# **Short Form** Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Department of the Treasury Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5	Ā	or the	2018 calend	ar year, or tax year beginning , 2018, and end	ling			, 20
Name contenge   Post description   Post of the property   Post of	B	heck if ap	pplicable	C Name of organization		D Empl	oyer ıd	entification number
Name-change   Investment   Income   Investment   Income   Incom		Address c	change	Courageous, Inc			9	0-0786010
First pumplemental   Appetuation pending   Cory or town, state or province, country, and ZiP or foreign pestal code   Col   F Group Exemption   Number   Appetuation pending   Col   Account   Mehatien   Appetuation   Col   Account   Mehatien   Account   Accou		Name cha	inge		uıte	E Telep	hone n	umber
City or fown, state or province, powerly, and ZiP or foreign postal code    Repictation mending   City or fown, state or province, powerly, and ZiP or foreign postal code   Repictation mending   City or fown, state or province, powerly   Part	$\equiv$			12925 Auburn Avenue			31	3-215-4121
Appetendemending   Detroit, Michigan 48223   Detroit, Michigan 48223   Detroit, Michigan 48223   Detroit, Michigan 48223   Detroit	=			City or town, state or province, country, and ZIP or foreign postal code		F Grou	р Ехе	mption
According Method	=			Detroit, Michigan 48223	)	Num	ber I	<b>-</b>
Webste:   Value   Va	_				Н	Check I	<b>▶ ✓</b> :	f the organization is not
Reform of organization   Corporation   Trust   Association   Other			•			required	to att	ach Schedule B
K Form of organization	JΤ	ax-exen	npt status (che	eck only one) —   501(c)(3) □ 501(c) ( )   (insert no ) □ 4947(a)(1) or □ 52	7	(Form 99	90, 99	D-EZ, or 990-PF)
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Check if the organization used Schedule O to respond to any question in this Part I  Check if the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts  Program service revenue including government fees and contracts  Rewestment income  To describe the organization used Schedule O to respond to any question in this Part I  Contributions, gifts, grants, and similar amounts received  Program service revenue including government fees and contracts  Rewestment income  To describe the service revenue including government fees and contracts  Rewestment income  To describe the service revenue including government fees and contracts  Rewestment income  To describe the service revenue including government fees and contracts  Rewestment income  To describe the service revenue fees and contracts  Rewestment income  To describe the service revenue fees and seles expenses.  To describe the service revenue fees and seles expenses income and contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events (add lines 6a and 6b and subtract line 6c)  Recelved the service revenue (least expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Recelved the service revenue (least expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Recelved the service revenue (least expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Recelved the service revenue feet expenses from gaming and fundraising events (add lines 6	LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf tota	assets		
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 1 1 161,723 2 Program service revenue including government fees and contracts 2 6,469 3 Membership dues and assessments 3 0 0 4 Investment income 5 0 0 5 Gross amount from sale of assets other than inventory 5 0 0 5 C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 0 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 51,500) 0 6 Gaming and fundraising events (not including \$ 0 of contributions from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 0 6 Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0 0 7 Gross sales of inventory, less returns and allowances 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Pa	rt II, col				•	<b>▶</b> \$	
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Benefits paid to or for members				nue. Add lines 1, 2, 3, 4, 5c, 6d, /c, and 8	<del>iol</del>	. •		
Salaries, other compensation, and employee benefits				I similar amounts paid (list in Schedule O)				850
Professional fees and other payments to independent contractors DEN; UT  13 Professional fees and other payments to independent contractors DEN; UT  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 End of the payments to independent contractors DEN; UT  13 39,875  14 31,559  15 0  16 32,119  17 155,443  18 13,602  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 -14,644  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 End of the payments of the payments to independent contractors DEN; UT  13 39,875  14 05,040  15 05,040  16 32,119  17 155,443  18 13,602		i	-		. , ;	• •		
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							41	6,148 Form <b>990-EZ</b> (2018)

