#### Form **990**

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

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

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

Open to Public

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) .	<u>A</u>	For the	2017 calend	lar year, or tax year begir	ning	07-01 ,2017,	and end	ling	06	-30 ,2018
Address change   Name durage   All-5342158   Name durage   All-10 Note if mail is not dedward to susstandation   State   Name durage   All-10 Note if mail is not dedward to susstandation   State   Name durage   All-10 Note   Name durage	В	Check if a	pplicable:	C Name of organization THRI	VE FOR LIFE PRISON P	ROJECT INC			$\Box$	
Name and states   Name and states (no P. D. see A mail is not devidence to seek addrosco)   Recurriculary   Elegistrom countries   Committee   Commi		Address c	:hange							
Note   Section	П	Name cha	inge	1	x if mail is not delivered to street address)	·		Boom/cuito		<del></del>
Cyr of two, where provides, country, and 27 of foreign posital code   Cyr of two where provides   Cyr of two where the provides   Cyr of two where the provides   Cyr of two where   C	Ī		•		•			Tioonraule	- 1	·
Application protein   Rever York, NY 10011   \$ 8 631,759   \$ 8 and a discrete of principed uSsor. ZACHARIAN F PRESUTTI, SJ   \$ 10,0 a in a spreampower to accordance of year of protein protein stratum.   Year   \$ 10,0 a in a spreampower to accordance of year of year   Year   \$ 10,0 a in a spreampower to accordance of year of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower to accordance of year   Year   \$ 10,0 a in a spreampower   Year   Year   \$ 10,0 a in a spreampower   Year   \$ 10,0 a in a sp	Ī								$\dashv$	<del></del>
Pythication providing   P. Name and address of principal officer: IACHARIAH F PRESUTTI, SJ   H(0) a minis grow verum to abcontained?   Vea   No   No   No   No   No   No   No   N	Ħ								- 1'	·
Same as C above    Tax-exempt states   Sotiog()   4 (proor no.)   487(b)(f) or   827   1760   1810	Ħ.							T	<b>-</b>	
Taxe-commit states:	ш	Application	in pending			ESUTTI, SJ		1		= =
Wester   WHW. TERRIVERORLEF.ORG   Note   Other   Other   Note   Other   Note   Other   Note   Other   Note   Other   Other   Note   Other		T						7		
Test   Commonstrate   Composition   Total   Association   Other   L Your of formation: 2017   M State of legal deministic   NY	<u>'</u>					<u></u> 527		7		
Briefly describe the organization's mission or most significant activities: Thrive For Life Prison Project creates opportunities for spiritual development and provides educational resources for incarcerated and formerly incarcerated individuals while partnering with local universities and local and formerly incarcerated individuals while partnering with local universities and local and formerly incarcerated individuals while partnering with local universities and local and formerly incarcerated individuals while partnering with local universities and local and formerly incarcerated individuals while partnering with local universities and local and formerly incarcerated in the companies of the governing body (Part VI, line 1a) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u></u>						<del></del>	1	mption	number - >
Briefly describe the organization's mission or most significant activities: Thrive For Life Prison Project creates opportunities for spiritual development and provides educational resources for incarcerated and formarrly incarcerated andividuals while partnersing with local universities and local eaployers.					ociation Other ►	L Year of forma	tion: 20	17 M State	of lega	l domicile: NY
page 19				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
and formerly incarcerated individuals while partnering with local universities and local employers.  2 Check this box ▶  if the organization discortinued its operations or disposed of more than 25% of its not assets.  3 Number of volung members of the governing body (Part VI, line 1a)		1			<del>-</del>					
Ta Total unrelated business revenue from Part VIII, column (C), line 12	ø									
Ta Total unrelated business revenue from Part VIII, column (C), line 12	auc	İ			l individuals while p	artnering wit	h loca	l univers	<u>itie</u>	s and local
Ta Total unrelated business revenue from Part VIII, column (C), line 12	er				*	· · · · · · · · · · · · · · · · · · ·				
Ta Total unrelated business revenue from Part VIII, column (C), line 12	õ				<del>-</del>	•				1
Ta Total unrelated business revenue from Part VIII, column (C), line 12	ě								3	9
Ta Total unrelated business revenue from Part VIII, column (C), line 12	es								4	9
Ta Total unrelated business revenue from Part VIII, column (C), line 12	₹	5	Total numbe	r of individuals employed ir	n calendar year 2017 (Part V, line	e 2a)			5	2
Ta Total unrelated business revenue from Part VIII, column (C), line 12	텋	6	Total numbe	r of volunteers (estimate if	necessary)				6	25
Prior Veer   Current Year   St. Contributions and grants (Part VIII, line 1h)   92,070   631,759   92,070   631,759   92,070   631,759   92,070   631,759   92,070   631,759   92,070   93,759   92,070   93,759   92,070   93,759   93,070   93,070	_	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12 .				7a	0
Section   Sect		b	Net unrelate	d business taxable income	from Form 990-T, line 34	<u> </u>			7b	0
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising less (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 16) 13 Signature Block 15 Signature Block 16 Print III Presuration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and it is line 2 firms and						•		Prior Year		Current Year
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising less (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 16) 12 Total liabilities (Part X, line 16) 13 Signature Block 15 Signature Block 16 Print III Presuration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and complete. Declaration of propary 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is line, correct, and it is line 2 firms and	nue	8	Contributions	s and grants (Part VIII, line	1h)			92	,070	631,759
