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)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

Check if applicable	alendar year, or tax year beginning $07/01/15$, and ending $06/30$, C. Name of organization	/16	D Employe	r Identification number
	Project 658 Inc			- racialisason fightee
Address change	Doing business as		1 46-2	956418
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number
Initial return	3646 Central Avenue	<u> </u>	704-	733-9934
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
Amended return	Charlotte NC 28205		G Gross rec	eipts \$ 1,148,568
\exists	F Name and address of principal officer	H(a) is this a n	roup return for s	ubordinates? Yes X No
Application pending	Dustin P Swinehart			
	3646 Central Avenue	1	bordinates inclu	
	Charlotte NC 28205		o," attach a list	(see instructions)
Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
	ww.project658.com		emption numbe	
Form of organization		Year of formation	2013	M State of legal domicile N
	ımmary			
-	scribe the organization's mission or most significant activities			,
We w	ork toward community transformation through practi	- •		
≌ 1	ur five core ministry initatives: sports ministry,	teaching,	teedir	1 g ,
trai	ning, and public health.			
6 2 Check th	s box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25	% of its net asse	ts ı	l =
3 Number	of voting members of the governing body (Part VI, line 1a)		3	
4 Number	of independent voting members of the governing body (Part VI, line 1b)		4_	5
5 Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	33
	nber of volunteers (estimate if necessary)		6	600
	elated business revenue from Rart VIII, column (C), line 12		7a	
b Net unrel	ated business taxable income from Form 990-T, line 34		7b	
		Pnor Y		Current Year
8 Contribut	ons and grants (Part VIII-line 1h)	J9	51,381	823,58
ē ∣ 9 Program	service revenue, Part VIII, line Ze			
9 Program 10 Investme	nt income (Part VIII/ column A), ines 3, 4, and 7d)			
11 Other rev	enue (Part VIII, counn (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		58,987	324,979
	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	20,368	1,148,568
l l	nd similar amounts paid (Part IX, column (A), lines 1–3)			· · · · · · · · · · · · · · · · · · ·
	paid to or for members (Part IX, column (A), line 4)			
ສ 15 Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	3.5	50 <u>,679</u>	542,088
🧖 16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			
	draising expenses (Part IX, column (D), line 25) ▶ 39,347			t
b Total fun	maising expenses (Part IX, Widnin (D), line 23)			
b Total fun	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	4 9	02,018	521,29
1			92,018 12,697	1,063,38
18 Total exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	8.4		1,063,38
18 Total exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25)	8 4 2 Beginning of C	12,697 77,671 urrent Year	1,063,38 85,18 End of Year
18 Total exp 19 Revenue	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25)	Beginning of C	12,697 77,671 urrent Year 75,369	1,063,38 85,183 End of Year 1,875,823
18 Total exp 19 Revenue 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16)	8 4 2 7 8 9 1 , 0 0 1 , 0 0 1	12,697 77,671 urrent Year 75,369 08,250	1,063,38 85,182 End of Year 1,875,823 929,173
18 Total exp 19 Revenue 5 5 5 20 Total ass	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16)	8 4 2 7 8 9 1 , 0 0 1 , 0 0 1	12,697 77,671 urrent Year 75,369	1,063,38 85,18 End of Year 1,875,82 929,17
18 Total exp 19 Revenue 5 5 20 Total ass	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16)	8 4 2 7 8 9 1 , 0 0 1 , 0 0 1	12,697 77,671 urrent Year 75,369 08,250	1,063,38 85,18 End of Year 1,875,82 929,17
17 Other extended to 18 Total expenses to 19 Revenue 20 Total assessed 21 Total liab 22 Net assesed Part II Si	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) dilties (Part X, line 26) is or fund balances Subtract line 21 from line 20	8 4 2 2 Beginning of C 1 , 8 1 , 00 8 6	12,697 77,671 urrent Year 75,369 08,250 67,119	1,063,38 85,18 End of Year 1,875,82 929,17 946,65
18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse Part II Si Under penalties of	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) elities (Part X, line 26) es or fund balances Subtract line 21 from line 20 egnature Block	Beginning of C 1,8 1,00 80 ats, and to the best	12,697 77,671 urrent Year 75,369 08,250 67,119	1,063,38 85,18 End of Year 1,875,82 929,17 946,65
18 Total exp 19 Revenue 20 Total lass 21 Total liab 22 Net asse Part II Si Under penalties of	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) elities (Part X, line 26) es or fund balances Subtract line 21 from line 20 egnature Block erjury, I declare that I have examined this return, including accompanying schedules and statemen	Beginning of C 1,8 1,00 80 ats, and to the best	12,697 77,671 urrent Year 75,369 08,250 67,119	1,063,38 85,18: End of Year 1,875,82 929,17 946,65
18 Total exp 19 Revenue 20 Total ass 21 Total liab 21 Total liab 22 Net asse Part II Si Under penalties of true, correct, and co	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) elities (Part X, line 26) es or fund balances Subtract line 21 from line 20 egnature Block erjury, I declare that I have examined this return, including accompanying schedules and statemen	Beginning of C 1,8 1,00 80 ats, and to the best	12,697 77,671 urrent Year 75,369 08,250 67,119	1,063,38 85,183 End of Year 1,875,82 929,17 946,650 edge and belief, it is
18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asse Part II Si Under penalties of i true, correct, and co	penses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses Subtract line 18 from line 12 ets (Part X, line 16) dilities (Part X, line 26) dis or fund balances Subtract line 21 from line 20 gnature Block erriury, I declare that I have examined this return, including accompanying schedules and statement implete. Declaration of preparer (other than officer) is based on all information of which preparer having nature of officer.	Beginning of C 1,8 1,00 80 ats, and to the best	12,697 77,671 urrent Year 75,369 08,250 67,119 of my knowle	1,063,38 85,183 End of Year 1,875,82 929,173 946,650 edge and belief, it is
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Form 990 (2015) Project 658 Inc Part IV Checklist of Required Schedules