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	Check if the organization used Schedule	e O to respond to ar	ny question in this		<u> </u>	
			-	(A) Beginning of year	-01	(B) End of year
22	Cash, savings, and investments		}	518	23	4,110
23 24	Land and buildings			9,948	-	<u>0</u> 10,948
25	Total assets			10,466		15,058
26	Total liabilities (describe in Schedule O)			3,276		8,910
27	Net assets or fund balances (line 27 of column	n (B) must agree with	line 21)	7,190		6,148
Par	Statement of Program Service Accord	nplishments (see th	e instructions for F			_
	Check if the organization used Schedule			Part III 🔽	/Rei	Expenses quired for section
	is the organization's primary exempt purpose?				Š01	(c)(3) and 501(c)(4)
Des	ribe the organization's program service accompl	ishments for each o	ts three largest p	rogram services,	-	anizations, optional for ers.)
as n	leasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the ach program title.	services provided	i, the number of	0	,
	See Schedule O					
	Sec Series G					
	(Grants \$ 87,000) If this amoun	t includes foreign gra	nts, check here .	<u> ▶ □</u>	282	87,000
29	See Schedule O					
	±					
	(Grants \$ 82,045) If this amoun	t includes foreign ara	nte chack hara		292	68.443
30						00,443
-	•		••			
	<del></del>	t includes foreign gra			30a	3
31	Other program services (describe in Schedule O)					
		t includes foreign gra			312	<del>                                      </del>
32 Par	Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke				32	1007110
Гаг	Check if the organization used Schedule					
	Chook if the organization does concedit	(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	`	
Chri	tian Adams - Chairman					_
		11	0	<u> </u>	<u>0</u>	0
Jim	Belisle - Board Member		o		۸	0
Laur	Sigmon - Secretary	<del>  '</del>			<del>"</del>  -	
Laui	1 Signion - Secretary	-  1	0	,	٥	0
Daci	Grum - Board Member					
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Keith	Williams - Board Member			İ	٥	0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	, air	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		./
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		遊遊
b	Did the organization file Form 1120-POL for this year?	37b	- * * * * * * * * * * * * * * * * * * *	F 35 35
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	- 100	
<b>h</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a	\$4.50 \$3.50 \$3.50	V Jana
39	Section 501(c)(7) organizations. Enter.		See See	
а	Initiation fees and capital contributions included on line 9			<b>新水道</b>
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			は大き
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	åg b	***	
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	A 6 3	<b>/</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		を発生を	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>1 1 1 1 1 1 1 1 1 1</b>
41	List the states with which a copy of this return is filed ► Michigan			
42a	The digamization 3 books are in date of p	313-21		1
<b>h</b>	Located at ► 12925 Auburn Ave. Detroit, Mi. 48223  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	48.	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	If "Yes," enter the name of the foreign country ▶		W.30	Sec
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		15 1625 15 1625	Tooler Dr. R.
	Financial Accounts (FBAR).		74	403
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country ▶	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	35% 30°	<b>✓</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	i eily.	<b>✓</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	Shallen Shirt	<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	* * * * * * * * * * * * * * * * * * *	
	- C 000 II. 000 III. 000 III. 000 II. 000 III. 000 II. 000	1-120	Щ.	<b>V</b> _

