*	6.00
Form	990
Departme	ant of the Treasur

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.

2017 Open to Public Inspection

	ernal Revenue Service		JXON	Inspection				
A	For the 2017 c	calendar year, or tax year beginning $07/01/17$, and ending $06/30/18$	\U-					
В	Check if applicable	C Name of organization	D Employer Id	entification number				
$\bar{\Box}$	Address change	Project 658 Inc						
7	•	Doing business as	46-29	56418				
닏	Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone n	umber				
	Initial return	3646 Central Avenue	704-7	33-9934				
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code						
	1	Charlotte NC 28205	G Gross receipt	s\$ 1,758,870				
닏	Amended return	F Name and address of principal officer	o aroun saluar for a fire	rdinates? Yes X No				
	Application pending	Dustin P Swinehart Hall British	a group return for subo	rdinates? Yes X No				
		3646 Central Avenue	ili subordinates include	ed? Yes No				
		Charlotte NC 28205 "	"No," attach a list (se	e instructions)				
1	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527						
J	Website W	www.project658.com \ H(c) Grou	p exemption number	•				
k	Form of organization		0010	State of legal domicile NC				
<i>"</i> F	Part I Su	ummary						
= =		escribe the organization's mission or most significant activities						
	0	Schedule O						
رتارغ & Governance								
Ē								
. e	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25% of its net	accate					
ئزŏ	3 Number	of voting members of the governing body (Part VI, line 1a)	1 1	9				
- oğ	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	<u> </u>				
Activities	5 Total pur			42				
흕	5 Total num	mber of individuals employed in calendar year 2017 (Part V, line 2a)		600				
ĕ		mber of volunteers (estimate if necessary)		0				
		related business revenue from Part VIII, column (C), line 12	7a	0				
	b Net unrei	lated business taxable income from Form 990-T, line 34	r Year	Current Year				
	8 Contribut		883,107	1,157,766				
ĭe	9 Program	service revenue (Part VIII, line 2g)		1,137,700				
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		804				
å	10 mivestine		443,340	597,804				
			326,447	1,756,374				
_			320,447	1,730,374				
	i i	nd similar amounts paid (Part IX, column (A), lines 1–3)						
	14 Benefits	paid to or for members (Part IX, column (A), line 4)	<u> </u>	000 766				
es	15 Salaries,		690,407	980,766				
ens	I Val I Olossio	mai futfulationing feed () art IX, column (X), interrept	<u> </u>	U				
Expenses	b Total fund	draising expenses (Part IX, column (0) line 25) penses (Part IX, column (A), lines 11a 38 , 11(12a) 13 2019 4 68 penses (Part IX, column (A), lines 11a 38 , 11(12a) 13 2019 4 68 penses Add lines 13–17 (must equal Padyx, column (A) line 25 17	571 641	714 024				
щ	17 Other exp	penses (Part IX, column (A), lines 11a, 380, 11(124e)	571,641	714,934				
	18 Total exp	penses Add lines 13–17 (must equal PadyX, column (A), line 25	262,048	1,695,700				
	19 Revenue	less expenses Subtract line 18 from libe 12	64,399	60,674				
Net Assets or	90 7-4-1-		of Current Year	2 096 601				
Sse	E ZU IOTALASS	· · · · · · · · · · · · · · · · · · ·	871,676	2,086,601				
E A	21 Total liab		838,831	1,003,810				
			032,845	1,082,791				
•		gnature Block						
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		edge and belief, it is				
	rue, correct, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	euge 					
		- Carl						
Si	gn 🏲 s	Signature of officer	Date					
Here Dustin P Swinehart Executive Director								
_	Type or print name and title							
	Print/Typ	preparer's name Preparer's system Preparer's sys	Check	ıf PTIN				
Pa	id David	N. Wurst	self-empid	pyed P00106443				
Pre	eparer Firm's na	Dentity of N. Street CDA DA	Firm's EIN	26-1407004				
Us	e Only	2544 A Plantation Center Dr						
	Firm's ad	Matthews NC 2010E	Phone no	704-849-0990				
Ma		ss this return with the preparer shown above? (see instructions)		X Yes No				

ABD:D

MARCH 4 4 5 4 5 4 5 5			
Part IV	Chaablist at	Required Schedules	

Pe	art 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,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		-
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,			Х
_	Part III	5		\triangle
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			v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	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,"			v
_	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	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		3.5	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	-
f	· · · · · · · · · · · · · · · · · · ·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a				١
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			١
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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			١
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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	<u> </u>	X
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		X
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		X
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	l	X

