Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

2017

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

Open to Public Inspection

<u>A</u> _	For the	2017 calend	lar year, or tax year begin	ın <u>ing</u>	07-01 ,2017,	and endi	ng	06-	-30 , <b>20</b> 18
В	Check if	achlicable	C Name of organization MASI	OW PROJECT.					Employer identification no
	Address	change	Doing business as	·					27-0734969
	Name ch	ange	Number and street (or P O bo	ox if mail is not delivered to street address)		R	oom/suite	ĺ	Telephone number
	Initial reti	ım	500 MONROE STR	EET					(541)608-6868
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code							- 0	Gross receipts
	Amended	f return		\$ 1,829,447					
	Application	on pending	F Name and address of principa	officer AMY ZAROSINSKI		ŀ	H(a) Is this a group	return for	subordinates? Yes No
			Same as C above	e		<b>-</b>	H(b) Are all subo	rdinates	ıncluded?   Yes   No
<u></u>	Tax-exer	npt status	501(c)(3) 501(c) (	) <b>(</b> Insert no ) 4947(a)(1) or	<u> </u>	<b>3</b>	If "No," :	attach a	list (see instructions)
<u>J</u>	Website		MASLOWPROJECT.CO	M	<del></del>		H(c) Group exe	mption r	number >
K			<del></del>	ociation Other ►	L Year of forma	ition 200	9 M State	of legal	domicile OR
P	art I	Summar	<u> </u>		<del></del>				
	1	-	_	ion or most significant activities					OFFER EVERY
ė				THE PROBABILITY OF SU					
ZUIY & Governance				RESOURCES FOR BASIC NE	EDS, REMOVING	G BARR	IERS TO E	DUCA'	TION AND
ern				SELF -SUFFICIENCY.		050/ ( )			
ည့်နဲ့	2		=	n discontinued its operations or dis				١.	1
	3			, , , ,				3	8
MAK 4 0 Activities	4		,	s of the governing body (Part VI,	•	· · · · · ·	 I	5	8
<u>ڇ</u> د	5			n calendar year 2017 (Part V, line	DECEIVE	$D\dots$		6	27
꽃	6		er of volunteers (estimate if	Part VIII. column (C) line 13	RECEIVE	3	1	7a	107
≥.			ed business revenue from ed business taxable income	Part VIII, column (C), line 12		19		7b	
Ō	+-	INCL UITI CIALC	d business taxable income	from Form 990-T, line 34	<del>- JAN 0:7-20</del>	113-11-0			Current Year
Ц	8	Contributions	s and grants (Part VIII line	1h\			1,683	.472	
Revenue Revenue	9	Program ser	rvice revenue (Part VIII line	e 2g)	OGDEN.	ַדָּיָטְ	1	,	0
	10	Investment in	ncome (Part VIII, column (/	A), lines 3, 4, and 7d)	OOBL		<del></del>	365	10,502
<b>∑</b> §	11		• • •	nes 5, 6d, 8c, 9c, 10c, and 11e)			24	,718	
9	12		• • • • • • • • • • • • • • • • • • • •	must equal Part VIII, column (A),			1,708		
_	13			IX, column (A), lines 1-3)			<u> </u>		0
	14	Benefits paid	d to or for members (Part I)	X, column (A), line 4)					0
	15	Salaries, oth	er compensation, employed	e benefits (Part IX, column (A), lin	es 5-10)	[	740	,290	759,079
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)		[			0
beu	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶					
ŭ	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			569	,031	718,336
	18	Total expens	ses Add lines 13-17 (must	equal Part IX, column (A), line 25	)	· ·	1,309	,321	1,477,415
	19	Revenue les	s expenses Subtract line	18 from line 12	<u> </u>		399	,234	334,950
٥	se					Beg	Inning of Current	Year	End of Year
sets	Ē 20	Total assets	(Part X, line 16)			· ·	1,458	,536	1,720,721
Net Assets or	21		, ,			· ·	269	,084	188,949
_			or fund balances Subtract	line 21 from line 20	<u> </u>		1,189	<u>,452</u>	1,531,772
	art II		ire Block						
true	ter penalti , correct,	es of perjury, I dec and complete Dec	clare that I have examined this retu claration of preparer (other than off	m, including accompanying schedules and sicer) is based on all information of which pre-	statements, and to the bes parer has any knowledge	st of my know	riedge and belief, it	is	
					10 N			11	2.1Q.K
Sig	ın		ZAROSINSKI (re of officer	mel farofs	7440			Va(	1776
_		l,						Date	
He	re		ZAROSINSKI, TREAS print name and title	URER	<del></del>				
		<u> </u>			Date		Горан		TIM
Pa	id	1	eparer's name	Preparer's signature	11-27-20	018	Check L		TIN P00029120
	iu eparei	ROY R.		OGERS, AND CO. PC	μ1-2/-20		self-employe	.u	F00023120
	e Only			7 72ND AVE	<del></del> _		hone no		
~3	in	Funts address	TIGARD O					3-6	84-8421
May	the IP	S discuse this		nown above? (see instructions)					🛛 Yes 🗌 No
			on Act Notice, see the se		<u> </u>				Form <b>990</b> (2017)
EEA				•			(~hU	)	