	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			3,7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
-4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	44.3		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	Х	X
e f		11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		_^_
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		LX

P	iff iv Checklist of Required Schedules (continued)			
20-	Dut the account of a contract beauty facilities? If "Vee " complete Schools U	20-	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	} }	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	}		ĺ
	employees? If "Yes," complete Schedule J	23	}	Χ_
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	ľ		ľ
	through 24d and complete Schedule K If "No," go to line 25a	24a	1	X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	!	_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	į		l
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ŧ		١
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l	ļ	
	Schedule L, Part IV	28b	<u> </u>	<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	}	}	.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1 20	1	v
•	conservation contributions? If "Yes," complete Schedule M	30	├	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1 24	1	X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	J <u>z</u>	 	1
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	(`	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	<u> 35 </u>		
-	or IV, and Part V, line 1	34	}	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<u> </u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ	ļ	}
	Part VI	37	L_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		}	} _
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a				Ī
þ	Zilidi die Hallier et i dine t Ze materialistica de la companya de			ŧ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŧ
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 33			1
			Χ	ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		 -
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			† _v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? 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			į .
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		X
	account)?	4a		1-
b	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			1
_	(FBAR)	-		_X_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			├^-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		X
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a_		├^-
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		
_	gifts were not tax deductible?	65		
7	Organizations that may receive deductible contributions under section 170(c).			I
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		ŧ
_	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 <u>a</u> 7b		+-
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			\vdash
С		7c		1
	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	'-		
ď	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ť
6	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		+
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		+-
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	· · · · ·		<u> </u>
0	sponsoring organization have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Ī
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		†
10	Section 501(c)(7) organizations. Enter			1
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders	į		1
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ĺ	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
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	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O			1
ь	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
-	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T
<u>_</u>			00	

Form 990 (2015) Project 658 Inc 46-2956418 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a ь Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 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 during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Dustin Swinehart 3646 Central Avenue NC 28205 704-865-5080 Charlotte