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25) ▶ 70, 237  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets of fund balances. Subtract line 21 from line 20  23 Vet assets of fund balances. Subtract line 21 from line 20  24 Vet assets of fund balances. Subtract line 21 from line 20  25 Signature Block  26 Signature Block  27 A, 259  28 ACHARIAH PRESUTTI, SJ, FOUNDER  Type or pint name and title  29 Part II Signature of propare (other than officer) is based on all information of which preparer has any knowledge.  20 Part II Signature & Preparer's name  21 ACHARIAH PRESUTTI, SJ, FOUNDER  Type or pint name and title  21 Print Type preparer's name  22 Print Type preparer's name  23 ACHARIAH PRESUTTI, SJ, FOUNDER  Type or pint name and title  24 Print Type preparer's name  25 Prints name ▶ Padilla and Company LLP  Firm's address ▶ 175-61 Hillside Avenue Ste 200  26 Jamaica NX 11432  718-558-5858		9	Program ser	vice revenue (Part VIII, line	e 2g)					0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25) ▶ 70, 237  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets of fund balances. Subtract line 21 from line 20  23 Vet assets of fund balances. Subtract line 21 from line 20  24 Vet assets of fund balances. Subtract line 21 from line 20  25 Signature Block  26 Signature Block  27 Signature Block  28 CACHARIAH PRESUTTI, SJ, FOUNDER  Type or pint name and title  29 Part III and Company LLP  Firm's perperer's name  20 Print'Type preparer's name  20 Print'Type preparer's name  21 Print'Type preparer's name  22 Part IX Signature of Officer  23 CACHARIAH PRESUTTI, SJ, FOUNDER  Type or pint name and title  24 Print'Type preparer's name  25 Part III and Company LLP  Firm's san's phone no.  26 Print's san's phone no.  27 Part III and Company LLP  Firm's san's phone no.  27 Part III and Company LLP  Firm's address ▶ 175-61 Hillside Avenue Ste 200  27 Jamaica NX 11432  718-558-5858	ě									0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   92,070   631,759     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0     14 Benefits paid to or for members (Part IX, column (A), lines 4)   0     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   126,947     16a Professional fundraising fees (Part IX, column (A), lines 11e)   499   0     17 Other expenses (Part IX, column (A), lines 11e)   499   0     18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   17, 311   270,812     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   17, 811   270,812     19 Revenue less expenses. Subtract line 18 from line 12   74,259   360,947     20 Total assets (Part X, line 16)   77,801   468,223     21 Total liabilities (Part X, line 26)   33,542   33,017     22 Net assets or fund balances. Subtract line 21 from line 20   74,259   435,206     Part II   Signature Block	Re				- <del>-</del>					0
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   126, 947   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   126, 947   16a   Professional fundraising fees (Part IX, column (D), line 11e)   499   Column (A), line 11e   499   Column (A), line 11e   499   Column (A), line 25)   70, 237   17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   17, 312   143, 865   17, 811   270, 812   19   Revenue less expenses. Subtract line 18 from line 12   74, 259   360, 942   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   360, 942   374, 259   37								92	.070	631.759
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16a Professional fundraising fees (Part IX, column (A), line 11e)   499   Column (B)   Column		1								126.947
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  70 Total assets (Part X, line 16)  10 Total liabilities (Part X, line 26)  11 Total liabilities (Part X, line 26)  12 Net assets or fund balances. Subtract line 21 from line 20  13 Signature Block  15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 Signature Block  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  74 , 259  435 , 206  Part 11 Signature Block  24 Charlah Presutti, sJ  Signature of officer  25 Signature of officer  26 Date  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  21 Print/Type preparer's name  22 Print/Type preparer's name  23 Print/Type preparer's name  24 Print/Type preparer's name  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  20 Print/Type preparer's name  21 Print/Type preparer's name  22 Print/Type preparer's name  23 Print/Type preparer's name  24 Print/Type preparer's name  25 Print/Type preparer's name  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Print/Type preparer's name  29 Print/Type preparer's name  29 Print/Type preparer's name  20 Print/Type preparer's name  2	Ses	1				-	<del></del>		499	
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19 Revenue less expenses. Subtract line 18 from line 12		1								<u> </u>
Beginning of Current Year   End of Year										
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign					mezi nominiezo		••		, 233	433,200
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign					m. including accompanying schedules and	statements, and to the bes	st of my kno	wledge and belief. i	t is	
Sign   Signature of officer   Date    Here   ZACHARIAH PRESUTTI, SJ, FOUNDER   Type or print name and title    Print/Type preparer's name   Preparer's signature    Hermes   M Baticulon   Date   Check   if   PTIN    Hermes   M Baticulon   11-08-2018   Self-employed   P01274668    Preparer   Firm's name   Padilla   And   Company   LLP    Firm's address   175-61   Hillside   Avenue   Ste   200    Jamaica   NY   11432   718-558-5858										
Sign   Signature of officer   Date    Here   ZACHARIAH PRESUTTI, SJ, FOUNDER   Type or print name and title    Print/Type preparer's name   Preparer's signature    Hermes   M Baticulon   Date   Check   if   PTIN    Hermes   M Baticulon   11-08-2018   Self-employed   P01274668    Preparer   Firm's name   Padilla   And   Company   LLP    Firm's address   175-61   Hillside   Avenue   Ste   200    Jamaica   NY   11432   718-558-5858			A ZACHI	ADTAU DDEGNAMT G	U.T					
Here  ZACHARIAH PRESUTTI, SJ, FOUNDER  Type or print name and title  Print/Type preparer's name  Rermes M Baticulon  Preparer  Herm's name  Preparer's signature  Print's name  Print's name  Padilla and Company LLP  Firm's EIN  Phone no.  Jamaica NY 11432  718-558-5858	Sic	ın							 Date	,
Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer  Print/Type preparer's name Preparer  Firm's name Padilla and Company LLP Firm's EIN Firm's EIN Firm's EIN Firm's Address  175-61 Rillside Avenue Ste 200 Jamaica NY 11432 718-558-5858	_	· .	73CH	ADTAU DDECHTT C	T FOUNDED					
Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check ☐ if PTIN  self-employed  PO1274668  Preparer  Firm's name ▶ Padilla and Company LLP  Firm's name ▶ Padilla and Company LLP  Firm's address ▶ 175-61 Rillside Avenue Ste 200  Jamaica NY 11432  718-558-5858					o, rodader					
Paid Rermes M Baticulon 11-08-2018 self-employed P01274668  Preparer Firm's name ► Padilla and Company LLP Firm's EIN ►  Use Only Firm's address ► 175-61 Hillside Avenue Ste 200 Jamaica NY 11432 718-558-5858			<u>,</u>		Prengrar's cianature	Date		Charle	įe i	DTINI
Preparer Use Only Firm's address ► Padilla and Company LLP Firm's address ► 175-61 Hillside Avenue Ste 200 Jamaica NY 11432 Firm's EIN ► Phone no. 718-558-5858	Pai	d			i repaisi saignature	1	018		.	
Use Only Firm's address ► 175-61 Hillside Avenue Ste 200 Phone no.  Jamaica NY 11432 718-558-5858					and Company LLP	#1-00-Z			2U	1014/3000
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Form 990 (2017) THRIVE FOR LIFE PRISON PROJECT INC