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	n 990 (2017) MASLOW PROJECT 27-0734969 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	MASLOW PROJECT'S MISSION IS TO OFFER EVERY HOMELESS CHILD AND YOUTH THE PROBABILITY OF
	SUCCESS AND THE OPPORTUNITY FOR A BETTER LIFE. WE DO THIS BY PROVIDING RESOURCES FOR BASIC
	NEEDS, REMOVING BARRIERS TO EDUCATION AND EMPLOYMENT, AND FOSTERING SELF - SUFFICIENCY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	The state of the s
4a	(Code ) (Expenses \$ 732,398 including grants of \$ ) (Revenue \$ )
	BASIC NEEDS AND OUTREACH: OUR MEDFORD RESOURCE CENTER OFFERS A "ONE-STOP" LOCATION FOR YOUTH
	TO ACCESS BASIC NEEDS AND INCREASE IMMEDIATE CONNECTIONS TO SUPPORTIVE SERVICES, INCLUDING:
	LAUNDRY SERVICE, HOT MEALS, FOOD BOXES, CLOTHING, HYGIENE SUPPLIES, SLEEPING BAGS, BUS
	TOKENS, AND EMERGENCY ASSISTANCE. ON- AND OFF-SITE PARTNERSHIPS CREATE A "SAFETY NET" THAT
	DECREASES THE POSSIBILITY OF YOUTH GETTING LOST IN THE SYSTEM. IN ADDITION, MASLOW PROJECT'S
	STREET OUTREACH WORKERS, INCLUDING A CASE MANAGER, GO OUT IN TEAMS OF TWO, SEVERAL DAYS PER
	WEEK, DISTRIBUTING SUPPLIES AND INFORMATION/REFERRALS TO AVAILABLE SERVICES TO YOUTH IN
	PLACES WHERE THEY ARE KNOWN TO CONGREGATE THROUGHOUT THE COUNTY (PARKS, CAMPGROUNDS, BIKE
	PATHS, ETC.), AND ENCOURAGING THEM TO VISIT OUR RESOURCE CENTER.
4b	(Code ) (Expenses \$ 530,358 including grants of \$ ) (Revenue \$ )
-	CASE MANAGEMENT AND SUPPORT SERVICES: SKILLED CASE MANAGERS ARE LOCATED IN SCHOOLS THROUGHOUT
	THE COUNTY AND AT OUR MEDFORD-BASED RESOURCE CENTER TO HELP IDENTIFY AND ADVOCATE FOR
	HIGH-RISK AND HOMELESS YOUTH IN NEED OF BASIC NEEDS AND SUPPORT SERVICES. CASE MANAGERS ACT
	AS LIAISONS BETWEEN YOUTH, AGENCIES, SCHOOLS, AND PARENTS, DELIVER IMMEDIATE NEEDS RESOURCES
	TO YOUTH IN SCHOOL, TRACK RELEVANT ACADEMIC AND ATTENDANCE INFORMATION, PROVIDE MENTORSHIP,
	AND REFER TO SERVICES OFFERED THROUGH OUR MEDFORD RESOURCE CENTER. MASLOW'S CASE MANAGERS
	ALSO CONNECT KIDS WITH POSITIVE YOUTH DEVELOPMENT ACTIVITIES, PROMOTING SELF-SUFFICIENCY
	THROUGH ENGAGEMENT IN SCHOOL, EMPLOYMENT, AND SUPPORTIVE SERVICES, WHILE FACILITATING
	INCREASED INTERPERSONAL SKILLS.
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
40	(Codd) (Expenses #) (Nevenue #)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,262,756

Part IV

Checklist of Required Schedules

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27-0734969 Pag

Page 3

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 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 Х 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 98-197 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 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х . . . . . . . . . . . . . . . . 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 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ...... 11b Х c 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 X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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? If "Yes," complete Schedule F, Parts I and IV 14b Х 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 Х 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 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

Part IV Checklist of Required Schedules (continued) Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or dontestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ....... 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 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 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? 25b X 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 26 Х 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 Х 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X 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 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х conservation contributions? If "Yes," complete Schedule M .............. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I ........... 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a 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 36 Х 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, 37 Х 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

Pa	Statements Regarding Other IKS Filings and Tax Compliance			~
	Check if Schedule O contains a response or note to any line in this Part V	<del> ,</del>		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\vdash$	Yes	No
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 27	_		l :
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country	i		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			. '
	(FBAR)	- <del></del>	- <del></del>	<del></del>
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 5c		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 5C		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	.	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- 02		
-	gifts were not tax deductible?	6b	.	l
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	_	X
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		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			لـــــا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	.7g		<b></b>
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		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		.	. !
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			, ]
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	: }	- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	•		
b	Enter the amount of reserves the organization is required to maintain by the states in which	,		
	the organization is licensed to issue qualified health plans	,		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	990 (2	2017)