46 Dot the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  2011 VI Section 501(c)(S) organizations Only All section 501(c)(S) organizations Only All section 501(c)(S) organizations Only All section 501(c)(S) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  47 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  48 Is the organization as school as described in section 101(h)(f)(1)(h)(h)? If "Yes," complete Schedule E  48 Did the organization as school as described in section 101(h)(f)(1)(h)(h)? If "Yes," complete Schedule E  48 Did the organization as school as described in section 101(h)(f)(h)(h)(h)? If "Yes," complete Schedule E  48 Did the organization as school as described in section 101(h)(f)(h)(h)(h)? If "Yes," complete Schedule E  49 Did the organization as school as described in section 101(h)(f)(h)(h)(h)? If "Yes," complete Schedule E  48 Did the organization as school as described in section 101(h)(f)(h)(h)(h)? If "Yes," complete Schedule E  49 Did the organization as school as described in section 101(h)(f)(h)(h)(h)(h)? If "Yes," complete Schedule E  49 Did the organization as school as described in section 101(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(	orm 9	30-EZ (2018)						ı aye	
to candidates for public office? If "Yes," complete Schedule C, Part I								Yes N	0
Section 501 (c)(3) Organizations Only   All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Ves   Check if the organization of the organization as school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   48	46						ľ		_
All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 (1798) in the organization activities of have a section 501(h) election in effect during the tax 48 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization activities of have a section 501(h) election in effect during the tax 49 (1898) in the organization of having the section 501(h) election in effect during the tax 49 (1898) in the organization of having the section 501(h) election in effect during the tax 49 (1898) in the organization of having the effect of the organization of the having the employees (b) the organization of the employees (b) the organization of the employees (b) the organization organization of the employees and the employees and the employees (b) the organization organiza		to candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		
S0 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 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  48 Is the organization a school as described in section 170(b)(1)(A)(i))" If "Yes," complete Schedule E 48  49 Did the organization as any transfers to act on Archardation (and the school of th	Part								
Check if the organization used Schedule O to respond to any question in this Part VI  Do the organization engage in lobbying activities or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  Siste organization as consolar section as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  46		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tables f	or lines	
Check if the organization used Schedule O to respond to any question in this Part VI  Do the organization engage in lobbying activities or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II  Siste organization as consolar section as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E  46		50 and 51.							
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   48   Is the organization a school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E   48   49a			hedule O to respond	to any question in	this Part VI			!	
Did the organization engage in lobbying activities or have a section 501(h) electron in effect during the tax 47   48   48   48   49   48   49   48   49   49		0.100.1.1.1.0 0.94.1.24.10.1.0000 00.						Yes N	0
year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(w)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-chartable related organization?  50 Complete this table for the organization is section 52? organization?  60 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  61 Name and title of each employee  62 Name and title of each employee  63 Name and title of each employee  64 Name and title of each employee  65 None.  66 Newseap  66 Newseap  67 None.  67 Total number of other employees paid over \$100,000.  76 Total number of other employees paid over \$100,000.  77 Total number of other employees paid over \$100,000.  87 None.  88 None.  89 None.  90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	47	Did the organization engage in Johnving	activities or have a	section 501/h) electi	on in effect (	during the	tax	+ + + + + + + + + + + + + + + + + + + +	<u> </u>
Is the organization a school as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E 48 but the organization make any transfers to an exempt non-charitable related organization?	7,				011 111 011001 1	Juning and	I		/
49a   bit the organization make any transfers to an exempt non-charitable related organization?   49b    1 1" ves., "was the related organization as section 527 organization?   49b    10 1" ves., "was the related organization as section 527 organization?   49b    10 1" ves., "was the related organization as section 527 organization?   49b    10 1" ves., "was the related organization organization."   49b    10 1" ves., "was the related organization organization."   49b    10 1" ves., "was the related org								<del>                                     </del>	<u>'</u>
b If "Yes," was the related organization a section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000 . ▶ 0  Complete this table for the organization's five highest compensated employees (a) Reportable compensation. If there is none, enter "None."  1 Total number of other employees paid over \$100,000 . ▶ 0  Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE.   48	is the organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E		40	<del></del>	<u>/</u>	
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and tatle of each employee  (b) Name and tatle of each employee  (c) Name and tatle of each employee  (d) Name and tatle of each employee  (e) Name and tatle of each employee  (e) Postation (e) Po	49a						· —	<del>-                                    </del>	_
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee   (b) Average hours per week devoted to position   (c) Reportable compensation   (c) Reportable compensation   (c) Reportable   (c) Reporta	b							<del></del>	
(a) Name and title of each employee hours per week develoted to position betweek develoted to po	50	Complete this table for the organization's	five highest compen	sated employees (ot	her than offic	ers, direct	ors, truste	es, and k	еу
(a) Name and title of each employee hours per week develed to position of the compensation of the compensa		employees) who each received more than	n \$100,000 of compe	nsation from the orga	anızatıon. If th	nere is non	e, enter "N	lone."	
(a) Name and title of each employee   hours per week   devoted to position   Forms W-2/1098-MISC)   benefitied and statements and to the best of my knowledge and belief, if the organization completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a completed Schedule A   Note: All section 501(c)(3) organizations must attach a   Note: All section 501(c)(3) organizations must			(b) Average	(c) Reportable			4 > 5 - 4 4		