Form 990 (2015) Project	658 Inc							46-295	6418	Page '7
Part VII Compensation	on of Officers, I	Dire	cto	rs,	Tru	stee	s, I		hest Compensated E	mployees, and
. Independent	Contractors								•	
Check if Sche	dule O contains	ar	esp	ons	e o	r not	e to	any line in this Part	VII	
								Compensated Employees		
1a Complete this table for all persorganization's tax year	ons required to be l	ısted	. Rep	ort c	comp	ensa	tion	for the calendar year endin	g with or within the	
List all of the organization's									regardless of amount of	
compensation Enter -0- in column • List all of the organization's									VPP "	
List the organization's five c who received reportable compens organization and any related organization.	urrent highest compation (Box 5 of Form	pens	ated	emp	loye	es (o	ther	than an officer, director, tru	stee, or key employee)	
 List all of the organization's \$100,000 of reportable compensa 	former officers, key								received more than	
 List all of the organization's 										
organization, more than \$10,000 c List persons in the following order:						-				
compensated employees, and for		O, Gii	CCIO	, III	Julio	lloria	· u·u·	stees, emeers, key employe	cs, riighest	
Check this box if neither the o	rganization nor any	relate	ed or	ganı	zatio	n con	nper	nsated any current officer, d	irector, or trustee	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per	ا (۵	o not c		ition more	than or	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week	bo	x, unle	ess pe	rson	s both	an	from	related	other
	(list any hours for				-	r/truste Io ≖I		the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	divid I	nstitutional	Officer	Key employee	mploy	Former	(W-2/1099-MISC)		organization and related
	below dotted	ctor tr	ional		nploy	18 g	_			organizations
	line)	Individual trustee or director	trustee		8	Highest compensated employee				
		"	8			e e				
(1)Alan Wise			<u> </u>							
	1.00									
President	0.00	X						0	0	0
(2)Glen Cherry										
_	2.00									
<u>Olrector</u> (3) John Crouch	0.00	X		<u> </u>		\vdash		0	0	0
(3) John Crouch	1.00									
Director	0.00	X						0	0	0
(4)Brian Schoeck	1 0.00	1								<u> </u>
(,, = = = = = = = = = = = = = = = = = =	1.00								'	
Director	0.00	X		ļ				0	0	0
(5) Tim Sittema										
	1.00									
Director	0.00	X	<u> </u>		<u> </u>			0	0	0
(6) Dustin P Swine										
	50.00			١				00.500		
Executive Director	0.00	-	-	X	┢			82,500	0	0
(7) Eric Bernier	50.00	-								
Director	0.00			Х				77,490	0	0
Director (8)	- 0.00	+	\vdash	^	\vdash	\vdash		11,490	<u> </u>	<u> </u>
(0)									,	
		_	<u> </u>	_	_	\bigsqcup				
(9)		1	1	I	1	1		1	l	1

(11)

(10)

DAA

Form **990** (2015)

Pa	rt VII Section A. Officers		stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
	(A) . Name and title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	rson :	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimat amount other ompensa	of Ition	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1035-MI3C)	}	organiza and rela	tion ted	
							!							
									150.000					
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (ind					listo	d obe	▶ ▶	159,990 159,990				•	
	reportable compensation from			0	iose	iiste	u abc		who received more than \$1				Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedu 1a, is the sum o	ule J f rep	for s ortal	uch ole c	indiv ompo	idual ensa	l tion	and other compensation fro	om the		3		Х
5	organization and related organ individual Did any person listed on line 1s for services rendered to the organ	a receive or accr	ue co	ompe	ensa	tion f	rom	any	unrelated organization or in-		:	5	-	X X
	ion B. Independent Contracto	rs								- \$100,000 - \$				
1	Complete this table for your fiv compensation from the organization	zation Report co							ir year ending with or within	the organization's tax year.			(C)	
	Name and	(A) d business address							Descrij	(B) phon of services		Co	(C) npensa	tion
						_								
2	Total number of independent of								e listed above) who	0				

		Check if Schedule			1	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
							function revenue	revenue	under sections 512-514
တ္ တ	1a	Federated campaigns	1a				TOTOTIBO		012-014
Program Service Revenue Contributions, Gifts, Grants Revenue Contributions Contributio		Membership dues	1b						
ᅙᇀ		Fundraising events	1c						
발		Related organizations	1d			I			
		Government grants (contributions)	1e						
Sis		All other contributions, gifts, grants,				1			
풀칠	-	and similar amounts not included above	1f		823,589	1			
ξŏ	a	Noncash contributions included in lines 1a-		\$		1			
35	•	Total. Add lines 1a–1f			▶	823,589			
<u>e</u>				-	Busn Code				
	2a						Ì	•	
§	b								
S	c								
ē	d								
E	e								-
gra	f	All other program service reve	nue						
P.	g				•				
		Investment income (including of	dividenc	ls, interest			•	***	
		and other similar amounts)			•				
	4	Income from investment of tax	-exemp	t bond pro	ceeds ►				
	5	Royalties	•	•	▶				
		(ı) Real		(II) F	Personal	···			
	6a	Gross rents				I			
	b	Less rental exps				<u> </u>			
	C	Rental inc or (loss)				!			
	d	Net rental income or (loss)			•	Ţ			
		Gross amount from (i) Securities		(11)	Other				
		sales of assets other than inventory				1			•
	ь	Less cost or other				1			•
		basis & sales exps				1			<u> </u>
	c	Gain or (loss)				1			‡
	d	Net gain or (loss)			▶	Ī			Ī
	8a		ents					······································	
Jue		(not including \$			ļ	1			
Ž.		of contributions reported on line 1c)						‡
8		See Part IV, line 18	a			I			
Other Revenue	Ь	Less. direct expenses	b			1			
ō		Net income or (loss) from fund	raising	events	•				
		Gross income from gaming activities	_					,	
		See Part IV, line 19	-~ a			1			1
	Ь	Less direct expenses	b			1			•
		Net income or (loss) from garr	ning act	vities	▶	Ţ			
		Gross sales of inventory, less							
		returns and allowances	а			I			1
	Ь	Less cost of goods sold	ь			I	l		1
		Net income or (loss) from sale	s of inv	entory	•	†	Ì		
	٦	Miscellaneous Revenue			Busn Code			······································	
	11a	Facility events & Re	ntals		531120	183,379	183,379		
	ь	•		•	533110	132,000	132,000		
	c	Cell Phone Tower Lea			531190	9,600	9,600		
	d						- <u>, </u>		
	•	Total. Add lines 11a-11d			—	324,979		····	
	142	Total revenue See instruction	ne			1,148,568	324.979		