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body degree the role authority to an executive committee or similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee or similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee or similar any other officer, director, trustee, or key employee a committee or similar any other officer, director, trustee, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members as tockholders?  6 Did the organization have members as tockholders?  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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  7 In governing body?  8 Did the organization have local chapters, branches, or affiliales?  9 If "Yes," by the following:  10 In the organization have local chapters, branches, or affiliales?  10 If the organization have a written explained in Part VII, Section A, wh	contains a response or note to any line in this Part VI	ה
Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body degree the road authority to an executive committee or similar committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent committee or similar any other officer, director, fustee, or key employee have a farmly relationship or a business relationship with any other officer, director, fustee, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members as to scholders?  6 Did the organization have members, stockholders?  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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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:  a The governing body?  5 Exection B. Policies (Time Section B requests information about phyloses and Schedule O  9 Section B. Policies (Time Section B requests information about phyloses and Schedule O  9 Section B. Policies (Time Section B requests information about phyloses and schedule O  10 Did the organization have writ		
1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  b Enter the number of voting members included in line 1a, above, who are independent  1b 8  1c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officiar, director, trustee, or key employees to a management company or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, or trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 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  8 The governing body?  8 Did the organization have interest that the governing body?  9 Section B. POlicles (This Section A behalf of the governing body?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have written policles and procedures governing the activates of such chapters, affiliates,	y and management	<u>-</u>
1a Enter the number of voting members of the governing body at the end of the tax year   1a   8   1   1   1   1   1   1   1   1   1	· Yes   No	_
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done	ritten conflict of interest policy? If "No," go to line 13	
describe in Schedule O how this was done	istees, and key employees required to disclose annually interests that could give rise to conflicts?	
Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 The organization's CEO, Executive Director, or top management official	and consistently monitor and enforce compliance with the policy? If "Yes,"	
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's CEO, Executive Director, or top management official		_
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's CEO, Executive Director, or top management official	' ' '	
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official		
The organization's CEO, Executive Director, or top management official		
b Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<del>- ' ' '                                </del>	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
		ì
with a taxable entity during the year?		لږ
h. If "Nos." did the experience follows wighten policy or procedure requiring the experience to evaluate its	· · · · · · · · · · · · · · · · · · ·	<del>:                                    </del>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		٠
organization's exempt status with respect to such arrangements?		_
Section C. Disclosure	with respect to south an angements.	_
17 List the states with which a copy of this Form 990 is required to be filed Poregon	py of this Form 990 is required to be filed Paregon	_
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	<del></del>	_
available for public inspection. Indicate how you made these available. Check all that apply		
Own website Another's website Dipon request Other (explain in Schedule O)		
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and		
financial statements available to the public duning the tax year.		
financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records	· · · · · · · · · · · · · · · · · · ·	

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4	•	-	u	•		4	9	0	9	

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Partivily 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 rior any related	d organ <u>iza</u> tion	comp	ensa	ated	апу	currer	ıt off	ficer, director, or tru	slee	
				- (	C)	-				<del>-</del>
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					nan one s both a		Reportable	Reportable	Estimated
	hours per					/trustee		compensation	compensation from	amount of
	week (list any hours for	ļ						from the	related organizations	other compensation
	related	Individual trustee or director	Inst	Officer	<u>@</u>	en g	Form	organization	(W-2/1099-MISC)	from the
	organizations below dotted	rect	tutio	56	Key employee	obye	ner	(W-2/1099-MISC)		organization and related
	line)	2 5	nal t		loye	° 8				organizations
		stee	Institutional trustee		<b>"</b> [	Highest compensated employee				
,			TO			ated				
(1) JAMIE L HAZLETT	2.00									
PRESIDENT		Х		Х				0	0	0
(2) ROYAL STANDLEY	2.00									
VICE PRESIDENT		Х		X				0	0	0
(3) AMY ZAROSINSKI	2.00									
TREASURER		Х		Х				0	0	0
(4) PAUL ROBINSON	2.00									
SECRETARY		Х		X	_			0	0	0
(5) SHARILYN CANO	2.00									
DIRECTOR		Х			-			0	0	0
(6) MICHELLE JOHANNES	2.00									
DIRECTOR		Х						0	0	0_
(7) ERIC MAXWELL	2.00	,,						_	_	_
DIRECTOR .		Х			-			0	00	0
(8) LISA MORRIS	2.00							•		
DIRECTOR	10 00	Х			$\dashv$			0	0	0_
(9) MARY FERRELL	40.00			Х				124 666	o	7 701
EXECUTIVE DIRECTOR					-			134,666		7,701
(10)	<b>-</b> -				ł					
(11)										
<u>(12)</u>								<del> </del>		
(13)										-
(14)										
					[					

Page 8

Part	VII Section A. Officers, Directors, Trustees,	rustees, Key Employees, and Highest Compensated Employees (continued)								continued)				
									1	E				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	other npensat from the ganizate nd relate ganizate	e on ed	
<u>(15)</u>									<del></del>					
(16)												•		
<u>(17)</u>														
<u>(18)</u>						-								
<u>(19)</u>														
(20)														
(21)														
(22)														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u> _		<u> </u>										_		
1b	Sub-total							- 1	<del> </del>		<u> </u>			
c d	Total (add lines 1b and 1c)								134,666	0	7,701			
2	Total number of individuals (including but not limited reportable compensation from the organization									1	·!			
												Yes	No	
3	Did the organization list any former officer, director,	•		•		-							.	
	employee on line 1a? If "Yes," complete Schedule J										3		X	
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	•					-						Ì	
	individual · · · · · · · · · · · · · · · · · · ·										4		X	
5	Did any person listed on line 1a receive or accrue co	•		-			-							
<del></del>	for services rendered to the organization? If "Yes," or	complete Sch	edule .	J for	suci	h pe	rson		<u> </u>	<u> </u>	5		Х	
	on B. Independent Contractors								4b 6400 000					
1	Complete this table for your five highest compensation from the organization Report compenses.													
	(A)							_	(B)			(C)		
	Name and business address								Description of	services	Com	ensatio	on_	
							_							
2	Total number of independent contractors (including l				sted	abo	ve) wi	ho						