## Total number of other employees paid over \$100,000		(a) Name and title of each employee							
f Total number of other employees paid over \$100,000 . ▶ 0  Complete this table for the organization's five highest compensated independent contractors who each received more it \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  NONE  N/A  Total number of other independent contractors each receiving over \$100,000 . ▶ 0  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ ☑ Yes ☑ Note penalties of perparent polypus, if details if the view among this retry, including accompanying schedules and statements, and to the best of my knowledge and belief, it rus, correct, and complete Occasion of perparent high have examined this retry, including accompanying schedules and statements, and to the best of my knowledge and belief, it rus, correct, and complete Occasion of perparent high process to all information of which preparer has any knowledge  Paid  Preparer's signature  Walter L. Rushing  Preparer's signature  Walter L. Rushing  Preparer's signature  Walter L. Rushing  Prem's address > 27Hbb W. 10 MIERA, FARMING TON HIUS, MI. 48334 Phone no 248-427-0058			devoted to position	(Forms W-2/1099-MISC			Other cor	iipciisatioii	
f Total number of other employees paid over \$100,000 . ▶ 0  Complete this table for the organization's five highest compensated independent contractors who each received more it \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  NONE  N/A  Total number of other independent contractors each receiving over \$100,000 . ▶ 0  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ▶ ☑ Yes ☑ Note penalties of perparent polypus, if details if the view among this retry, including accompanying schedules and statements, and to the best of my knowledge and belief, it rus, correct, and complete Occasion of perparent high have examined this retry, including accompanying schedules and statements, and to the best of my knowledge and belief, it rus, correct, and complete Occasion of perparent high process to all information of which preparer has any knowledge  Paid  Preparer's signature  Walter L. Rushing  Preparer's signature  Walter L. Rushing  Preparer's signature  Walter L. Rushing  Prem's address > 27Hbb W. 10 MIERA, FARMING TON HIUS, MI. 48334 Phone no 248-427-0058		NONE			<del>                                     </del>				—
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Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  NIA  I Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Independent so of perjury, I disclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is and complete Declaration of property shifter than procepts based on all information of which preparer has any knowledge  Print/Type preparer's name  Walter L. Rushing  Print's address > 277450 W. 10 MILE RA. FARMING TON HILLS, M. 48336 Phone no 248-427-0058			-			·			
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Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  NIA  I Total number of other independent contractors each receiving over \$100,000 . ▶ □  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must atta									_
Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  NIA  I Total number of other independent contractors each receiving over \$100,000 . ▶ □  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must atta					į.				
Complete this table for the organization's five highest compensated independent contractors who each received more the \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  NIA  I Total number of other independent contractors each receiving over \$100,000 . ▶ □  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must attach a complete Schedule A. Note: All section 501(c)(3) organizations must atta		<del></del>							
\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE  NIA  1 Total number of other independent contractors each receiving over \$100,000 .   Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Independitus of perium, I declare tigs! have examined this retyrib, including accompanying schedules and statements, and to the best of my knowledge and belief, it rue, correct, and complete organization of preparer where than price has been all information of which preparer has any knowledge  Sign  Neith D. Williams - President & CEO  Type or print name and title  Prim's address > Print's signature  Walter L. Rushing  Prim's address > Prim's address	T			· · · —				,	
(a) Name and business address of each independent contractor  NONE  NIA    Validation   Validat	51	Complete this table for the organization	s five highest comp	ensated independen	t contractors	who each	n received	more th	an
NONE  N/A    Total number of other independent contractors each receiving over \$100,000 . ▶ 0   Source penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it have correct, and complate occlarety for preparer sphere than spice is based on all information of which preparer has any knowledge   Sign   Self-amplication   Self-a		\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."	<del></del>				
NONE  N/A  d Total number of other independent contractors each receiving over \$100,000 . ▶		(a) Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c	) Compensat	ion	
d Total number of other independent contractors each receiving over \$100,000 . ▶ □  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ Note and the properties of perjury, I declare tight have examined this retry, upfluding accompanying schedules and statements, and to the best of my knowledge and belief, it up, correct, and complete organization of properties of perjury. I declare tight have examined this retry, upfluding accompanying schedules and statements, and to the best of my knowledge and belief, it up, correct, and complete organization of properties based on all information of which preparer has any knowledge  Sign lefere									
d Total number of other independent contractors each receiving over \$100,000 .   52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A .   53 Order penalties of perjuny, I diclare tight I have examined this retifn, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Octable Prince of of penalties of perjuny I diclare tight I have examined this retifn, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Octable Prince of officer  53 Order penalties of perjuny, I diclare tight I have examined this retifn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is graduate of officer  54 Order penalties of perjuny, I diclare tight I have examined this retifn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is graduate of officer  55 Order penalties of perjuny, I diclare tight I have examined this retifn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is graduated by the penalties of penalties o		NONE							
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Completed Schedule A					anizations m	nust attacl	h a		_
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Firm's address ► 27460 W. 10 MILE Rd. FARMING TON HILLS, MI. 48336 Phone no 248-427-0058	Inder p	penalties of perjury, I declare that I have examined this i	returni, including accompar	lying schedules and staten ormation of which prepared	nents, and to the has anv knowle	dae	nowledge and	o deller, it is	,
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Walter L. Rushing         Wolffy J. Rushing         9-2'/-'9         self-employed         372-54-1046           Jse Only         Firm's name         ►         N/A         Firm's EIN ►         N/A           Firm's address         ► 27460         W. 10 MILE Rd. FARMING TON HILLS, MI. 48336         Phone no         248-427-0058	<u> </u>	Print/Type preparer's name	Preparer's signature	0 /	ate	Chack 17	l <sub>if</sub> PTIN		_
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May the IDC discuss this return with the property chown chays? See instructions		Only Firm's name > N/A	T Dd FAA					.0050	—