Part IV

**Checklist of Required Schedules** 

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 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. 5 X 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 Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .......... 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 X 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 Х 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .......... Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ............ 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a 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 Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ................................. 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X

Part IV Checklist of Required Schedules (continued)

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and 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			
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	,		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule Ł,			Hankon.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	p. 115		OHE
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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		<u>X</u>
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,			
	Part I	31		X
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		<u> </u>
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,			
05-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
0-	related organization?If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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,	_		47
20	Part VI	37	1	X
38	·	_	37	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Part 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

organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 C X  7 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxable distributions under section 4966?  9 A X  10 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		Check it Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W-201 included in line 1a. Enter-O- in not applicable Did the organization comply with busbury withholding used for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employment propriet on Form W-3. Farramittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year consend by this return  If at least one is reported on line 2a, dot the organization file and required indexed methyphyment tax returns?  About 1 if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see herstructions)  By If the organization in and 2a is greater than 250, you may be required to e-file (see herstructions)  By If Yes, I had lided Form 980-17 for this year? If Yes I file 9. Direction an explanation in Schedule O  4 A ray time during the calendar year, did the organization have an interestin, or a signiture or other inaurial accounts over, a financial account in a foreign country; I file 1 if Yes, I fi				Yes	No
Dit is congarization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gamming) withings to pitze winners?  25 Enter the number of employees reported on Form W-3. Transmitts of Wage and Tax  26 Statements. Bide for the examents year ending with or within the year covered by this return  27 In the state of the statement of the properties of t			o .		
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Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  Joint be organization have unvaled business gress income of \$1 A00 or more during the year?  Sa X  When Yes, "has it filled a Form 990-T for this year? If "Not" is line 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority  over, a timendal account in a foreign country (south as a bank account, securities account, or other financial accountry?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  (FBAR),  (FBAR),  When Yes, "enter the name of the foreign country the security of the properties of the properties of the properties of the organization as party to a prohibition tax shafer transaction at any time during the tax year?  Sa Vast the organization a party to a prohibitiod tax shafer transaction at any time during the tax year?  Sa Vast the organization have annual gross procipits that are normally greater than \$100,000, and did the organization have annual gross procipits that are normally greater than \$100,000, and did the organization have annual gross procipits that are normally greater than \$100,000, and did the organization that the very solicitation an express statement that such contributions or gifts were not tax adductibles?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax adductible?  If "Yes," did the organization receive a payment in excess of \$75 made perity as a contribution and parity for goods and services provided to the payor?  If "Yes," did the organization excelves a payment in excess of \$75 made perity as a contribution and parity for goods and services provided to the payor?  If "Yes," did the organization excelves a contribution of qualified intellectual property, did the organization receive a payment in excess of \$75 made perity as a paymen	h			37	
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  1 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Ta X  1 If "Yes," did the organization notify the donor of the value of the goods or services provided?  1 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  3 The State of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  4 If the organization received a contribution of qualified inflectual property, did the organization file Form 8899 as required?  5 If the organization received a contribution of qualified inflectual property, did the organization file a Form 1099-C?  7 Th X  7 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization make any taxable distributions under section 4966?  3 A X  3 Did the sponsoring organization make any taxable distributions under section 4966?  4 B X  5 Section 501(c)(7) organizations. Enter:  5 In Itiliation fees and capital contributions included on Part VIII, line 12  6 Gross recepts, included on Form 990, Part VIII, line 12, for public use of club facilities  5 Section 501(c)(29) qualified nonprofit health insurance issuers.  5 Section 501(c)(29) qualified nonprofit health insurance issuers.  6 It If "Yes," enter the amount of tax-exempt interest received or accrued during the year  5 Sec	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a			6a		<u>X</u>
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a X  8 If "Yes," idit the organization notify the donor of the value of the goods or services provided?  7b Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  7c X  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9 If the organization received a contribution of cast, boats, simplease, or other vehicles, did the organization file Form 8899 as required?  7g X  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9a X  9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b X  9ction 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12  9 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  9 Gross income from members or shareholders  9 If Yes," enter the amount of tax-exempt interest received or accurate during the year  1 Initiation fees and capital contributions included on Part VIII, line 12 [10a]  1 If Yes," enter the amount of tax-exempt interest received or accurate during the year  1 If Yes," enter the amount of tax-exempt interest received or accurate during the year  1 Initiation fees and capital contributions included on Part VIII, line 12 [10a]  1 If Yes, enter the amount of reserves the organization in more than one state?  1 In Yes, enter the amount of tax-	_		6b	2200200000	111000 p. 11100 p. 1
and services provided to the payor?    7a				C12.00 000000	nyr.
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	а	· · · · · · · · · · · · · · · · · · ·	1		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76	h		$\vdash$		<u> </u>
required to file Form 8282?  required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive arry funds, directly or indirectly, to pay premiums on a personal benefit contract?  7		·	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year	Ů.		70	j	v
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e	ri	! !	Concentrated to		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f the organization received a contribution of qualified intellectual property, did the organization file in Form 8899 as required?  f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h X  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Gross receipts, included on Form 990, Part VIII, line 12  1 Gross income from members or shareholders  1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2 Section 501(c)(29) qualified nonprofit health insurance issuers.  1 Ita  1 Section 501(c)(29) qualified nonprofit health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  1 Did the organization is licensed to issue qualified health plans  1 Did the organization receive any payments for indoor tanning services during the tax year?  1 Did the organization receive any payments for indoor tanning services during the tax year?		- · · · · · · · · · · · · · · · · · · ·	-		Y
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0				
1 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	_				
a Gross income from members or shareholders			-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  2b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  2c Section 501(c)(29) qualified nonprofit health insurance issuers.  2 Is the organization licensed to issue qualified health plans in more than one state?  2 Note. See the instructions for additional information the organization must report on Schedule O.  2 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  3 Enter the amount of reserves on hand  4 Did the organization receive any payments for indoor tanning services during the tax year?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Succession of	udballe.	
against amounts due or received from them.)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  2b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  3 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  2d Did the organization receive any payments for indoor tanning services during the tax year?  14a X	_		-	uis.	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	D	· · · · · · · · · · · · · · · · · · ·			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>2</b> 2		120		
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  2 Enter the amount of reserves on hand  3 Did the organization receive any payments for indoor tanning services during the tax year?  14a  X			120		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13b  X	-	-			SOLO SOLO SOLO SOLO SOLO SOLO SOLO SOLO
the organization is licensed to issue qualified health plans	þ				
4a Did the organization receive any payments for indoor tanning services during the tax year?		·			
	C	Enter the amount of reserves on hand		1810	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	4a		14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

