, used by the organization of both the organization have a written conflict of interest policy? If "Not be process for determining compensation of the following person independent persons, comparability data, and contemporaneous subtance proganization's exempt status with respect					
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(3)s only) available for public inspection. Indicate how you made the ☐ Another's website ☐ Upon re	_))			
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19 Describe in Schedule O whether (and if so, how) the organization m financial statements available to the public during the tax year.		iesi policy, and			
20 State the name, address, and telephone number of the person who	de its governing documents, conflict of inte-				
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Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Former Former		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) SARAH_KING	20.00								
PRESIDENT				Х			(0	0
(2) GINA ANETAKIS	10.00								
VICE PRESIDENT				X	-		(0	0
(3) MEGAN DITOMMASO	5.00			7.7					
SECRETARY				Χ			(0	0
(4) CORIN NAVA	20.00			7.7					
TREASURER				Χ			(0	0
(5) DIANE HRENKO	5.00				37				
BOARD ADVISOR					X		(0	0
(6) PEG RICARDO	5.00				37				
BOARD ADVISOR	5 00				X		(0	0
(7) CHRISTOPHER BALDRIDGE	5.00				Х		,		
GRANT DEVELOPMENT DIRECTOR							(0	0
<u>(8)</u>									
<u>(9)</u>									
(10)									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	1							ſ	(00.40)

Form 9	90 (2018) PROJECT SWEET PEAS VII Section A. Officers, Directors, Trustees,	Kan France					10		and d Francisco	27-36795	94	Р	age 8
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) week (list any hours for Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q				(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) Estimated amount of other compensation from the organization and related organizations					
(15)_													
(16)_													
<u>(17)</u>													
(18)													
(19)_													
(20)													
(21)													
(22)													
(23)													
(24)(25)													
1b	Sub-total												
c d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)							>	C	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization								e than \$100,000 of	0			
3	Did the organization list any former officer, director employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep	J for such in	dividua	al							3	Yes	No X
	organization and related organizations greater than individual	\$150,000?	If "Yes	s," C	omp	lete 	Schea 	lule . 	J for such		4		X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? <i>If "Yes,"</i>										5		X
<u>Secti</u> 1	on B. Independent Contractors Complete this table for your five highest compensated compensation from the organization. Report compenser.												
	(A) Name and business address								(B) Description of	services		(C) pensation	n
	Total number of independent contractors (including	but not limito	d to th	nse	lieto	d ah	ove) u	/ho					

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse or no	ote to any line in this	s Part VIII	· · · · · · · · ·		
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	4-	Tadanatad aspensions	140			revenue		512-514
nts nts	1a	Federated campaigns						
Gra	b	Membership dues						
ts, (An	C	Fundraising events						
ija ij	d	Related organizations						
ons, Sim	е	Government grants (contributions)	<u>1e</u>					
utic her	f	All other contributions, gifts, grants,						
를 주		and similar amounts not included ab		132,275				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lir		30,148				
	h	Total. Add lines 1a-1f			132,275			
				Business Code				
eune	2a							
Program Service Revenue	b							
	С							
	d							
Ta E	е							
rog		All other program service revenue .						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividend	ds, interest,					
		and other similar amounts)		t t				
	4	Income from investment of tax-exemp	•	- t				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i)	Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		Gain or (loss)						
_		Net gain or (loss)						
enne	8a	Gross income from fundraising						
Š		events (not including \$						
Ř		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18		85,551				
0		Less: direct expenses		19,296				
		Net income or (loss) from fundraising			66,255			66,255
	9a	Gross income from gaming activities						
		See Part IV, line 19						
	l	Less: direct expenses						
	С	Net income or (loss) from gaming ac	tivities					
	10a	Gross sales of inventory, less						
	١.	returns and allowances		18,929				
		Less: cost of goods sold Net income or (loss) from sales of inv		18,929				
		Miscellaneous Revenue	verilory	Business Code				
	112			Dusiness Code				
	b							
	G C	All other revenue						<u> </u>
		Total. Add lines 11a-11d						
				+	100 520			66,255
	14	Total revenue . See instructions .			198,530	C		66,255