#### SCHEDULE 'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number Courageous, Inc. 90 0786010 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Part	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						ally dider
Section	on A. Public Support	o quanty unde	er trie tests iis	sted below, p	ease comple	ie raitiii.)	<del>/</del>
		(-) 0015	(L) 2016	(-) 2017	(4) 2019	(a) 2010 /	(f) Total
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019/	(I) TOTAL
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				,		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	のできた。 では、 では、 では、 では、 では、 では、 では、 では、	を から				
6	Public support. Subtract line 5 from line 4		22 12 1X 12 1X 12 1X 12 1X 12 1X 12 1X	(を)	WAR SHEET	地址时数	
Secti	on B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> /2016	(c) 2017	(d) 2018	(e) 2019_	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				_		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	: (see instruction			<b>不</b> 例为学生经验	12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	<b>▶</b> 🗀
<u>S</u> ecti	on C. Computation of Public Support				· <u></u>	<del></del>	
14	Public support percentage for 2019 (line		•			14	%
15	Public support percentage from 2018 Sci					15	<u>%</u>
16a	331/3% support test – 2019. If the organ						
<b>L</b>	box and stop here. The organization qua 331/3% support test—2018. If the organi						
b	this box and <b>stop/here.</b> The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the	e "facts-and-o	circumstances' stances" test.	" test, check t The organizati	this box and s	top here.
18	Private foundation. If the organization di	-				k this box and s	see