Sec	tion A. Governing Body and Management	<u></u>	•••	• (23)
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	9.00		
	if the governing body delegated broad authority to an executive committee or similar	3005::		77
	committee, explain in Schedule O.			
Ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			. 64 2000 121102
	any other officer, director, trustee, or key employee?	. 2		Х
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?	. 3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		Х
6	Did the organization have members or stockholders?	. 6		X
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		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			1111
а	The governing body?	. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b	X	
9	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	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. <u>10a</u>		X
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	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7	isiinka
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	X	
13	Did the organization have a written whistleblower policy?	. 13	X	
14	Did the organization have a written document retention and destruction policy?	. 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	9.25		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-	47	iliticos:
a	The organization's CEO, Executive Director, or top management official	. 15a	X	
b	Other officers or key employees of the organization	. 15b	X	
10-	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	40-		v
<b>L</b>	with a taxable entity during the year?	.   16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	200		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	106	1	Cife with
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	.   16b	.L	
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed   New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website  Another's website  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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Axel De Foucauld (212) 337-7544 30 W 16th Street New York NV 10011			

Form 990 (20°
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Part VII

EEA

THRIVE FOR LIFE PRISON PROJECT INC

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3	_	_	-		-	Z		_	О	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Form 990 (2017)

**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,

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted tine)	box,	unles er and	Pos eck m ss per d a dir	son is	han one s both ar Highest compensated employee		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ZACHARIAH F PRESUTTI, SJ Founder	40.00	х		х	x			9,000	0	1,004
(2) Michael Ohana	2.00								<u> </u>	
Chairperson		Х		X		•		Q	0	0
(3) Mary Casey	2.00	Х		Х				0	o	•
(4) Lorraine Capuano	2.00	Δ		Λ				<u> </u>	0	0
Member		X						O	0	0
(5) Jim McGreevey Member	2.00	х						o	o	0
(6) Coss Marte	2.00								_	
Member		X						0	0	0_
(7) Jim Croghan, SJ	2.00_	Х						o	o	0
(8) Phil Judge, SJ	2.00									
Member		X						o	o	0_
(9) Joe Parkes, SJ Member	2.00	X						o	0	0
(10)Axel De Foucauld	40.00							-		
Manager					X			14,583	0	2,167
(11)Joe Van Brussel	40.00									
Development Director					X			0	13,315	6,995
(12)	F									
(13)										
(14)						<del></del>	-			
	-		-							