	1990(2017) PTO JECT 030 THE 40-2930416			age 4
<u> P</u>	art IV Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		X
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			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		T
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		<u> </u>	
-	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		<u> </u>	
	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			<u> </u>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		<u> </u>	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ŀ
	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,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Ì
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	İ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u>L</u>
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,	İ		
	Part VI	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

	990 (2017) Project 658 Inc 46-2956	<u> 418</u>			P	age 5
<u>P</u> a	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	<u>/</u>				ᆜ
		1 9			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	29	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u>-</u> -		<u> </u>
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					ļ
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	ļ
	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	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C			3b	-	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		,		İ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	incial				١
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	3			
_	(FBAR)			 -		 _
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b	<u> </u>	X
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	е		1.		١,,
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a_	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
_	gifts were not tax deductible?			6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).				1100	•
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				ļ
	and services provided to the payor?			7a	-	-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	S		_		
_	required to file Form 8282?	1 1		7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		,
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	ed by th	С		<u>-</u>	
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	 	
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	 	
10	Section 501(c)(7) organizations. Enter	1 40-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv		l .
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter	44-				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	445				
40-	against amounts due or received from them)	11b		 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
b 42	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.			40:	\vdash	├
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	+	
L	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	ا ممد	1			
_	the organization is licensed to issue qualified health plans	13b		\dashv		
C	Enter the amount of reserves on hand	13c	· <u>·</u>	44:		V
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	U		14b	L	1

46-2956418 Form 990 (2017) Project 658 Inc Page 6 [Part VI] Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 7 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 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? 15a Х a The organization's CEO, Executive Director, or top management official Х **b** 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 16b 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) 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 during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 3646 Central Avenue Dustin Swinehart

704-865-5080

NC 28205

Charlotte

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Alan Wise		1								
	1.00								_	
President	0.00	X	_	_				0	0	0
(2) Glen Cherry										
_	2.00								0	
Director	0.00	X	_	<u> </u>		ļ		0	0	0
(3) John Crouch	1						ļ	•		
Do so o o to o so	1.00	,,							^	_
Director (4) Brian Schoeck	0.00	X		-	-	 	-	0	0	0
(4) BITAIL SCHOOLK	1.00					1				
Director	0.00	X						0	0	0
(5) Tim Sittema	0.00	╁≏	-	├─	 	\vdash	\vdash		<u>.</u>	
(3) IIII DICCCIII	1.00									
Director	0.00	X						0	0	0
(6) Curt Grantham	1	+**	 	\vdash	 	\vdash				
(-,	1.00				•					
Director	0.00	X						O O	0	0
(7) Scott Toney										
	1.00									
Director	0.00	X						0	0	0
(8) Dustin P Swineha										
	50.00									
Executive Director	0.00			Х				86,625	0	0
(9) Eric Bernier										
	50.00									
Director	0.00	_		X	L_	<u> </u>		78,876	0	0
(10)										
(11)										
DAA		_	L							Form 990 (2017)

	2017) 110 000		- 4	- 14					40 200				<u></u>	aye ı
Part VI	(A) Name and title	(B) Average hours per week (list any	(d bo	o not x, unl	Pos check ess pe	C) sition more erson	than our both	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	C	(F) Estimated amount of other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the prganization and relation and relation and relation and relations are seen and relations and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen and relations are seen are seen and relations are seen	tion ted	
	-total	1		<u>. </u>	<u></u>	<u></u>	1 .	>	165,501					
	Il from continuation she Il (add lines 1b and 1c)	ets to Part VII, S	Secti	ion /	A			>	165,501					
2 Tota					those	e list	ed a	bove	e) who received more than s	\$100,000 of				
3 Did t	the organization list any fo loyee on line 1a? If "Yes,"	rmer officer, dire	ector	, or t	truste	ee, k	ey eı	mplo	oyee, or highest compensat	ed .		3	Yes	No X
4 For a orga	any individual listed on line	e 1a, is the sum of	of rep	porta	able d	comp	pens	atio	n and other compensation for successive schedule J for successive schedule S for successive sche			4		X
	any person listed on line 1 ervices rendered to the or								y unrelated organization or for such person	individual	-			X
Section B	. Independent Contracto	ors												
	pensation from the organiz	zation Report co							actors that received more that year ending with or within	n the organization's tax yea	ar			
	Name and	(A) business address						<u> </u>	Descrip	(B) tion of services		Con	(C) npensal	tion
									-					
2 Tota	I number of independent of	contractors (incli-	dica	but	not !	mito	nd to	thes	ca listed above) who					
rece	ived more than \$100,000	of compensation	fron	but 1 the	orga	anıza	ation	ti10\$	e iisteu above) wno	0				

| Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Unrelated exempt function excluded from tax under sections business revenue revenue 512-514 ifts, Grants 1a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,157,766 1f g Noncash contributions included in lines 1a-1f 1,157,766 h Total. Add lines 1a-1f Program Service Revenue Busn Code b f All other program service revenue q Total, Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (ı) Securities (II) Other sales of assets 3,300 other than inventor **b** Less cost or other 2,496 basis & sales exos 804 c Gain or (loss) 804 804 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory \blacktriangleright Miscellaneous Revenue **Busn Code** 458,391 458,391 531120 11a Facility Events & Rentals 533110 139,413 b 139,413 Church Lease Rental Income All other revenue 597,804 Total. Add lines 11a-11d 598,608 Total revenue. See instructions 1,756,374

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 X (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service Fundraising Management and 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) 967,925 832,416 116,151 19,358 7 Other salaries and wages Pension plan accruals and contributions (include 12,841 12,841 section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management **b** Legal 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 282,595 282,595 (A) amount, list line 11g expenses on Schedule O) 22,410 22,410 Advertising and promotion 64,560 54,636 9,924 13 Office expenses 14 Information technology 15 Royalties 194 16 Occupancy 184,329 173,135 11. 54,674 54,674 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 37,154 1,956 20 39,110 21 Payments to affiliates 48,294 46,158 2,136 Depreciation, depletion, and amortization 18,962 7.166 796 23 Insurance 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) а b C d e All other expenses 1,695,700 1,487,934 165,998 41,768 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) Form **990** (2017) DAA

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 215,911 1 139,056 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 26,681 4 78.740 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 3,925 5,550 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,764,009 other basis Complete Part VI of Schedule D 1,620,159 1,558,641 205,368 b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 5,000 304,614 15 Other assets See Part IV, line 11 15 1,871,676 2,086,601 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 23,844 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors. Liabilities 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 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 814,987 of Schedule D 1,002,718 838,831 003,810 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,032,845 1,082,791 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 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 Total net assets or fund balances 1,032,845 33 2,086,601 1,871,676 Total liabilities and net assets/fund balances

Form **990** (2017)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	756 <u>,</u>	374
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	695 <u>,</u>	700
3	Revenue less expenses Subtract line 2 from line 1	3			674
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	_4	1,0)32,	845
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-10,	728
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	082 <u>,</u>	<u> 791</u>
<u>P</u> a	art XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1.1
	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	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		$ldsymbol{f\perp}$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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.

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Part I

Department of the Treasury

Employer identification number Project 658 Inc 46-2956418 Reason for Public Charity Status (All organizations must complete this part) See instructions

The	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, ch	neck only	one box)	1						
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).	χ_{Λ}					
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ))	1	71					
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 bospital's name,											
	_	city, and state											
5		An organizati	on operated for the benefit o	f a college or university owned o	or operate	d by a go	vernmental unit described in						
	_	section 170(b)(1)(A)(iv). (Complete Part II)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	\Box	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	\vdash	-		70(b)(1)(A)(vi). (Complete Part	•								
9				cribed in section 170(b)(1)(A)(ix f agriculture (see instructions) E				e					
10	X	-	on that normally receives (1) more than 33 1/3% of its suppo	ort from c	ontributio	ns, membership fees, and gros	s					
	ت	• .	•	pt functions—subject to certain				-					
			_	d unrelated business taxable inc	•		•						
44), 1975 See section 509(a)(2).									
11 12	片	_	-	exclusively to test for public safe exclusively for the benefit of, to p	-								
12	Ш	•	•	ations described in section 509									
				at describes the type of support				•					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its sup	ported or	ganization(s), typically by giving	9					
				er to regularly appoint or elect a		of the dire	ectors or trustees of the						
			• •	omplete Part IV, Sections A a									
	b	_	- · · · · · · · · · · · · · · · · ·	pervised or controlled in connec									
			• • • • • • • • • • • • • • • • • • • •	ing organization vested in the sa	ame perso	ons that c	control or manage the supported	1					
			•	Part IV, Sections A and C.			and functionally integrated will	ıh.					
	С			upporting organization operated ructions) You must complete				αι,					
	d	Type III ı	non-functionally integrated	I. A supporting organization ope	rated in c	onnection	with its supported organization	n(s)					
			• •	organization generally must sat	-		-	SS					
		_ `	•	nust complete Part IV, Section									
	е			eived a written determination fro			a Type I, Type II, Type III						
	f		nber of supported organization	-functionally integrated supporti	ng organi.	zation							
	g		ollowing information about th										
					(nd to the a		1						
,		ie of supported ganization	(ii) EIN	(III) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
				above (see instructions))		ment?	instructions)	instructions)					
					Yes	No							
(A)													
(B)													
(C)				· · · · · · · · · · · · · · · · · · ·	<u>+</u>								
(D)													
(E)													
Tota	,ı												
106	11		L		1	L		1					