# Part III 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.)

Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,046	107, 288	119 227	162 401	169 045	655,012
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	7,040	107,200	111, 227	162,106	101,013	ws, 47 Z
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	97,046	107,288	119,227	162,406	169,045	655,012
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						
8	Add lines 7a and 7b						6550
	on B. Total Support						
Calen	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Amounts from line 6	97,046	107,288	119,227	162,406	169,045	655,012
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	97.046	107.288	119,227	162,406		655.012
14	First five years. If the Form 990 is for thorganization, check this box and stop he	ne organization	n's first, secon		-		in 501(€)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8						00.00 %
16	Public support percentage from 2017 Sch			<u></u>	<u></u>	16	00.00 %
	on D. Computation of Investment In					T 4= T	
17	Investment income percentage for 2018 (			_		17	%
18	Investment income percentage from 2017 331/3% support tests—2018. If the organ					18	% and line
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this t	ation did not c	heck a box on	line 14 or line	19a, and line 16	6 is more than 3	33 <sup>1</sup> /3%, and
20	Private foundation. If the organization di	•	-		-	-	=
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### Part IV

### **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governil documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)( purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization usi to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)( 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 El numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such actio (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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support 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 contribut (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith 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 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene 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 integrate supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			
		- 6 1 5 6	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)	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1995V	أتأكنتك
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c		11c	L	
Secti	ion B. Type I Supporting Organizations			r
		12.08	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	2 4 3 Ch k	20 C 40	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100	14 4 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	270 mg
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		د بازالمسرر شريطون شريطون	33 Per 10
	controlled the organization's activities. If the organization had more than one supported organization,		395	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1. 3°	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported		\$ 0.00 \$	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	A		
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Sel.	147
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
٠- د آد	or management of the supporting organization was vested in the same persons that controlled or managed			70
	the supported organization(s).	Interior	2577971	
Sacti	ion D. All Type III Supporting Organizations		L	
3601	ion b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14811	17(2)
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			R
	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		
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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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	1,511,74		200-0000
	-	2	over inte	Telt Assessed
3	By reason of the relationship described in (2), did the organization's supported organizations have a		12 27 E	
	significant voice in the organization's investment policies and in directing the use of the organization's	0.00		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		202	
	supported organizations played in this regard.	3	L	<u></u>
Secti	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	instru	ction	s).
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	'see ın	struct	ions)
2	Activities 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 <b>Part VI identify</b>			100 To
	those supported organizations and explain how these activities directly furthered their exempt purposes,		THE STATE OF	7.4.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	how the organization was responsive to those supported organizations, and how the organization determined			1.7.4 miles
	that these activities constituted substantially all of its activities	2a	Carrier Control	
b		والإسترية.	1 1 1 1 1 1 1	想到
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	13/4		2.12 V. L. J.
	reasons for the organization's position that its supported organization(s) would have engaged in these	300		1 7 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	activities but for the organization's involvement	Oh.		1
_	-	2b	######################################	9545 G
3	Parent of Supported Organizations. Answer (a) and (b) below.	Da. 4		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2000	عَصَصَةً	743
	trustees of each of the supported organizations? Provide details in Part VI.	3a	44.00	n destablish
b		2000 W	282.38	3.
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b	I	