Form 9	90 (2017) THRIVE FOR LIFE PR								<del></del>	81-53	42358	Page 8
<u>Resid</u>	Section A. Officers, Directors, Trustees  (A)  Name and title	(B) Average hours per	(do n	ot che	Pos eck m s pers	c) ition ore the	nan one both an		(D) Reportable compensation	(E)  Reportable compensation fro	ž.	(F) Estimated
		week (list any hours for related organizations below dotted line)	or director				<del>~ </del>	-	from	related organizations (W-2/1099-MISC	) 0	other mpensation from the rganization and related ganizations
<u>(15)</u>												
<u>(16)</u>									·····			
<u>(17)</u>												
<u>(18)</u>	. – – – – – – – – – – – – – – – – – – –											
<u>(</u> 19)												
(20)												
<u>(21)</u>										<u></u>		
(22)												
<u>(23)</u>												
(24)												
(25)												· · · · · · · · · · · · · · · · · · ·
1b c	Sub-total		• • •	••	• •		• • •	<b>&gt;</b>				
d	Total (add lines 1b and 1c)								23,583		.5	10,166
	reportable compensation from the organization	u to those list	ea abc	ve)	WITC	rec	eivea	more	than \$100,000 or		0	1,, 1,,
3	Did the organization list any <b>former</b> officer, director		-	-	-		_		-		in hard	1 1
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of reporganization and related organizations greater that	ortable comp n \$150,000?	ensati <i>If "Yes</i>	on a	nd o omp	ther <i>lete</i>	comp Sched	ensa dule d	tion from the <i>I for such</i>		. 3	X FERRIS STATES
5	individual	ompensation	from a	ny u	nrela	ated	i orgar	izatio	on or individual			X
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	" complete So	chedul	e J f	or s	uch	perso	n .	• • • • • • •	• • • • • •	.   5	<u> </u>
1	Complete this table for your five highest compensate compensation from the organization. Report compeyear.											
	(A) Name and business address								(B)	non énon	Co	(C)
	rvaine and dusiness address								Description of	aci vices	Con	pensation
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose •	liste	d ab	ove) v	vho				

Part VIII Statement of Revenue

Hamadages	lavarani.	Check if Schedule O contains a	response or no	ite to any line in t	cont.		• • • • • • • •	<u> </u>
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
29 29	1a	Federated campaigns	1a			Leaning Control of		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b		nanga balang da	nichiges. Be		
e,ĕ	С	Fundraising events	1c		Maria Carante Callan			nai iliittimikaling e
重量	d	Related organizations	1d					
imi.	e	Government grants (contributions	) 1e					ulideration par
真真	f	All other contributions, gifts, grant	s,					
골통		and similar amounts not included	above 1f	631,759				
ΣĒ	g	Noncash contributions included in	lines 1a-1f: \$		en i militar	and the control of		and design in the control of the con
	h	Total. Add lines 1a-1f	* * * * * * * * *	<b>.</b> ▶	631,759			ili filosofi su iku
•				Business Code				
Program Service Revenue	2a							
Šě	b			····				
vice	С							
Ser	d							
<u>ram</u>	e							
Prog		All other program service revenue						
		Total. Add lines 2a-2f				and the second		
		Investment income (including divid and other similar amounts)						
	l	Income from investment of tax-exe					·	
	5	Royalties		<u> ▶</u>	E DESCRIPTION OF THE STATE OF T			
			(i) Real	(ii) Personal				9475 90 255 1 110 800 0
	l	Gross rents				ta la prima		
	I	Less: rental expenses						
	l	Rental income or (loss)						
		· · —						
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	_	assets other than inventory						
	þ	Less: cost or other basis and sales expenses						
	_	Gain or (loss)		<del></del>				
	1	Net gain or (loss)						
Φ	í	Gross income from fundraising						
5	••	events (not including \$						
ě		of contributions reported on line 10	<u>,                                      </u>		ati bushe b	e Bronderfe Nije		
Other Rev		See Part IV, line 18						
뒬	b	Less: direct expenses						
	3	Net income or (loss) from fundrais						
	ì	Gross income from garning activitie	· .					and the state of the state of
	ļ	See Part IV, line 19	I					
	b	Less: direct expenses			MATERIAL PROPERTY.			
		Net income or (loss) from gaming	-					
	l	Gross sales of inventory, less				anda u u u		
		returns and allowances	a				a Ballindheim in nion	
	b	Less: cost of goods sold	ь					
	С	Net income or (loss) from sales of	inventory					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С	All other revenue						
	d	All other revenue						
	е	Total. Add lines 11a-11d		<del> </del>			anjanik da Sala An	
	12	Total revenue. See instructions			631,759			

#### 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 Do not include amounts reported on lines 6b, 7b, (C) (D) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, trustees, and key employees ...... 17,250 11,213 4,312 1,725 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Other salaries and wages ...... 93,711 54,180 13,950 25,581 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits ....... 8,149 4,392 3,757 10 7,837 3,993 1,967 1,877 11 Fees for services (non-employees): а 477 477 C 20,210 20,210 d Tariffe Programme III ili ili albah dan bermulan da Professional fundraising services. See Part IV, line 17 . е Investment management fees ....... f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ... 12 4,912 1,006 3,906 Office expenses ........ 13 1,170 1,170 14 1,985 1,985 15 16 Occupancy ....... 17 11,731 9,742 361 1,628 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . . . . . 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.) Meals 17,792 10,207 3,286 4,299 Professional fees 200 200 Temporary contractor 250 250 đ Supplies 20,255 11,677 7,681 897 All other expenses 64,874 28,858 9,649 26,367 Total functional expenses. Add lines 1 through 24e . 270,812 135,268 65,307 70,237 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** 