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 (A) Total expenses (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 542,088 465,187 63,608 Other salaries and wages 13. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) Management Legal Ь Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 162,240 162,240 (A) amount, list line 11g expenses on Schedule O) 26,054 26,054 12 Advertising and promotion 53,855 32,717 21,138 13 Office expenses 14 Information technology 15 Royalties 123,978 117,967 6,011 16 Occupancy 63,318 63,318 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 39,351 37,383 1,968 20 Interest 21 Payments to affiliates 44,725 42.493 2,232 22 Depreciation, depletion, and amortization 777 507 23 Insurance 5,270 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) b C All other expenses 1,063,386 923,812 100,227 39,347 25 Total functional expenses. Add lines 1 through 24e 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 ▶ 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 184,695 246,532 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 10, 737 6,1304 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 organizations (see instructions) Complete Part II of Schedule L 6 11.142 7 Notes and loans receivable, net 5,250 7 Inventones for sale or use 8 2,262 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 1,713,292 10a other basis Complete Part VI of Schedule D 10b 1,665,773 1,615,649 b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 3,022 15 Other assets See Part IV, line 11 15 1,875,369 1,875,823 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 42,609 17 17 Accounts payable and accrued expenses 18 Grants payable 18 4,800 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 960,841 <u>868,0</u>58 25 008,250 929,173 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 867,119 946,650 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 946,650 867,119 33 Total net assets or fund balances 33 875. 1,875,823 369 Total liabilities and net assets/fund balances

Form 990 (2015)

Form 990 (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Project 658 Inc

Employer identification number 46-2956418

Pa	rt l	Reaso	on for Public Charity S	Status (All organizations n	nust cor	nplete t	his part.) See instruction:	s						
The o	rgar	nization is not a	private foundation because	it is (For lines 1 through 11, chec	ck only on	e box.)		•						
1	Ň		•	ciation of churches described in s			A)(i).							
2	\Box	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	90 or 990	-EZ))								
3	Ħ			organization described in section										
4	Ħ			in conjunction with a hospital des				tal's name.						
•	ш	city, and state	<u>-</u>	conjensach mar a neephar ees				,						
5	\Box	•		a college or university owned or	onerated I	nv a nove	mmental unit described in							
3	لــا	_	b)(1)(A)(iv). (Complete Part I		operated .	oy a gove	Timonal and described in							
		•		•	tion 170/l	~\/4\/A\/ _^	A							
6	H		•	vernmental unit described in sect	-		•							
7	Ш	-	·	ibstantial part of its support from	a governi	nentai un	it of from the general public							
	\Box		section 170(b)(1)(A)(vi). (Co											
8	밁	•		0(b)(1)(A)(vi). (Complete Part II	•									
9	X	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
		\		unrelated business taxable incom			tax) from businesses							
	$\overline{}$	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
10	H	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the numbers of												
11		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												
		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 11a through 11d that describes the time of supporting organization and complete lines 11e, 11f, and 11g												
	\Box	the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type (A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving												
а	Ш	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	Ш			sed or controlled in connection wi			· · · · · · · · · · · · · · · · · · ·							
				rganization vested in the same p	ersons tha	at control	or manage the supported							
	$\overline{}$	_ `	s) You must complete Part											
С	Ш			rting organization operated in cor			*							
	_			ons) You must complete Part I										
d	Ш		• •	upporting organization operated i										
		that is not fun	ctionally integrated. The orga	nization generally must satisfy a	distributio	n reguirei	ment and an attentiveness							
	-	, ,	•	complete Part IV, Sections A a										
е	Ш	Check this bo	x if the organization received	a wrtten determination from the	IRS that i	t is a Typ	e I, Type II, Type III							
		-	•	tionally integrated supporting org	anization									
f			of supported organizations					Ĺ						
<u>g</u> _			ring information about the sup		T									
(1)		e of supported	(ii) EiN	(iii) Type of organization (described on lines 1–9	(iv) is the o	-	(v) Amount of monetary	(vi) Amount of other support (see						
	Oil	ganization		above (see instructions))	docur		support (see instructions)	instructions)						
					Yes	No								
(A)					[
			[-									
(B)					['									
(C)			 		 			<u> </u>						
(Ο,				ti.	1									
(D)														
					<u> </u>									
(E)					1									
					 			<u> </u>						
T-4-1			,		1									