Project 658 Inc 46-2956418 Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2017 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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/ Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 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 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 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 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

Private foundation. If the organization did not check a box on line 13, 18a, 16b, 17a, or 17b, check this box and see

18

instructions

Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")	864,850	951,381	823,589	883,107	1,157,7	66 4,680,693
2	Gross receipts from admissions, merchandise	3017030	, , , , ,	023/303	003/101	1/15///	1,000,030
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		168,987	324,979	443,340	597,8	04 1,535,110
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	1,326,447	1,755,5	70 6,215,803
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	·					
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						•
8 —	Public support. (Subtract line 7c from line 6)		,				6,215,803
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	864,850	1,120,368	1,148,568	1,326,447	1,755,5	70 6,215,803
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,	!					
	and 12)	864,850	1,120,368	1,148,568	1,326,447	1,755,5	70 6,215,803
14	First five years. If the Form 990 is for the	-	second, third, four	rth, or fifth tax year	as a section 501(d	c)(3)	, \Box
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public S			· · · · · · · · · · · · · · · · · · ·			5 0/
15	Public support percentage for 2017 (line 8		' ') (f))		<u> </u>	5 100.00%
16 Soc	Public support percentage from 2016 Schottion D. Computation of Investment						6 100.00%
17				column (fl)		1	7 %
18	Investment income percentage for 2017 (Investment income percentage from 2016			Column (1))			8 %
19a	33 1/3% support tests—2017. If the orga			14 and line 15 is n	nore than 33 1/3%		
.54	17 is not more than 33 1/3%, check this bo						ightharpoons
b	33 1/3% support tests—2016. If the orga		-	-	-		_
	line 18 is not more than 33 1/3%, check th						▶ 🗌
20	Private foundation. If the organization di		-				▶ 🗌

Page 4

| 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	Α.	All	Sup	portina	Organ	nizations
---------	----	-----	-----	---------	-------	-----------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			į
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation if historic and continuing relationship, explain	1		
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			<u></u>
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	l		
	organization made the determination	3b		
С	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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
С	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	4c	***************************************	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1,5		
	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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	"	-	
•	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	İ		
	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	•		
•				1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		l ———
8		<u> </u>		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		<u> </u>	1
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		<i>-</i>	·
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		<u> </u>
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b_	 	+
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	_ _	<u> </u>	
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	
0a	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		ļ	·
	supporting organizations)? If "Yes," answer 10b below	10a	I	1

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)