<u>Form 99</u>	0 (20						27-07349	69 Page 9
Part '	VIII	Statement of Revenu	ue					
		Check if Schedule O contain	ns a response or n	ote to any line in thi	s Part VIII · · ·			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
N N	Ча	Federated campaigns · · ·	1a					
ant	ь				1			
ق ۾	c	Fundraising events · · · ·	1c		]		•	'
sifts ar A	d	Related organizations			1			
imit imit	e	Government grants (contribute	ons) · · 1e	251,741	1			
tior er S	f	All other contributions, gifts, gr	rants,		]			1
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not include	led above 1f	1,521,683				
i d	g	Noncash contributions include	d in lines 1a-1f \$	183,890				
	h	Total. Add lines 1a-1f	<u> </u>		1,773,424			
40				Business Code				
Service Revenue	2a							
Rev	ь							
Si Ce	C					<del></del>		
Sen	d					<del> </del>		
ram	е					·		
Program	1	All other program service reven						
	g	Total. Add lines 2a-2f · · ·	<del></del>	• • • • • • •				<u> </u>
	3	Investment income (including d		_				10 500
		and other similar amounts) .			10,502			10,502
	4	Income from investment of tax-					<del></del>	
	5	Royalties		T	<del> </del>			
	62	Gross rents	(ı) Real	(ii) Personal	1			
	ļ	Less rental expenses · · · ·			1			1
	l	Rental income or (loss)			1			
	l	Net rental income or (loss)					<del></del>	
	İ	Gross amount from sales of	(t) Secunties	(ii) Other		<del></del>		
		assets other than inventory	(1) 0000111100	(1)				
	ļ	Less cost or other basis and sales expenses · · · ·					!	
	1	Gain or (loss)		<u> </u>				
<b>a</b> v		Net gain or (loss) · · · · ·						
Other Revenue	8a	Gross income from fundraising						
ě		events (not including \$	. 4 = \	1	1			
œ	1	of contributions reported on line See Part IV, line 18 · · · ·		4.5.50				
Ĕ	١,	Less direct expenses		45,521	1 1			
0	,	Net income or (loss) from fundr		<u>17,082</u>	28,439			20 430
	ı	Gross income from gaming acti			20,439			28,439
	"	See Part IV, line 19 · · · · ·						. [
	ь	Less direct expenses · · ·			1			1
	ı	Net income or (loss) from gamil						
		Gross sales of inventory, less			·	<del></del>		
	IVa	returns and allowances	a					]
	ь	Less cost of goods sold · ·						' I
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue · · · · ·						
		Total. Add lines 11a-11d ·					-,	
	12	Total revenue. See instructions	s		1,812,365	0	ol	38,941

#### 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 (B) (C) (D) (A) Total expenses 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 Grahts and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic Grants and other assistance to foreign . organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ...... 3,739 124,631 115,907 4,985 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages . . . . . . . . . . . . . . 518,890 447,009 21,869 50,012 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 49,730 45,397 1,459 2,874 10 65,828 58,307 3,387 4,134 11 Fees for services (non-employees) а Legal C 5,025 5,025 d Lobbying Professional fundraising services See Part IV, line 17 . e Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3,142 3,142 12 16,319 15,176 653 490 13 19,202 17,858 768 576 14 975 907 39 29 15 Royalties 16 33,618 31,265 1,345 1,008 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 70,071 70,071 23 8,255 7,677 330 248 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) CLIENT ASSISTANCE 189,912 189,912 IN KIND\_DONATION EXP 183,890 183,890 109,783 c ADMIN COSTS 109,783 d DUES & SUBSCRIPTIONS 24,822 801 26,691 1,068 e All other expenses 51,453 51,416 21 16 Total functional expenses. Add lines 1 through 24e 1,262,756 25 150,732 1,477,415 63,927 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)

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 37,013 1 52,926 2 466,970 2 458,026 3 Pledges and grants receivable, net ............ 3 187,412 228,852 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 Notes and loans receivable, net R 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a 435,868 10c ь 271,426 268,395 11 11 495,715 712,522 Investments - other secunties See Part IV, line 11 ...... 12 12 13 Investments - program-related See Part IV, line 11 ...... 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,458,536 16 1,720,721 17 17 21,584 28,449 18 18 19 247,500 19 160,500 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L . . . . . . . . . . . . . . . . 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 26 269,084 188,949 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Bafances complete lines 27 through 29, and lines 33 and 34. 27 27 1,183,511 1,459,754 28 Temporarily restricted net assets ........... 28 5,941 72,018 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 1,189,452 1,531,772 34 Total liabilities and net assets/fund balances ......... 1,458,536 1,720,721

		27-073	4969	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,8	312,3	365
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4	177,4	415
3	Revenue less expenses Subtract line 2 from line 1	3		334,9	950
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,:	189,4	452
5	Net unrealized gains (losses) on investments	5		7,3	370
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	1,5	31,7	772
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·			<u>. 🖳 </u>
				Yes	No
1	Accounting method used to prepare the Form 990			-	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1.1
	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				1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the 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		1		
	Schedule O				لـــــا
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		}	<b>]</b>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	• • 3b		<u> </u>
EEA			Form	990 (	2017)

#### **SCHEDULE A**

#### **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.

OMB No. 1545-0047 2017

Employer identification number

Open to Public Nonection

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

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

MASLOW PROJECT 27-0734969 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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) R A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 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 a 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. 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 (ili) Type of organization (iv) is the organization (v) Amount of monetary (ii) EIN (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