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Section	
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		_
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
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)
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>b</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)	33		
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 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	MERCHANIA CONTROL	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>的现代方式性的对称</b>	
4 Enter greater of line 2 or line 3.	4	<b>这是可能性的人的</b>	
5 Income tax imposed in prior year	5	经基础性数值的基础	
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-functional	lv in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes	<u> </u>	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		<b>分2000年的</b>	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		,	
3	Excess distributions carryover, if any, to 2019			
a	From 2014	40 E 17 ( ) E 17 ( )		
b	From 2015			
, с	From 2016		<b>连起这些种的</b>	
d	From 2017	SIGNED STATES	AND THE PROPERTY OF THE PARTY O	
е	From 2018	<b>37</b> 70年,第178年		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			and the second s
i_	Carryover from 2014 not applied (see instructions)			
<u>        i                            </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	- saladin pina sanalanan sa ang masalanan		
4	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years		STATE OF THE STATE	
<u> </u>	Applied to 2019 distributable amount			THE PROJECT REPORTS SOUTHWAY AND LODGE SOUTH SOUTH
c	Remainder. Subtract lines 4a and 4b from 4.	THEORY . THAN YOUR HOUSE OF JOINE SENS WEET AND		
<b>5</b>	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 <sub>j</sub> and 4c.	Sameworks special states - which as N. St. at \$25, \$750, \$250, \$7.50		
8	Breakdown of line 7		Tarrante de la constitución de l	ill tell waters
а	Excess from 2015 .	WELLES HELDER	all Carthalles.	PHENITARIN
b	Excess from 2016	TOTAL STATE OF THE	Since who care	<b>等类型的标志设置</b>
С	Excess from 2017	<b>维以被减少的形形</b>	ARRIGINAL CONTRACTOR	
d	Excess from 2018	<b>美国大学的发展的发展</b>		TOREN CARRE
e	Excess from 2019	HAVE TO BE TO SERVE THE	WHEN WELLEN	<b>共产品的</b>

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 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.

Name of the organization

Open to Public Inspection

Employer identification number

**COURAGEOUS, INC.** 90-0786010 Form 990 EZ - Organization's Mission. Aimed at building communities through strengthening families. We collaborate with organizations both, non-profit and others that provide social service assistance and promote healthy lives. Courageous, Inc. aims to redirect youth away from everyday temptations toward a community supported, structured, extra-curricular activities. Currently, we are the provider for after school sports (baseball & track) for Detroit Public Middle School students in the City of Detroit, Mi. PART I - REVENUE, EXPENSES, and CHANGES in NET ASSETS or FUND BALANCES Form 990 EZ, Line 8, "Other Revenues" Other types of Income - Bldg. Usage Fees Collected - \$ 853.00 Form 990 EZ, Line 10, "Charitable Donations" School supplies contributed to disadvantaged students - \$ 850.00 Form 990 EZ, Line 16, "Other Expenses" - Per Attached Schedule PART II - BALANCE SHEETS: Form 990 EZ, Line 24, "Other Assets" Leasehold Improvements \$ 1,000.00 Equipment 12,034.00 Less. Accum. Depreciation (2,086.00) 9,948.00 Total "Other Assets" \$ 10,948.00 Form 990 EZ, Line 26, "Total Liabilities" Loans from Officers - Directors \$ 8,910.00 Form 990 EZ, Line 20, "Other Changes" (\$14,644.00) Prior Period Adjustment

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
COURAGEOUS, INC.	90-0786010
PART III - STATEMENT of PROGRAM SERVICE ACCOMPLISHMENTS	
Form 990 EZ, Lines 28 & 29	
In 2018, Courageous, Inc. accomplished the impressive task of engaging in excess of 1,400 children pa	rticipating in both Track & Field and
baseball events. These events were well publicized in the local community and garnered an impressive	level of positive media coverage.
Participants are eagerly anticipating our 2019 programs. We expect in excess of 2,000 youth being invo	lived in an expanded array of program
offerings for 2019 including	
1. The Courageous Athletic League	
a) American Youth Flag Football League	
b) "Legends" Baseball League	
c) Track & Field	
d) Courageous Basketball League	
2. Student Transitional Preparedness Training	
3. Conflict Resolution	
4. STEM After School Tutoring	