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

infts, grants, contributions, and pembership fees received (Do not clude any "unusual grants") ax revenues levied for the organization's benefit and either paid of or expended on its behalf the value of services or facilities imished by a governmental unit to the reganization without charge otal. Add lines 1 through 3 the portion of total contributions by ach person (other than a covernmental unit or publicly upported organization) included on the 1 that exceeds 2% of the amount thrown on line 11, column (f) ublic support. Subtract line 5 from line 4 to B. Total Support ir year (or fiscal year beginning in)						
or expended on its behalf the value of services or facilities imished by a governmental unit to the rganization without charge otal. Add lines 1 through 3 the portion of total contributions by each person (other than a covernmental unit or publicly upported organization) included on the 1 that exceeds 2% of the amount thown on line 11, column (f) ublic support. Subtract line 5 from line 4 on B. Total Support or year (or fiscal year beginning in)						
imished by a governmental unit to the reganization without charge total. Add lines 1 through 3 he portion of total contributions by each person (other than a covernmental unit or publicly upported organization) included on the 1 that exceeds 2% of the amount thown on line 11, column (f) ublic support. Subtract line 5 from line 4 to B. Total Support						
he portion of total contributions by ach person (other than a overnmental unit or publicly upported organization) included on he 1 that exceeds 2% of the amount hown on line 11, column (f) ublic support. Subtract line 5 from line 4 on B. Total Support						
ach person (other than a overnmental unit or publicly upported organization) included on the 1 that exceeds 2% of the amount shown on line 11, column (f) ublic support. Subtract line 5 from line 4 on B. Total Support						
on B. Total Support r year (or fiscal year beginning in) ▶			1			
r year (or fiscal year beginning in)						
			,			
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
mounts from line 4 fross income from interest, dividends, ayments received on secunties loans, ents, royalties and income from similar ources						
et income from unrelated business ctivities, whether or not the business regularly carried on						
ther income Do not include gain or iss from the sale of capital assets Explain in Part VI)						
otal support. Add lines 7 through 10				[
• • • • • • • • • • • • • • • • • • • •	•				12	
		second, third, fourt	h, or fifth tax year a	as a section 501(c)(3)	
						<u> </u>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
• • • • • • • • • • • • • • • • • • • •	• •	•	(†))			
• • • •			and line 14 is 22	1/20/ 05 mars abs	————	<u> </u>
			•	ira /o or more, chec	A UIIS	▶ □
		-		s 33 1/3% or more		
						▶ [
·			•	. or 16b. and line 14	lıs	
0% or more, and if the organization meets	the "facts-and-circ	umstances" test, c	heck this box and	stop here. Explain i	n	
rganization		_		•		▶ [
					ne	
xplain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test	. The organization	qualifies as a public	ly	
upported organization						▶ [
rivate foundation. If the organization did istructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶ [
160 1 C C C C C C C C C C C C C C C C C C	eross income from interest, dividends, ayments received on securities loans, ents, royalties and income from similar curces et income from unrelated business ctivities, whether or not the business regularly carried on the income Do not include gain or sefrom the sale of capital assets explain in Part VI) otal support. Add lines 7 through 10 iross receipts from related activities, etc. (riest five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Surublic support percentage for 2015 (line 6, jublic support percentage from 2014 Scheins 3 1/3% support test—2015. If the organization and stop here. The organization qualifies and stop here. The organization of the computation of the organization meets the sart VI how the organization meets the "fact reganization of the organization meets and of the organization of the organ	et income from interest, dividends, ayments received on securities loans, ents, royalties and income from similar ources et income from unrelated business ctivities, whether or not the business regularly carried on their income. Do not include gain or ss from the sale of capital assets explain in Part VI.) otal support. Add lines 7 through 10 iross receipts from related activities, etc. (see instructions) irst five years. If the Form 990 is for the organization's first, significant, check this box and stop here. On C. Computation of Public Support Percent. sublic support percentage for 2015 (line 6, column (f) divided to bublic support percentage from 2014 Schedule A, Part II, line of 3 1/3% support test—2015. If the organization did not check ox and stop here. The organization qualifies as a