Page 2 Schedule A (Form 990 or 990-EZ) 2017 MASLOW PROJECT 27-0734969 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 799,274 995,381 1,243,951 1,683,472 1,773,424 6,495,502 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 799,274 995,381 1,243,951 1,683,472 1,773,424 6,495,502 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) Public support Subtract line 5 from line 4 · · 6,495,502 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 4 . . . . . . . . 6,495,502 799,274 995,381 1,243,951 1,683,472 1,773,424 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . 726 365 431 10,502 12,024 \* 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	6,5	07,52								
12	Gross receipts from related activities, etc. (see instructions)										
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<i></i> .	· <b>•</b> []								
Sec	ction C. Computation of Public Support Percentage										
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)	99.82	%								
15	Public support percentage from 2016 Schedule A, Part II, line 14	99.52	%								
16a	33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this										
	box and stop here. The organization qualifies as a publicly supported organization		<b>▶</b> 🗓								
b	33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check										
	this box and stop here. The organization qualifies as a publicly supported organization	· • • • •	<b>▶</b> □								
17a	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is										
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in										
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported										
	organization		<b>▶</b> □								
b	10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line										
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
	supported organization	· • • • •	<b>▶</b> □								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		_								
	Instructions		▶ □								

Pa	Support Schedule for Or						/
	(Complete only if you chec						ler Part II
	If the organization fails to o	qualify under th	e tests listed b	elow, please c	omplete Part I	1)	
	ction A. Public Support					<u>,                                      </u>	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	ļ					
	received (Do not include any "unusual grants ")						4
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	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						<del> </del>
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					4	
5	The value of services or facilities						İ
•	furnished by a governmental unit to the					}	
	organization without charge · · · · · · · · ·						
6	Total Add lines 1 through 5				//		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					ļ	<b>.</b>
h	Amounts included on lines 2 and 3						
Ü	received from other than disqualified		_	/	1	-	
	persons that exceed the greater of \$5,000				1	1	1
	or 1% of the amount on line 13 for the year • •	<del></del>					
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from		, /	/ /			
<u></u>	line 6)	Carina a You	\$ 12 12 12 12 12 12 12 12 12 12 12 12 12			who was refounds -	
_	ction B. Total Support	<del> </del>			T	T	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		<b></b>	<u> </u>			<del> </del>
10a	Gross income from interest, dividends,			\			
	payments received on securities loans, rents,			\			
	royalties and income from similar sources · ·		//_		<del></del>		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				,	1	1
	acquired after June 30, 1975		/			<del> </del>	<del> </del>
С	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·		, <del>,</del>			<del> </del>	
11	Net income from unrelated business			\			
	activities not included in line 10b, whether						
	or not the business is regularly carried on · · ·				<u> </u>	ļ	<del> </del>
12	Other income Do not include gain or		]		\		
	loss from the sale of capital assets				<b>\</b>		
	(Explain in Part VI)	<i></i>				<del> </del>	<del></del>
13	Total support. (Add lines 9, 10c, 11,				\		
	and 12)	<u> </u>			<u> </u>		<u> </u>
14	First five years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(s	3)	. —
<del></del>	organization, check this box and stop here		4	, , , .	,	<del>/</del>	···· • []
	ction C. Computation of Public Su	<del> </del>				1 2	<del></del>
15	Public support percentage for 2017 (line 8, co					15	
16	Public support percentage from 2016 Schedu				<del></del>	16	%
	ction D. Computation of Investme			(0)	<del>-</del>		
17	Investment income percentage for 2017 (line						
18	Investment income percentage from 2016 Sc					18	%
19a	33 1/3% support tests - 2017. If the organiza						, , ,
	17 is not more than 33 1/3%, check this box a	•			-		<b>√</b> ····• □
b	33 1/3% support tests - 2016. If the organization 18						\ . ¬
20	line 18 is not more than 33 1/3%, check this t	= = = = = = = = = = = = = = = = = = = =	=			mization	/【 片
20_	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b,	, check this box an	u see instructions		
EEA	/					Schedule A (F	orm 990 of 990-EZ) 2017

#### Part IV Supporting Organizations

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

Section A. All Supporting Organization	tion A. Al	tion A. All Supportin	ig Organizations
--	------------	-----------------------	------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated 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 onsure 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?
- 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 (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).
- B 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 oxcess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
			- 1.
	4c	:	
	<u></u> 5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9c		
	10a		
	10b		
_			

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_	rt IV   Supporting Organizations (continued)			age J
L	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		, '	· .]
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations		<u> </u>	
			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	<u> </u>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 !		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u> </u>		
500	supervised, or controlled the supporting organization			
360	tion C. Type II Supporting Organizations		Yes	No
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		162	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'		1
	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	1		
5-0	the supported organization(s)			
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the assessment as seen at the assessment as a seen by the local day of the fifth month of the		res	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			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b></b> -		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			. ]
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
J	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			
		3		لــــــا
500	supported organizations played in this regard tion 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		tions	<u>-1</u>
1	The organization satisfied the Activities Test Complete line 2 below	เอนน์	,uons	·/·
a	The organization satisfied the Activities rest <i>Complete line 2 below</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
b	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(000)	netru	ctions
C		(See I	Yes	No
2	Activities Test Answer (a) and (b) below.		163	10
a	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	-		
4.	that these activities constituted substantially all of its activities	2a	<b></b>	<del></del>
D	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	<u></u>		
	activities but for the organization's involvement	2b		<u> </u>
	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V   , Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1 . Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	zatio	ns must complete Section	ons A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
-			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		<u> </u>
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	T	···-	
instructions for short tax year or assets held for part of year)	ľ		1
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<u> </u>		
factors (explain in detail in Part VI)		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	.3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	$\top$	<del></del>	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		,
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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		<del></del>	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	-inte	grated Type III supportin	g organization (see
instructions)	Ì	· · · · · · · · · · · · · · · · · · ·	'