Cash - non-interest-bearing			Check it Schedule O contains a response or note to any line in this Part X		• • •	<u> </u>
2   Savings and temporary cash investments   2   3						
3   Pedges and grants receivable, net   3   4   4   4   4   4   4   5   4   4   5   4   5   4   4		1	Cash - non-interest-bearing	77,801	1	468,223
A Accounts receivable, net   4	ĺ	2	Savings and temporary cash investments	***************************************	2	
Section   Sec		3	Pledges and grants receivable, net		3	
Trustees, key employees, and highest compensated employees.   S		4	Accounts receivable, net		4	
Complete Part II of Schedule L   5		5	Loans and other receivables from current and former officers, directors,			
1			trustees, key employees, and highest compensated employees.			Magazzara erregezi ili esse
1			Complete Part II of Schedule L	771777717777777777777777777777777777777	5	
### approximation of seation 501(-)(0) working employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section			
### approximation of seation 501(-)(0) working employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	Maria de Carromena		
7   Notes and loans receivable, net   7						
7   Notes and loans receivable, net   7			·		6	
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   10c   11   Investments - publicly traded securities   111   12   11   12   13   13   14   Investments - other securities. See Part IV, line 11   13   13   14   Interstments - other securities. See Part IV, line 11   13   13   14   Interstments - program-related. See Part IV, line 11   13   13   14   Interstments - program-related. See Part IV, line 11   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   77, 801   16   468, 223   17   Accounts payable and accrued expenses   3,542   17   33,017   18   Grants payable and accrued expenses   3,542   17   33,017   19   Deferred reverue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D   22   23   24   24   24   25   24   25   25   26   27   27   27   28   27   28   27   27		7	ì		7	
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10b   10c   11   Investments - publicly traded securities   111   12   11   12   13   13   14   Investments - other securities. See Part IV, line 11   13   13   14   Interstments - other securities. See Part IV, line 11   13   13   14   Interstments - program-related. See Part IV, line 11   13   13   14   Interstments - program-related. See Part IV, line 11   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   77, 801   16   468, 223   17   Accounts payable and accrued expenses   3,542   17   33,017   18   Grants payable and accrued expenses   3,542   17   33,017   19   Deferred reverue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D   22   23   24   24   24   25   24   25   25   26   27   27   27   28   27   28   27   27	Set	8	Inventories for sale or use		8	
10a	&	9	Prepaid expenses and deferred charges		9	
The complete Part VI of Schedule D   10a   10b   10c   10		10a	1 1			
b Less: accumulated depreciation.   10b   10c   111   Investments - publicly traded securities   111   Investments - publicly traded securities   112   113   114   115   115   115   115   115   116   116   116   116   116   117   117   117   117   118   1						
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   14   Intargible assets   14   15   Other assets. See Part IV, line 11   15   15   15   16   16   16   17   16   16   16   16		b	Less: accumulated depreciation 10b		10c	···
13   Investments - program-related. See Part IV, line 11   14   Intarqible assets   14   14   Intarqible assets   15   15   15   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   77,801   16   468,223   17   33,017   18   Grants payable and accrued expenses   3,542   17   33,017   18   Grants payable and accrued expenses   3,542   17   33,017   18   Grants payable and accrued expenses   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   22   22   23   24   24   25   25   25   25   25   25		11	Investments - publicly traded securities		11	·
14		12	Investments - other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments - program-related. See Part IV, line 11		13	
16		14	Intangible assets		14	
16		15	Other assets. See Part IV, line 11		15	
17		16		77,801	16	468,223
19		17	Accounts payable and accrued expenses		17	33,017
Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persors. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here		19	Deferred revenue		19	
Secured mortgages and notes payable to unrelated third parties   23		20	Tax-exempt bond liabilities		20	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	g l	22		aana alumittiinii k		in the first the provider of the services
23 Secured mortgages and notes payable to unrelated third parties	≝		· ·			
23 Secured mortgages and notes payable to unrelated third parties	ig		disqualified persons. Complete Part II of Schedule L			
24 Unsecured notes and loans payable to unrelated third parties	<b>-</b>	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here A  Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here A  Complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances		24	Unsecured notes and loans payable to unrelated third parties		24	
Schedule D   25   26   Total liabilities. Add lines 17 through 25   3,542   26   33,017   26   37,542   26   33,017   27   28   27   213,035   28   28   29   27   213,035   29   29   29   29   29   29   29   2		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here			of Schedule D		25	
Complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	3,542	26	
27    Unrestricted net assets   28			Organizations that follow SFAS 117 (ASC 958), check here 🕟 🗓 and		30.00	
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	g		complete lines 27 through 29, and lines 33 and 34.			
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	ğ	27	Unrestricted net assets	74,259	27	213,035
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	ala	28	Temporarily restricted net assets		28	222,171
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	9	29	Permanently restricted net assets		29	
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗌 and			Dagana, chalairteac
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	ò		complete lines 30 through 34.			
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	ets S	30	Capital stock or trust principal, or current funds		30	
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33       Total net assets or fund balances       74,259       33       435,206         34       Total liabilities and net assets/fund balances       77,801       34       468,223	호	32	Retained earnings, endowment, accumulated income, or other funds		32	
	_	33	Total net assets or fund balances	74,259	33	435,206
		34	Total liabilities and net assets/fund balances	77,801	34	· · · · · · · · · · · · · · · · · · ·

Form	1990 (2017) THRIVE FOR LIFE PRISON PROJECT INC	81-5342358	R	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			□
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		31,759
2	Total expenses (must equal Part IX, column (A), line 25)			70,812
3	Revenue less expenses. Subtract line 2 from line 1			50,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			74,259
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities			
7	Investment expenses	. 7		
8	Prior period adjustments			· · ·
9	Other changes in net assets or fund balances (explain in Schedule O)	<del></del>		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	43	35,206
Pa	rt XII 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		ana di Ri	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		nine d	
b	Were the organization's financial statements audited by an independent accountant?		2b :	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ners by all.
	separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			

2c X

За

3b

Form **990** (2017)

X

c 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

EEA

If the organization changed either its oversight process or selection process during the tax year, explain in

the Single Audit Act and OMB Circular A-133?