publicly support test—2014. If the organization did not check this box and stop here. The organization qualifies as a pow-facts-and-circumstances test—2015. If the organization own more, and if the organization meets the "facts-and-circumstance art VI how the organization meets the "facts-and-circumstance test—2014. If the organization own-facts-and-circumstances test—2014. If the organization of the organization meets the "facts-and-circumstances test—2014. If the organization of the organization of the organization meets the "facts-and-circumstances test—2014. If the organization of the organiza	ross income from interest, dividends, ayments received on securities loans, ents, royalities and income from similar bources et income from unrelated business ctivities, whether or not the business regularly carned on their income. Do not include gain or ss from the sale of capital assets explain in Part VI) ordal support. Add lines 7 through 10 tross receipts from related activities, etc. (see instructions) first five years. If the Form 990 is for the organization's first, second, third, four tross receipts from related activities, etc. (see instructions) first five years. If the Form 990 is for the organization's first, second, third, four tross receipts from related activities, etc. (see instructions) first five years. If the Form 990 is for the organization's first, second, third, four tross supports percentage from 2014 Support Percentage. The computation of Public Support Percentage of the organization of the public support percentage from 2014 Schedule A, Part II, line 14. The organization did not check the box on line 13 organization here. The organization did not check a box on line 13 organization here. The organization did not check a box and stop here. The organization qualifies as a publicly supported offects-and-circumstances test—2015. 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Add lines 7 through 10 iross receipts from related activities, etc. (see instructions) irist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year a reganization, check this box and stop here. On C. Computation of Public Support Percentage ublic support percentage from 2014 Schedule A, Part II, line 14 3 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 ox and stop here. The organization qualifies as a publicly supported organization 3 1/3% support test—2014. If the organization dud not check a box on line 13 or 16a, and line 15 neck this box and stop here. The organization qualifies as a publicly supported organization 20%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a or 30% or more, and if the organization meets the "facts-and-circumstances" test, check this box and art VI how the organization meets the "facts-and-circumstances" test, check this box and art VI how the organization meets the "facts-and-circumstances" test, check this box xplain in Part VI how the organization meets the "facts-and-circumstances" test. The organization pupported organization firete foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check foundation.	ross income from interest, dividends, ayments received on securities loans, intits, royalties and income from similar burces et income from unrelated business ctivities, whether or not the business regularly carned on their income Do not include gain or sis from the sale of capital assets explain in Part VI) or oss receipts from related activities, etc. (see instructions) irist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(reganization, check this box and stop here. On C. Computation of Public Support Percentage ublic support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) ublic support percentage from 2014 Schedule A, Part II, line 14 3 1/3% support test—2015. 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 of 3/13% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, neck this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 organization meets the "facts-and-circumstances" test, check this box and stop here. Explain is an VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain is an VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain is 51 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain is 51 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	ross income from interest, dividends, ayments received on securities loans, intst, royalties and income from similar burces et income from unrelated business et income from the business regularly carried on their income. Do not include gain or sis from the sale of capital assets sizplain in Part VI) otal support. Add lines 7 through 10 ross receipts from related activities, etc. (see instructions) riss receipts from related activities, etc. (see instructions) 12 riss 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) rganization, check this box and stop here. 12 riss five years. If the Form 990 is for the organization (f) divided by line 11, column (f)) 14 15 15 17 18 19 19 19 10 10 10 11 11 11 11