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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 line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): 1,060 1,060 b 1,200 1,200 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 2,436 2,436 12 Advertising and promotion 1,300 1,300 13 14 510 510 15 16 6,600 6,600 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,102 2,102 20 21 22 Depreciation, depletion, and amortization 23 1,875 1,875 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.) POSTAGE 9,465 9,465 b IN-KIND DELIVERY VALUE 14,960 14,960 754 c NPO REGISTRATIONS 754 d CARE PACKAGES 95,207 95,207 All other expenses е 5,199 5,199 Total functional expenses. Add lines 1 through 24e 25 142,668 119,632 23,036 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

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Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	79,316	1	138,919
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	72,138	8	68,397
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	151,454	16	207,316
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liak		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	151,454	27	207,316
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	151,454	33	207,316
	34	Total liabilities and net assets/fund balances	151 454	34	207.316

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)				L98,	530
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		:	L42,	668
3	Revenue less expenses. Subtract line 2 from line 1	. 3			55,	862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			L51,	454
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		:	207,	316
Pai	rt XII Financial Statements and Reporting	•	•			
	Check if Schedule O contains a response or note to any line in this Part XII					. \square
					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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ī			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ī			

Form **990** (2018)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2018

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 27 - 3679594

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

 Schedule A (Form 990 or 990-EZ) 2018
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Schedule A (Form 990 or 990-EZ) 2018 PROJECT S

Part II Support Schedule for Organiza

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0044	(b) 0045	(-) 0040	(-1) 0047	(-) 0040	(D. T. t. l
	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched	ule A, Part II, line 1	14			15	%
16a	33 1/3% support test - 2018. If the organize			•	•		
	box and stop here . The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organize						
	this box and stop here. The organization q						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•					
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				. \square
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017	· ·		· ·		ıııne	
	15 is 10% or more, and if the organization respectively.					chy	
	Explain in Part VI how the organization mee			=		-	▶ □
18	supported organization						• 🗀
.0	instructions						▶ □

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,697	57,602	78,251	139,505	132,274	447,329
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		3,7,002	70,232	200,000	202,272	117,023
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .	60,301	60,676	72,377	93,363	104,480	391,197
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	99,998	118,278	150,628	232,868	236,754	838,526
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						838,526
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	99,998	118,278	150,628	232,868	236,754	838,526
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	99,998	118,278	150,628	232,868	236,754	838,526
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f))		15	100.00 %
16	Public support percentage from 2017 Schedu	ıle A, Part III, line 15	5			16	100.00 %
Se	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2018 (line	a 10c, column (f), d	ivided by line 13, o	column (f))		17	0.00 %
18	Investment income percentage from 2017 S	chedule A, Part III,	line 1.7	. .		18	0.00 %
	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶ 🏻
b	33 1/3% support tests - 2017. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs	▶ 🗌

 Schedule A (Form 990 or 990-EZ) 2018
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Part IV Supporti

Supporting Organizations

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

Section A. All Supporting Organizations

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.

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

	Yes	No
	162	140
1		
2		
3a		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		
(Form 990	or 990-E	Z) 2018

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	3 g			
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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations	_		
Jeci	ion o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).			
Seci	ion D. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion 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 in	struci	ions)	
а	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.			
С		see in		ions)
	Activities Test. Answer (a) and (b) below.		Yes	No
	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 position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	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.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sectio	ns A through E.
500	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	tion A - Adjusted Net Income		(A) FIIOI Teal	(optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	- 0 /	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or			
СО	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	- 1 /	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	g organization (see
	instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2018