Schedu	le A (Form 990 or 990-EZ) 2017 Project 658 Inc /	<u>46-2956418</u>	3		Page 5
Par	t IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Γ	.	- 133	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				
а		ŀ			
	below, the governing body of a supported organization?) -	11a		
	A family member of a person described in (a) above?	<u> </u>	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		
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	ſ			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	l			
					1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				l
	controlled the organization's activities If the organization had more than one supported organization,				ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				!
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	Ļ	1		
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,				1
	supervised, or controlled the supporting organization	ľ	2		~
Socti	on C. Type II Supporting Organizations		<u></u>		
Secu	on c. Type if Supporting Organizations		· · · · · · I		
		r		Yes	No ,
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			j	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			İ	
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s)		1		
Secti	on D. All Type III Supporting Organizations			,	
				Yes	No
		۲		162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax			}
	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	v			
	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
	significant voice in the organization's investment policies and in directing the use of the organization's				4
	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		
Secti	on 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 (se	e instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below	,			
b					
	The organization is the parent of each of its supported organizations. Complete line 3 below				
С	The organization supported a governmental entity Describe in Part VI how you supported a government en	nuty (see instruction	15)		
2 /	ctivities Test Answer (a) and (b) below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1			
					1
	how the organization was responsive to those supported organizations, and how the organization determined	į.			لحصما
	that these activities constituted substantially all of its activities	ļ.	2a		
Ь	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		76 OT	77 17	
	activities but for the organization's involvement		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ŀ			i
_					
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.	ļ.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	:h			i
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	n Nov 20, 19	70 (explain in Part VI) Se	e
instructions. All other Type III non-functionally integrated supporting organization	s must comple	ete Sections 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		
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		
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			
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)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	411	
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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integr	ated Type III s	supporting organization (s	ee
instructions)		•	

Schedule A (Form 990 or 990-EZ) 2017

Schedu Par	le A (Form 990 or 990-EZ) 2017 Project 658 Inc t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organizat	46-2956	418 Page 7
	ion D - Distributions) Supporting Organiza	uons (continueu)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	0000		Current Tear
2	Amounts paid to perform activity that directly furthers exempt purpose			-
-	organizations, in excess of income from activity	oo or oupported		
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organi	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6	_		
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
d	From 2015			,
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			,
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 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	-		
	Excess from 2013			
	Excess from 2014	 		
	Excess from 2015			
<u>a</u>	Excess from 2016			

Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public

Inspection

Name of the organization Employer identification number Project 658 Inc 46-2956418 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D	(Form 990) 2017 Project	658 Inc				46-2	956418	Pag	ge 2
Part III	Organizations Maintaini	ng Collections of	f A <mark>rt,</mark> Hi	storical T	reasures,	or Othe	r Similar Assets	(continued)	
	g the organization's acquisition, acces ction items (check all that apply)	sion, and other records	s, check a	ny of the follo	owing that are	e a signific	ant use of its		
a \bigcap F	Public exhibition	d 🗌	Loan or e	exchange pro	grams				
ь	Scholarly research	e 🗍	Other		•				
c \square F	Preservation for future generations								
4 Provi	ide a description of the organization's	collections and explain	how they	further the o	rganization's	exempt p	urpose in Part		
XIII	-		-						
5 Durir	ng the year, did the organization solicit	or receive donations of	of art, histo	orical treasure	es, or other s	ımılar			
asse	ts to be sold to raise funds rather than	to be maintained as p	art of the	organization's	s collection?			Yes	No
Part IV		•							
	Complete if the organization 990, Part X, line 21	on answered "Yes	" on Foi	rm 990, Pa	irt IV, line	9, or rep	orted an amount o	on Form	
1a Is the	e organization an agent, trustee, custo	dian or other intermed	ary for co	ntributions or	other assets	not			
ınclu	ded on Form 990, Part X?							Yes	No
b If "Ye	es," explain the arrangement in Part XI	II and complete the fol	lowing tab	ole					
								Amount	
c Begii	nning balance						1c		
d Addıt	tions during the year						1d		
e Distri	butions during the year						1e		
f Endi	ng balance						1f		
2a Did tl	he organization include an amount on	Form 990, Part X, line	21, for es	crow or custo	odial account	liability?		☐ Yes	No
	s," explain the arrangement in Part XI	II Check here if the ex	planation	has been pro	ovided on Pa	rt XIII			
Part V									
	Complete if the organization	on answered "Yes	<u>" on For</u>	m 990, Pa	<u>irt IV, line i</u>	10.			
		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years ba	ack
=	nning of year balance		<u> </u>					 	
b Cont	ributions		<u> </u>					ļ	
c Net ii	nvestment earnings, gains, and							1	
losse			ļ					.	
	ts or scholarships		ļ						
e Othe	r expenditures for facilities and							•	
progr									
f Admi	inistrative expenses		ļ						
_	of year balance		J		<u> </u>			<u> </u>	
	de the estimated percentage of the cu	="	e (line 1g,	column (a)) h	neld as				
	d designated or quasi-endowment ▶	%							
	nanent endowment ▶ %								
	porarily restricted endowment	%							
	percentages on lines 2a, 2b, and 2c st								
	here endowment funds not in the poss	session of the organiza	ition that a	are held and a	administered	for the		[]	
_	nization by								No
	inrelated organizations							3a(i)	
	elated organizations							3a(ii)	
	es" on line 3a(ii), are the related organ	•						3b	
	ribe in Part XIII the intended uses of the		wment fu	nds					
Part VI	, , ,	-	" - -	000 D-		44- 0	. F 000 D1	V I 40	
•	Complete if the organization								
	Description of property	(a) Cost or other	- 1	(b) Cost or o		1	Accumulated	(d) Book value	
		(investment)	, <u> </u>	(oth		O.	epreciation	105.0	
1a Land					<u>25,000</u>			125,0	<i>,</i> U (
b Build	•								
	ehold improvements								
d Equi				1 /	20 000		205 260	1 422 (
e Othe		4 annual Francisco C :			39,009	L	205,368	1,433,6	
I OLAI. AGG	lines 1a through 1e (Column (d) mus	ı equai rorm 990, Part	A, COIUM	ıı (a), iine 100	<i>u)</i>		<u> </u>	1,558,6) 4 .