#### **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.

2017

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		FOR LIFE PRISON PROJECT					81-53423	58			
*******	rt I	Reason for Public Charit					.) See instruction	ns.			
The	-	rization is not a private foundation bed									
1	Ц	A church, convention of churches, o									
2	Ц	A school described in section 170(b									
3	Ц	A hospital or a cooperative hospital									
4	L	A medical research organization ope	erated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	)(1)(A)(iii). Enter the				
		hospital's name, city, and state:									
5	Ш	An organization operated for the ben-	efit of a college or u	university owned or opera	ated by a g	jovernmen	tal unit described in				
	_	section 170(b)(1)(A)(iv). (Complete	•								
6	Ц	A federal, state, or local government	t or governmental u	nit described in section	170(b)(1)	(A)(v).					
7		An organization that normally receive	es a substantial part	of its support from a gov	vernmental	unit or fro	m the general public				
		described in section 170(b)(1)(A)(v	i). (Complete Part I	l.)							
8		A community trust described in sect	ion 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
	_	university:									
10	X	An organization that normally receive						ss			
		receipts from activities related to its				-					
		support from gross investment incom					rom businesses				
	_	acquired by the organization after Ju		·	-	-					
11		An organization organized and opera									
12	Ш	An organization organized and opera									
		of one or more publicly supported or									
		Check the box in lines 12a through 12									
	а					-		ving			
		the supported organization(s) the			rity of the d	lirectors or	trustees of the				
		supporting organization. You mi									
	Ь	Type II. A supporting organization						_			
		control or management of the sup			rsons that o	control or r	manage the supporte	d			
		organization(s). You must comp									
	C	☐ Type III functionally integrated						with,			
	_	its supported organization(s) (se		•							
	d	Type III non-functionally integ									
		that is not functionally integrated.					nt and an attentivenes	S			
		requirement (see instructions). Y	_				·				
	е	Check this box if the organization				a Type I,	Type II, Type III				
		functionally integrated, or Type II		negrated supporting orga	anization.						
	f	Enter the number of supported organ Provide the following information abo			• • • • •	• • • • •	• • • • • • • • • •	• • • • •			
	g	Name of supported organization	(ii) EIN	. ,	(iv) is the o		(v) Amount of monetary	6-0 4			
	(1)	name or supported organization	(11) 2.14	(iii) Type of organization (described on lines 1-10	listed in you	-	support (see	(vi) Amo other supp			
				above (see instructions))	docum	ent?	instructions)	instruc	tions)		
					Yes	No					
					100	110					
(A)											
(B)											
(C)											
(0)											
(D)					]						
		·									
(E)											
Tota			100								

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

Sec	tion A. Public Support					<del> </del>	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			-		-	
5	The portion of total contributions by						
	each person (other than a		Single Bland				
	governmental unit or publicly						
	supported organization) included on		potational region	Interest State (Fig.			
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)		496				
6	Public support. Subtract fine 5 from line 4			in it musices en	Augustation in se		
	tion B. Total Support				T	T	
_	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 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	Gross receipts from related activities, etc. (					12	·
13	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax yea	r as a section 501(	c)(3)	▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c	• • •	•	))	• • • • • • • • •	14	%
15	Public support percentage from 2016 Sched	·					%
16a	33 1/3% support test - 2017. If the organization and star have a little and l			•	•		. 🗖
b	box and stop here. The organization qualit 33 1/3% support test - 2016. If the organization				:		•••• □
Ü	this box and <b>stop here.</b> The organization of				5 IS 33 1/3% OF MO		. □
17a	10%-facts-and-circumstances test - 201		,				••••
174	10% or more, and if the organization meets	=					
	Part VI how the organization meets the "fac		•				
	organization			•			ь п
b	10%-facts-and-circumstances test - 201						• • • • •
_	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization mee					olv	
	supported organization			*	- ·	•	▶ □
18	Private foundation. If the organization did			•			
	instructions						▶ 🔲

#### 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.)

Se	ction A. Public Support			, p. 0000 00	mpioto i art ii.		
Cal	endar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				07.070		
2	Gross receipts from admissions, merchandise	·		<del>                                     </del>	92,070	631,759	723,829
	sold or services performed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose			<del> </del>			<del></del>
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				92,070	631,759	723,829
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						··
8	Public support. (Subtract line 7c from						_
<u></u>	line 6.)	Paragraph Permitting	Est communication				723,829
	ction B. Total Support	(-) 0040	42.0044	( ) 0045	( D 0010	() 22.15	
Cale 9	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016 92,070	(e) 2017	(f) Total
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				92,070	631,759	723,829
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				7.77		
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.)	C		0	92,070	631,759	723,829
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, fou	rth, or fifth tax year	as a section 501(c)	(3)	
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by	y line 13, column (	f))		15	%
	Public support percentage from 2016 Schedu					16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2017 (line					17	%
18	Investment income percentage from 2016 S				-	18	%
19a	33 1/3% support tests - 2017. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
þ	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	on qualifies as a pul	olicly supported org	anization	▶ □
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	s	▶□

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 governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

<u>. u</u>	· · · /		
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Pa	Supporting Organizations (continued)			
44	Han the experience account of a site or contribute of the first of the	20×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		98	
u	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
h	A family member of a person described in (a) above?	11a		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11b		<u> </u>
Sec	tion B. Type I Supporting Organizations	11c		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	, ,, ,,g			
2	Did the organization operate for the benefit of any supported organization other than the supported	2000		
	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,			
	supervised, or controlled the supporting organization.	2	***********	
Sec	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			ice il
_	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	8666		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ice ius	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Sidentina
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		allo	2000
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<b>1</b>		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	enoute:	
Sec	tion 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 in	structi	ions)	 J.
а			•	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	struct	tions).
2	Activities Test. Answer (a) and (b) below.	Γ	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		edanii.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	T		
	that these activities constituted substantially all of its activities.	2a	A 1700 AN AN AN AN AN	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	420 20 20 20 20 20 20 20 20 20 20 20 20 2	X-MC X-MC PCCCC K-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M	
_	activities but for the organization's involvement.	2b	************	000.40.044b.0H044
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	r ne o	senadi.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		entra'ii	
Į.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	mandare it directions	Hipponin
Đ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Madali
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	[	