_	ule A (Form 990 or 990-EZ) 2017 MASLOW PROJECT  TV Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	27-07:	34969 Page 7
	tion D - Distributions	of outporting organi	zations (continued)	Current Year
_	Amounts paid to supported organizations to accomplish exe	mnt nurnoses	<del></del>	- Janeire Tear
	Amounts paid to perform activity that directly furthers exemp			
•	organizations, in excess of income from activity	t parpodes of supported		
	Administrative expenses paid to accomplish exempt purpose	<del></del>		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.		· · · · · · · · · · · · · · · · · · ·	<del></del>
	Total annual distributions. Add lines 1 through 6.		<del></del>	
8		e organization is respon	SIVE	
•	(provide details in <b>Part VI</b> ) See instructions.	o organization to respon	5.1.0	
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by Line 9 amount	<del></del>		<del></del>
<u></u>	Line o amount divided by Line 9 amount		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	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			
	ınstructions			
3	Excess distributions carryover, if any, to 2017			
a	-9-7	in the first of the charge of	332	114 300
	From 2013			
	From 2014			(
	From 2015			
	From 2016			
_ <u>f</u>	Total of lines 3a through e			
_ <u>g</u>	Applied to underdistributions of prior years			[
	Applied to 2017 distributable amount			
_ <u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			1
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			<u> </u>
С	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 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
_	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c			
8	Breakdown of line 7.			
а	Excess from 2013			
b	Excess from 2014			

c Excess from 2015d Excess from 2016e Excess from 2017

# **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

MAS	LOW PROJECT	27-0734969
Pa		ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
5	funds are the organization's property, subject to the organization's exclusive legal control?	
•	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	ittivititi ii les ii les
6		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	∏Yes ∏No
Da	conferring impermissible private benefit?	Tes   No
Pa	<del></del> )	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified history	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a ·
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	tion during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the penodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents during the year
•	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(	ı)
	and section 170(h)(4)(B)(ii)?	
۵	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
J	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that do	
	organization's accounting for conservation easements	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and by	nalance sheet
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · <b>&gt;</b> \$
h	Assets included in Form 990 Part X	

Schad	ule D (Form 990) 2017 MASLOW PROJECT					27-0734	969	Page 2
	rt III . Organizations Maintaining Co	llections of A	rt. Historical Tr	reasures.	or Othe			
	Using the organization's acquisition, accession, and							
•	collection items (check all that apply)	3 01.101 1000100, 0.1	out any or the remove	mig mar are c				
а	Public exhibition	d □ Loar	or exchange progra	ams				
b	Scholarly research	e  Othe		31110				
c	Preservation for future generations	0 🗀 0		<del></del>	·			<del></del>
4	Provide a description of the organization's collection	ne and evoluin how	they further the ord	ianization's e	vemnt nur	nose in Part		
•	XIII	ns and explain now	they lattier the org	jainzation 3 C	Acript purp	Jose III i art		
5	During the year, did the organization solicit or recei	ve donations of art	historical treasures	or other sim	ular			
J	assets to be sold to raise funds rather than to be m						. Tyes	∏No
Pa	rt IV Escrow and Custodial Arrange		Title organizations	CONCONOTI				
	Complete if the organization ans		Form 990. Par	t IV. line 9	or repo	rted an amou	nt on Form	า
	990, Part X, line 21				, с. торс			•
1a	Is the organization an agent, trustee, custodian or o	other intermediary	for contributions or o	ther assets n	ot .			<del></del>
ıa							. Tyes	□No
ь	If "Yes," explain the arrangement in Part XIII and co						. 🗀 100	
U	in res, explain the arrangement in ratt XIII and ot	implete the lollowin	ig table			Amo		
_	Beginning balance				1c	7,1110	, and	
G	Additions during the year							
e								
f	Ending balance							
и 2а	Did the organization include an amount on Form 99						\ \ Ves	□No
	If "Yes," explain the arrangement in Part XIII Check						_	=
_	rt V Endowment Funds.	K Here ii the explain	ation has been prov	- aca on rant.				
ı a	Complete if the organization ansi	wered "Yes" or	Form 990 Par	t IV line 1	n			
	Complete if the organization this		(b) Pnor year	(c) Two years		(d) Three years back	(e) Four yea	er back
10	Beginning of year balance	(a) Current year 501,657	(b) Filol year	(c) Iwo year	S Dack	dy Thies years back	(6) 1 001 900	il a Dack
1a	Contributions	202,628	500,000		-		<del> </del>	
b	. –	202,020	500,000_				<del>  -</del>	
·	Net investment earnings, gains, and losses	14 170	1,657					
ч	Grants or scholarships	14,179	1,05/		·   · · ·		<del>                                     </del>	
ů	Other expenditures for facilities and			-			+	
е	·	5 042					-	
	programs	5,942					+	
١	Administrative expenses	710 500	E01 657		<del></del>		<del>                                     </del>	
9	End of year balance	712,522	501,657	ld ac				
۷ _	Provide the estimated percentage of the current ye Board designated or quasi-endowment	%	e rg, column (a)) ne	iu as				
a	Permanent endowment > %							
b	Temporarily restricted endowment	%						
С	The percentages on lines 2a, 2b, and 2c should eq							
3a	Are there endowment funds not in the possession		that are held and ad	Iministered fo	r the			
Ja		or the organization	that are new and ad	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	ii tiic		Ye	s No
	organization by  (i) unrelated organizations						3a(i)	.5   110
	· · · · · · · · · · · · · · · · · · ·						3a(ii)	<del> </del>
_	(ii) related organizations  If "Yes" on 3a(ii), are the related organizations lister	d an samusad an C	hadula P?				3b	
b 4	Describe in Part XIII the intended uses of the organ						- 55	l
4 Da	rt VI Land, Buildings, and Equipmen		ent turius			·	<del></del>	•
га	Complete if the organization ans		Form 990 Par	t IV line 1	1a See	Form 990 Pa	rt X line 1	0
	Description of property	(a) Cost or othe (investme	' '	or other basis (other)		coumulated	(d) Book val	iue
4-		luiveaulie						
1a	Land	· ·			<del> </del>			
b	Buildings				<del> </del>			. 252
C	Leasehold improvements		7,827	<del></del>	<del> </del>	31,469		358
d	Equipment	28	8,041		L	136,004	152	2,037