	ther Converting		40 2330410	raye
Part VII Investments—O	rganization answered "Yes" on	Form 000 Part IV line	11h See Form 000 Part	Y line 12
	security or category	(b) Book value	(c) Method of valua	
	me of security)	(5) 555% 74345	Cost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)		-		
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 9	90, Part X, col (B) line 12) ▶			
Part VIII Investments—Pi	—			
Complete if the or	rganization answered "Yes" on	Form 990, Part IV, line	11c See Form 990, Part	X, line 13
(a) Description	n of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year man	ket value
_(1)			· · · · · · · · · · · · · · · · · · ·	
(2)				
(3)				
(4)				<u>-</u>
(5)				
(6)				
(7)				
(8)				
(9)	00 8-44 (0) 1 (0) 1			
Total. (Column (b) must equal Form 9:	30, Part X, col (B) line 13) ▶			
Part IX Other Assets.	rappization analysis of "Vos" on	Form 000 Bort IV line	11d Soo Form 000 Bort	V line 15
Complete ii the oi	rganization answered "Yes" on (a) Description	Form 990, Part IV, line	Tid See Form 990, Part	(b) Book value
(1) Othe	r Assets		-	304;61
	1 ASSECS			304,01
(2)				
(3)			-	
(4)				
<u>(5)</u> (6)				
(7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 9	90 Part X col (B) line 15.)		>	304,61
Part X Other Liabilities.				301/01
	rganızatıon answered "Yes" on	Form 990 Part IV line	11e or 11f See Form 990) Part X
line 25	gamzation anothered 100 on		110 0, 111 000 1 0, 111 000	,, , , , , , , , , , , , , , , , , , , ,
	on of liability	(b) Book value	84	
(1) Federal income taxes				
(2) Loans Payable		1,002,718		
_(3)				
(4)				
(5)				
(6)	·			
(7)		1		
(8)				
(9)		†		
Total. (Column (b) must equal Form 9	90, Part X, col (B) line 25) ▶	1,002,718		
2. Liability for uncertain tax positions			incial 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

Sche	edule D (Form 990) 2017 Project 658 Inc	46-2956418		Page 4
P	art XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a	-	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	_2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	<u></u>	
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
<u>L</u> Pa	Irt XII Reconciliation of Expenses per Audited Financial St	•	enses per Return.	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 12a_		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
, c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	• •	
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII | Supplemental Information.

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

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

Name of the organization

Project 658 Inc

Employer identification number

46-2956418

Form 990 - Organization's Mission

We believe that Christ's love compels us to change the world through serving our neighbors. We are a Christ-centered, holistic ministry providing services for at-risk families in Charlotte, moving them toward sustainability; with a key focus on the international and refugee communities.

Form 990, Part I, Line 6

Volunteers assist with logistics for the organization's various fundraising 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

Employer identification number

46-2956418

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 Form 990 available upon request

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

	Prog	gram Service	Mgt & G	General	Fundra	aising
Program	Expenses	3				
	\$	180,418	\$	0	\$	0
Kitchen	Feeding	Program				
	\$	102,177	\$	0	\$	0
	Total					
	\$	282,595	\$	0	\$	0

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

Book / Tax Depreciation Difference	\$ -9,391
Book/Tax Diff Fixed Asset Sale	\$ -1,337
Total	\$ -10,728