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality direct to	110 10010 110100 1	, o.o., p. o.o.			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			864,850	951,381	823,589	2,639,820
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				168,987	324,979	493,966
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			864,850	1,120,368	1,148,568	3,133,786
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						3,133,786
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			864,850	1,120,368	1,148,568	3,133,786
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)					_	
13	Total support. (Add lines 9, 10c, 11,					ļ	
	and 12)	L		864,850	1,120,368	1,148,568	3,133,786
14	First five years. If the Form 990 is for the	_	, second, third, four	th, or fifth tax year as	a section 501(c)(3)	. —
_	organization, check this box and stop here		 				▶
	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8,		-	(f))		15	100.00%
16	Public support percentage from 2014 Sche ction D. Computation of Investme					16	100.00%
	Investment income percentage for 2015 (li		_	column (fl)			%
17 18	Investment income percentage for 2013 (iii Investment income percentage from 2014			Column (1))		18	
19a	33 1/3% support tests—2015. If the orga			14, and line 15 is mo	re than 33 1/3% a		
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization qu	ualifies as a publicly s	upported organiza	ition	► X
b	33 1/3% support tests—2014. If the orga line 18 is not more than 33 1/3%, check this						▶ □

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- 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
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 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).
- 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.
- 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.
- 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
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	F	Yes	No
	1		
	2		
	3a	_	
	3b		
	3c		_
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с	_	
	10a		
	10b		
r	n 990	or 990-E	:Z) 2015

Par	t IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ĺ	
	below, the governing body of a supported organization?	11a		
	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	1	
Secti	on B. Type I Supporting Organizations			
_		[Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		- (
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1,	ĺ	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	ĺ	
Sect	ion C. Type II Supporting Organizations			
Dec.	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	[1]		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	l
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ins)		
2	Activities Test Answer (a) and (b) below.	F	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	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	1 2-		1
	that these activities constituted substantially all of its activities	2a	 	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		
	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	25		1
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		3a	1	}
L	trustees of each of the supported organizations? Provide details in Part VI.	Ja	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	1	1
	or its supported organizations. If Test, describe in Fart 41 the fole played by the organization in this regard			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All							
other Type III non-functionally integrated supporting organizations must complete Sections A	throu	gh E					
Section A - Adjusted Net Income	(A) Pnor Year	(B) Current Year (optional)					
1 Net short-term capital gain	_1_						
2 Recovenes of pnor-year distributions	2		! 				
3 Other gross income (see instructions)	3		<u> </u>				
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or			i				
collection of gross income or for management, conservation, or	1						
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) Pnor Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year)							
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							
factors (explain in detail in Part VI)							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 035	6						
7 Recoveries of pnor-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 pnor year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	}						
emergency temporary reduction (see instructions)	· · · · · · · · · · · · · · · · · · ·						
7 Check here if the current year is the organization's first as a non-functionally-integrated Ty	e						
instructions)							

Schedule A (Form 990 or 990-EZ) 2015

Sect	Section D - Distributions					
_1	Amounts paid to supported organizations to accomplish exempt purpose	Current Year				
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (pnor IRS approval required)					
6	Other distributions (describe in Part VI) See instructions.					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organizati	on is responsive				
	(provide details in Part VI) See instructions					
9	Distributable amount for 2015 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·				
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015					
a						
<u>b</u>						
C						
d	From 2013					
е	From 2014					
	Total of lines 3a through e					
g	Applied to underdistributions of prior years		***************************************			
h	Applied to 2015 distributable amount		•	·····		
i						
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section					
	D, line 7. \$					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if					
	any Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions)					
6	Remaining underdistributions for 2015 Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions)					
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c	-				
	Breakdown of line 7					
<u>a</u>						
	b					
	Excess from 2013 Excess from 2014					
	Excess from 2015					
	LACOS HOTH EVIL			I		

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame	of the organization	1	Employer id	lentification number				
P	roject 658 Inc		46-29	956418				
	Organizations Maintaining Donor Advised Fun							
	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	ne assets held in donor advised						
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in wi							
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose						
	conferring impermissible private benefit?			Yes No				
Pa	art II Conservation Easements.							
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check al	ll that apply).						
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	ant land a	rea				
	Protection of natural habitat	Preservation of a certified historic s	tructure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	on					
	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					
C	Number of conservation easements on a certified historic structure include	• •	2c					
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a	1 1					
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, released, extir	iguished, or terminated by the organization o	during the					
	tax year ▶							
4	Number of states where property subject to conservation easement is loc							
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		n. n.				
	violations, and enforcement of the conservation easements it holds?			Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easen	nents duni	ng the year				
7		ions, and enforcing conservation easements	s during th	e year				
_		470// // // /						
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(n)(4)(B)(i)		□ vaa □ Na				
_	and section 170(h)(4)(B)(ii)?			Yes No				
9	In Part XIII, describe how the organization reports conservation easemer balance sheet, and include, if applicable, the text of the footnote to the or							
	organization's accounting for conservation easements	gariization s ilitariciai statements triat descri	Des the					
p:	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	ssets.				
•	Complete if the organization answered "Yes" on F							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet					
	works of art, historical treasures, or other similar assets held for public ex		_					
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance s	sheet					
	works of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce 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 o	ther similar assets for financial gain, provide	the					
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items.						
а	Revenue included on Form 990, Part VIII, line 1		•	\$				
b	Assets included in Form 990, Part X		<u> </u>	\$				