27-0734969

Part VII	Investments - Other Securities. Complete if the organization answ	rered "Yes" on Form 990, P.	art IV, line 11b See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ilue
(1) Financial d	lerivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closety-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	·			
	must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	•	
Part VIII	Investments - Program Related.			
	Complete if the organization answ			Part X, line 13-
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	lue
(1)				
(2)				
				<del></del>
(5)	·			
(6)				
(8)				
<u>(9)</u> .				
Total (Column (b)	must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX	Other Assets.	ered "Vest on Form 000 D	ort IV line 11d See Form 000 I	Cart V lung 15
	Complete if the organization answ	ered "Yes" on Form 990, Pa	art IV, line IId See Form 990, P	
		(a) Description		(b) Book value
(1)				
(2)	<del></del>			
(3)	· · · · · · · · · · · · · · · · · · ·			<del>-</del>
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
	(b) must equal Form 990, Part X, col (B) line	15)		
Part X	Other Liabilities.	13)		
(, <u>, , , , , , , , , , , , , , , , , , </u>	Complete if the organization answ line 25.	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		<del></del>
(1) Federal ır			7	
(2)			¬ .	
(3)				
(4)			$\exists$	
(5)			$\neg$	
(6)				
(7)				•
(8)			7	
(9)			7	
	must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	7	

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. . . . . . . . .

	rt XI . Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	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	1,819,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	] ]	
a	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	7,370
3	Subtract line 2e from line 1	3	1,812,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIII )	<del> </del>	
_ C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,812,365
Pal	rt XII , Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Keti	urn.
<del>_</del> _	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	1,477,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	1 1	
þ	Prior year adjustments	-	
c	Other losses	1 1	
đ	Other (Describe in Part XIII )		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	1,477,415
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
_		<del></del>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
Pai Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415
<b>Pa</b> ı Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  rt XIII Supplemental Information.  de 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	5	1,477,415

Schedule D (Form 990) 2017

EEA

MASLOW PROJECT

Page 4

Schedule D (Form 990) 2017

27-0734969

#### **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.

► Go to www Irs.gov/Form990 for the latest instructions.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MASLOW PROJECT						27-07	34969
Part I Fundraising Activities	. Complete if	the organ	ization an	swered "Yes" on	Form 9	90, Part IV	/, line 17
Form 990-EZ filers are no	t required to co	omplete this	part			_	
1 Indicate whether the organization rais	ed funds through	any of the fo	llowing activ	ities Check all that ap	ply		
a Mail solicitations				of non-government gra			
b Internet and email solicitations		f∏		of government grants			
c Phone solicitations		g 🗖		draising events			
d   In-person solicitations		3 🗆	ороска тапта				
<del></del> '	eral agraement	with any indiv	idual (includi	na officere directore	tructoos		
2a Did the organization have a written or	-						
or key employees listed in Form 990,							es U No
b If "Yes," list the 10 highest paid individ	•	runaraisers) p	oursuant to a	greements under which	in the tuna	raiser is to be	•
compensated at least \$5,000 by the o	rganization						
<del></del>	<del> </del>			<del></del>		<del></del>	<del></del>
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of	from activity		ser listed in	(or retained by)
		contrib	outions?			ol (i)	organization
		Yes	No				
1							
				İ			
2							
3							i <del></del> "
4							
5							
							,
6		<del>                                     </del>		-			·
7							·
	`						
8							_
9						<del></del> -	
10							
							•
	L						
Total			<b>&gt;</b>				
3 List all states in which the organization				ions or has been notif	ied it is exe	emot from	
registration or licensing	13 registered of h	10011300 10 30	iion commodi	.01.3 01 1100 00011 110111	ica it io ext	inpi irom	
registration of hochaing							
	<del></del> _				·····		
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							<del></del>
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	<del> </del>		<del></del>			_ <del></del>	
		<del> </del>		<del></del>			
	<del></del>						
<del></del>				<del> </del>			