Sched	ule A (Form 990 or 990-EZ) 2018 PROJECT SWEET PEAS		27-36	79594	Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)		
Sec	Current Ye	ar			
1	Amounts paid to supported organizations to accomplish exer	npt purposes			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions		
4	Amounts paid to acquire exempt-use assets				
_5	Qualified set-aside amounts (prior IRS approval required)				
_6	Other distributions (describe in Part VI). See instructions.				
_7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	<u> </u>			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributab Amount for 2	
_1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2018				
	From 2013				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
<u></u>	Carryover from 2013 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2018, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
	Remaining underdistributions for 2018. Subtract lines 3h				
0	-				
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
	Evanos from 2014				
	Evenes from 2015				
	Evenes from 2016				
	Excess from 2017				
•					

e Excess from 2018

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

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

Department of the Treasury

Name of the organization PROJECT SWEET PEAS

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

27-3679594

Organization type (check one): Filers of: Section: ∑ 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number PROJECT SWEET PEAS 27-3679594

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person 4MOMS 1 Payroll X Noncash 7,000 912 FORT DUQUESNE BLVD (Complete Part II for noncash contributions.) PITTSBURGH, PA 15222 (d) (b) (a) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person 2 AUDREY'S BEAR **Payroll** Noncash 6,000 528 COMMERCE RD (Complete Part II for OREM, UT 84058 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization PROJECT SWEET PEAS

Employer identification number 27-3679594

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	50 MAMAROOS	_	
		 \$ 7,000	12-31-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	2000 BLANKETS	_	
		\$ 6,000	12-31-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	

Employer identification number Name of organization PROJECT SWEET PEAS 27-3679594 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I INFANT CARE FOR HOSPITAL AND HOME BABY SWINGS 1 CARE OF INFANTS (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee NONE (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I DONATIONS TO PARENTS BLANKETS COMFORT 2 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee NONE (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization Employer identification number							
PROJECT SWEET PEAS				27-36			
Form 990-EZ filers are not	•	-		swered "Yes" on	Form 99	0, Part IV,	line 17.
1 Indicate whether the organization rais		-	•	rities. Check all that a	oply.		
a Mail solicitations	J		_	of non-government gr			
b Internet and email solicitations				of government grants			
c Phone solicitations				draising events			
d In-person solicitations		3 —	•	3			
2a Did the organization have a written or	oral agreement w	ith anv indiv	idual (includ	ing officers directors	trustees		
or key employees listed in Form 990,	•	•	•	•		□ Y	es 🗆 No
b If "Yes," list the 10 highest paid individ				_		_	_
compensated at least \$5,000 by the c	•	, ,		Ü			
, , ,	· ·						
		(iii) Did fund	draiser have		(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		control of	(iv) Gross receipts	•	tained by)	(or retained by)
or entity (fundraiser)		contrib	utions?	from activity		ser listed in ol. (i)	organization
		Yes	No			.,	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in which the organization				itions or has been not	fied it is ex	cempt from	
registration or licensing.							

27-3679594

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through POLAR PLUNGE PSP JAMBOREE 12 col. (c)) (event type) (event type) (total number) Revenue Gross receipts 47,462 14,379 23,710 85,551 Less: Contributions Gross income (line 1 minus 47,462 <u>14,3</u>79 23,710 85,551 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 12,101 4,365 2,830 19,296 <u>19,2</u>96 Net income summary. Subtract line 10 from line 3, column (d) 66,255 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number PROJECT SWEET PEAS 27-3679594 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri	determ		ınts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	x		30,148	PURCHASE C	COST		
6	Cars and other vehicles			•				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	y the organizat	tion during the tax year for cor	tributions for				
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemer	nt	29			
							Yes	No
30a	During the year, did the organization	n receive by c	ontribution any property report	ted in Part I, lines 1 through				
	28, that it must hold for at least thre	e years from th	ne date of the initial contribution	on, and which isn't required				
	to be used for exempt purposes for	the entire hole	ding period?			30a		X
b	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a gift a	cceptance poli	cy that requires the review of	any nonstandard				
	contributions?					31		X
32a	Does the organization hire or use tl							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a	amount in colu	mn (c) for a type of property fo	or which column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT SWEET PEAS