che	dule D (Form 990) 2015 Project	658 Inc				46-29	56418	Page Ż
	ert III Organizations Maintainir		Art, Hi	storical Tre	easures, or			
3	Using the organization's acquisition, access collection items (check all that apply).	on, and other records,	check ar	y of the follow	ing that are a	significant	use of its	
а	Public exhibition	d 🗍	Loan or	exchange prog	ırams			
b	Scholarly research	e 🗍	Other					
c	Preservation for future generations							
4	Provide a description of the organization's or	ollections and explain h	ow they	further the org	anızatıon's exe	empt purpo	se in Part	
	XIII							
5	Dunng the year, did the organization solicit of	or receive donations of	art, histo	ncal treasures	, or other sımıl	ar		
	assets to be sold to raise funds rather than t		t of the o	rganization's o	collection?			Yes No
Pa	ert IV Escrow and Custodial A	•						_
	Complete if the organization	on answered "Yes"	on Fo	m 990, Par	t IV, line 9,	or repor	ted an amoun	t on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for con	tributions or o	ther assets no	t		п., п.,
	included on Form 990, Part X?							Yes No
þ	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing tabl	е				Amount
_	December heleses						 	Amount
	Beginning balance Additions during the year						1c	
	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount on F	form 990 Part X line 2	1 for esc	row or custod	ial account lial	hility?	<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIII					•		
_	ert V Endowment Funds.							
	Complete if the organization	on answered "Yes"	on Fo	m 990, Par	t IV, line 10) .		
		(a) Current year		Prior year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and		} _					
	losses	·			<u></u>			
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	 					
е	Other expenditures for facilities and		ł			}		
	programs		ļ		ļ			
	Administrative expenses		ļ					
_	End of year balance	L	<u></u> _		<u> </u>			
	Provide the estimated percentage of the cur	•	(line 1g, d	column (a)) he	ld as			
	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ % Temporanly restricted endowment ▶	%						
C	The percentages on lines 2a, 2b, and 2c she							
3а	Are there endowment funds not in the posse		on that a	re held and ad	ministered for	the		
	organization by	v. ga		und au				Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Sch	edule R?				3b
4	Describe in Part XIII the intended uses of th	e <u>organization's</u> endow	ment fun	ds				
Pa	ert VI Land, Buildings, and Equ	•		<u>-</u>				
	Complete if the organization	on answered "Yes"	on Fo	rm 990, Pai	rt IV, line 1	1a. See	Form 990, Par	t X, line 10
	Description of property	(a) Cost or other t	pasis	(b) Cost or o		• • •	ccumulated	(d) Book value
		(investment)		(oth		det	preciation	
	Land	 		1	25,000			125,000
	Buildings							
	Leasehold improvements							
	Equipment	 		1 0	00 202		07 643	1 400 640
_	Other I. Add lines 1a through 1e. (Column (d) must	agual Form 900, Port N	/ column		88,292		97,643	1,490,649 1,615,649
714	in nou mies la unough le (Column (d) must	equal i Ullii 330, Fall /	, with	י לבילי אווה וחבי	<u> </u>		P	1,013,049

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Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Pa	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	r market value
1) Financial of	denvatives			
2) Closely-he	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)			·—·	
(F)			·	
(G)			· 	
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Pa	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- 			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	Co 000 Dod IV line	11d Con Form 000 D	V lima 45
	Complete if the organization answered "Yes" c	on Form 990, Part IV, line	110. See Form 990, Pa	(b) Book value
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col (B) line 15.)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f See Form 9	990. Part X.
	line 25.	·····		,
 1.	(a) Description of liability	(b) Book value		·
	income taxes			
	Loan	868,058		
	stors			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
3 I			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

868,058

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

4b

Part XIII Supplemental Information.

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

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

3

4c

5

Schedule D (Form 990) 2015 Project 658 Inc

Part XIII Supplemental Information (continued)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Project 658 Inc

Employer Identification number 46-2956418

Form 990, Part I, Line 6

Volunteers assist with logistics for the organization's various fundraisng events. They also help administer the organization's clothing, training and feeding ministries.

Form 990, Part III, Line 4d - All Other Accomplishment Other Program Expenses in connection with the organization's ministries in sports, teaching, feeding, training and public health

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The organization provides the executive committee the Form 990 to review prior to its filing

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At Board Meetings, officers and directors discuss if anyone has any conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the Executive director is set by the independent board of directors

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation of Key employees is set by the independent board of directors

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization Project 658 Inc Employer identification number 46-2956418

Form 990 available upon request

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Total

Program Service		Mgt & General		Fundraising			
Program Expenses							
	\$	81,485	\$	0	\$	0	
Direct Ministry Expenses							
	\$	1,353	\$	0	\$	0	
Kitchen Feeding Program							
	\$	79,402	\$	0	\$	0	

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ -5,651

\$ -5,651