MASLOW PROJECT Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more ∥Partilli|. 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 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF (add col (a) through SALMON FEST None col (c)) (event type) (event type) (total number) Gross receipts 45,421 27,550 17,871 2 Less Contributions Gross income (line 1 minus 27,550 17,871 45,421 Cash prizes Noncash prizes Rent/facility costs · · · · · · · Direct Expenses Food and beverages Entertainment Other direct expenses . . . . . 17,082 17,082 Direct expense summary Add lines 4 through 9 in column (d) 17,082 Net income summary Subtract line 10 from line 3, column (d) 28,339 |Partilli 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 col (a) through col (c)) bingo/progressive bingo Gross revenue . . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? 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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name	of the organization				Employer identific	ation nu	mber	
MAS	SLOW PROJECT				27-073496	9		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		_	unts`
1	Art - Works of art		ļ <u></u>		<del> </del>			
2	Art - Historical treasures		<del>                                     </del>		<del> </del>			
3	Art - Fractional interests	ļ			<del></del>			
4	Books and publications · · · · ·	ļ			<del>                                       </del>			
5	Clothing and household							
	goods	X	***	183,890	<del> </del>			
6	Cars and other vehicles · · · ·				ļ			
7	Boats and planes · · · · · ·							
8	Intellectual property	<b> </b>	<u> </u>		<del> </del>			
9	Securities - Publicly traded - · · ·	ļ <u></u>						
10	Secunties - Closely held stock · ·				<del> </del>			
11	Securities - Partnership, LLC,							
	or trust interests	<b> </b>			<del>                                     </del>			
12	Securities - Miscellaneous · · ·	<u></u>			<del> </del>			
13	Qualified conservation							
	contribution - Historic							
	structures · · · · · · · · · · · · · · · · · · ·				<del> </del>			
14	Qualified conservation							
	contribution - Other · · · · · ·				<del> </del>			
15	Real estate - Residential	<del></del>						
16	Real estate - Commercial · · · ·				<del>+</del> -			
17	Real estate - Other · · · · · ·	<del></del>			<del> </del>			
18	Collectibles		·		<del> </del>			
19	Food inventory				<del> </del>			
20	Drugs and medical supplies · · ·			<b>-</b>	<del> </del>			
21	Taxidermy · · · · · · · · · · · · · · · · · · ·	ļ			<del> </del>		<del></del>	
22	Historical artifacts				ļ			
23	Scientific specimens · · · · ·				<del> </del>			
24	Archeological artifacts				<del> </del>			
25	Other ►()		<u> </u>		<del> </del>			
26	Other ►()		<u> </u>		<u> </u>			
27	Other ►()					_		
28	Other ►()	L	<u>.L.,</u>	<u></u>	<del> </del>			
29	Number of Forms 8283 received by	-						
	which the organization completed F	orm 8283, Pa	rt IV, Donee Acknowledgemen	t	29			
							Yes	No
30a	During the year, did the organization	•	• • • •					
	28, that it must hold for at least thre	~						
	to be used for exempt purposes for		ding penod?			30a		L.,
b	If "Yes," describe the arrangement i	n Part II						
31	Does the organization have a gift ac						<u>`</u>	
	contributions?				• • • • • • • •	31		
32a	Does the organization hire or use th	•	•	•		[		
	contributions?				• • • • • • • •	32a		
b	If "Yes," describe in Part II							٠.,
33	If the organization didn't report an a	mount in colui	mn (c) for a type of property fo	r which column (a) is checked,		ĺ .	- 1	
	describe in Part II					l		ll

Schedule M (Form 990) 2017 MASLOW PROJECT	27-0734969	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b	, 32b, and 33, and v	whether
the organization is reporting in Part I, column (b), the number of contributions, the	number of items re	eceived,
or a combination of both Also complete this part for any additional information		
01. Additional Information for Schedule M		
MASLOW PROJECT RECEIVES A SUBSTANTIAL AMOUNT OF CLOTHING, FOOD, SUPPLIES,	& OTHER	
ESSENTIALS FOR THE DISTRIBUTION TO HOMELESS OR AT RISKFOR HOMELESS FAMILIES	<u>s.</u>	
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## 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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

MASLOW PROJECT	27-0734969
01. Form 990 governing body review (Part VI, line 11)	
THE COMPLETED 990 AND RELATED SCHEDULES ARE REVIEWED AND APPROVED BY	THE ORGANIZATION'S
FINANCE COMMITTEE BEFORE ISSUANCE.	
- <del></del>	
02. Conflict of interest policy compliance (Part VI, line 12c)	
MASLOW PROJECT MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY REVIEW	ED AND SIGNED BY ALL
DIRECTORS AT THE ANNUAL MEETING INTERESTED PARTIES MUST STATE DETAI	LS REGARDING
CONFLICTS AND THEY MUST ABSTAIN FROM VOTING ON THE PROPOSED TRANSACTI	ONS A DISINTERESTED
PARTY IS TO INVESTIGATE AND PROPOSE ALTERNATIVES AFTER USING DUE DI	LIGENCE THE BOARD
SHALL MAKE A FAIR DETERMINATION. THE BOARD IS ENCOURAGED TO CHOOSE T	HE MORE ADVANTAGEOUS
PROPOSAL	
03. CEO, executive director, top management comp (Part VI, line 15a	)
THE BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE CONDUCTS ANNUAL PERFORMAN	CE EVALUATIONS AND
REGIONAL BI-FIELD ANALYSIS TO DETERMINE AND APPROVE ADJUSTMENTS TO EX	ECUTIVE DIRECTOR'S
PAY AND BENEFITS.	
04. Governing documents, etc, available to public (Part VI, line 19	)
GOVERNING DOCUMENTS CAN BE REQUESTED BY EMAILING MASLOW PROJECT AT AD	MIN@MASLOWPROJECT COM