Employer identification number

27-3679594

01. Officer, directors, etc. family relationship (Part VI, line 2)
NO FAMILY RELATIONSHIPS EXIST WITHIN THE GOVERNING BODY
02. Management duties delegation (Part VI, line 3)
DUTIES AND RESPONSIBILITIES ARE ASSIGNED BY THE BOARD
03. Organizational document changes (Part VI, line 4)
ANY CHANGES ARE DOCUMENTED BY THE BOARD
04. Members or stockholder classes and rights (Part VI, line 6)
THERE ARE NO MEMBERS OR STOCKHOLDER CLASSES
05. Governing body meeting documentation (Part VI, line 8a)
DOCUMENTATION OF MEETINGS AND FINANCIAL DATA IS MAINTAINED BY THE TREASURER
06. Local chapters, branches, affiliates (Part VI, line 10a)
LOCAL DIVISIONS-CALIFORNIA, DELAWARE, GREATER LAFAYTTE, GREATER PHILADELPHIA, GREATER
TOLEDO, INDIANAPOLIS, KANSAS, LOUISIANA, MARYLAND, NEW HAMPSHIRE, NORTH ALABAMA,
PITTSBURGH, SOUTHERN ILLINOIS, SOUTHERN NEW ENGLAND, TWIN CITIES, TEXAS
07. Form 990 governing body review (Part VI, line 11)
THE BOARD ESTABLISHES ALL POLICIES AND PROCEDURES FOR THE VARIOUS CHAPTERS
THE POINT OF THE POSTOLES IND PROCESSION FOR THE VINCEOUS CIRCLES AND CONTRACTORS
08. CEO, executive director, top management comp (Part VI, line 15a)
NO COMPENSATION IS PAID TO OFFICERS OR DIRECTORS

Page 2 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number PROJECT SWEET PEAS 27-3679594 09. Other officer or key employee compensation (Part VI, line 15b NO COMPENSATION IS PAID TO OFFICERS OR KEY EMPLOYEES 10. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS ARE AVAILABLE ON THE WEBSITE AND UPON REQUEST 11. "Other" or change in accounting method (Part XII, line 1) THERE HAS BEEN NO CHANGE IN THE ACCOUNTING METHOD 12. List of other fees for services expenses (Part IX, line 11g) NO OTHER FEES 13. List of other expenses (Part IX, line 24e) NO OTHER EXPENSES

IRS e-file Signature Authorization for an Exempt Organization

		-	_	
or calendar vear 2018.	or fiscal year beginning			. and ending

2018 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization PROJECT SWEET PEAS 27-3679594 Name and title of officer CORIN E NAVA, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here $\blacktriangleright X$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ D b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize David Brown to enter my PIN as my signature 12345 ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 04-06-2019 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 051274 31651 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

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

Date > 04-06-2019

OMB No. 1545-1878

ERO's signature

Federal Supporting Statements	2018 PG01	
Name(s) as shown on return	Tax ID Number	
PROJECT SWEET PEAS	27-3679594	

FORM 990, PART VI, SECTION C, LINE 17 STATEMENT #017

States where a copy of this Form 990 is required to be filed:

Massachusetts Pennsylvania Rhode Island

990 Overflow Statement	2018 Page 1
Name(s) as shown on return	FEIN 2.7.2.67.0.5.0.4
PROJECT SWEET PEAS	27-3679594
Description	Amount
DONATIONS	\$ 31,985
GRANTS IN-KIND	17,062 90,458
Total:	\$ 139,505
Description	Amount
FUNDRAISING	
Total:	\$ 56,855 \$ 56,855
Description	Amount
DONOR MGT SYSTEM	
Total:	\$ 1,060 \$ 1,060
Description BANK FEES PARKING Total:	Amount \$ 2,366 70 \$ 2,436
Description	Amount
PRINTING VOLUNTEER EVENTS	_ \$ 4,953 246
Total:	\$ 5,199
FUNDRAISING	
Description	Amount
TOTAL	\$ 23,710
Total:	\$ 23,710

990 Overflow Statement 2018 Page 2 Name(s) as shown or return FEIN PROJECT SWEET PEAS 27-3679594

FUNDRAINING EXPENSES

Description	Į	${\tt Amount}$	
TOTAL	_ \$	2,830	
Total	\$	2,830	