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States (1)	gani	zations	•		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sec	tion 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		3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5	,	·		
6	Portion of operating expenses paid or incurred for production or					
CO	llection of gross income or for management, conservation, or					
_m	aintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7	· .			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
ins	structions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
đ	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other			in the second second second		
fa	ctors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2	Management of the second of th			
	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	e instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035.	6				
	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount	•		Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Larantor de la laració			
2		2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3.	4				
	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
_	nergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally-		rated Type III supporting	organization (see		
	instructions)	- 9	= -36			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Current Year						
1	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons				
4	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	e organization is respons	ive				
	(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						
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017		Princia di Algoria di Cini di Cini	a Galania de Angles de Sanga-			
а	di delikalaring da aktist da Bardaria. Berlaturan dilinding kinding a salah ang bilangan da asalah salah salah		grupmanijinija jairinga ji ji ji				
	From 2013		property of the second				
	From 2014						
	From 2015	lan papaghatra ilimin makada o oposta	nceinthagaidhneosgachideaga	proportion in the state of the			
	From 2016						
	Total of lines 3a through e			iosoniais viinealaataviinis oksisi			
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
<u>i</u>	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: \$			Godbusidas Basajins junginesi ya 12 miliasi			
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
<u>C</u>	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.			G RUMBURE DE CONTROL D			
6	Remaining underdistributions for 2017. Subtract lines 3h		nin kabupatèn kacimaten				
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.	Section of the second	S. C. C. Sandara and C.				
7	Excess distributions carryover to 2018. Add lines 3j						
_	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2013		a pinnista sa pagramman di basa di basa Dan sa basa ka basa da basa di basa	Excellente de la companya de la comp			
b	Excess from 2014						
	Excess from 2015						
<u>d</u>	Excess from 2016		in communication of the second se				
е	Excess from 2017						

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

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THRIVE FOR LIFE PRISON PROJECT INC

#### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

THRI	THRIVE FOR LIFE PRISON PROJECT INC 81-5342358							
Organ	ization type (check one):							
Filers (	of:	Section:						
Form 9	990 or 990-EZ	☑ 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundat	ion					
		527 political organization						
Form 9	990-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Check	if your organization is cov	ed by the <b>General Rule</b> or a <b>Special Rule</b> .						
Note: (		, or (10) organization can check boxes for both the General Rule and a Spo	ecial Rule. See					
Genera	al Rule							
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Specia	al Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-E2	Z, or 990-PF), but it <b>must</b> a	covered by the General Rule and/or the Special Rules doesn't file Schedu swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of by that it doesn't meet the filing requirements of Schedule B (Form 990, 990-	its Form 990-EZ or on its					

Employer identification number 81-5342358

(b)	(c)	1
Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
Rose Kenny  345 W 58th Street, Apt 12W  New York, NY 10019	\$	Person 🔀 Payroil 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Michael Ohana  1540 N. Cuson Avenue  Los Angeles, CA 90046	\$18,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Robert McCarthy  36 Locust Street  Garden City, NY 11530	\$5,000	Person 🖫 Payroll 📗 Noncash 🗍 (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Mary Casey  30 W 16th Street c/o Thrive for Lif  New York, NY 10011	\$15,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Spellman Hall Jesuit Community  441 E. Fordham Road  Bronx, NY 10458	\$10,000	Person 🔀 Payroll 📗 Noncash 🔲 (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Porticus  245 Park Avenue  New York, NY 10167	\$296,141	Person  Payroli  Noncash  (Complete Part II for noncash contributions.)
	Rose Kenny  345 W 58th Street, Apt 12W  New York, NY 10019  (b) Name, address, and ZIP + 4  Michael Ohana  1540 N. Cuson Avenue  Los Angeles, CA 90046  (b) Name, address, and ZIP + 4  Robert McCarthy  36 Locust Street  Garden City, NY 11530  (b) Name, address, and ZIP + 4  Mary Casey  30 W 16th Street c/o Thrive for Lif New York, NY 10011  (b) Name, address, and ZIP + 4  Spellman Hall Jesuit Community  441 E. Fordham Road  Bronx, NY 10458  (b) Name, address, and ZIP + 4  Porticus  245 Park Avenue	Name, address, and ZIP + 4   Total contributions

Employer identification number 81-5342358

(a) (b) (c) Total contributions    7	(d) Type of contribution  Person
767 Third Avenue \$ 20,000  New York, NY 10017	Payroll
(a) (b) (c)	
No. Name, address, and ZIP + 4 Total contributions	Type of contribution
Sommers Brother  26291 Summer Greens Drive \$ 35,000  Bonita Springs, FL 34135	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
Autonomous Research  1325 Ave of the Americas \$ 15,000  New York, NY 10019	Person X Payroll Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
10 Salus Charity  14 av. De Gde Bretagne 14 av. De Gde Bretagne Monaco, Monaco 98000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
Church of St. Ignatius Loyola  980 Park Avenue \$ 6,760  New York, NY 10028	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
USA Northeast Province of the Jesui  39 E 83rd Street \$ 50,000  New York, NY 10028	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number 81-5342358

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_	Maldari Foundation  1419 Salt Springs Road  Syracuse, NY 13214	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
_14	McDade Family Foundation  1 Sackett Landing  Rye, NY 10580	\$5,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15_	St. Joseph's University  5600 City Ave  Philadelphia, PA 19131	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_16_	Raskob Foundation  10 Montchanin Road  Wilmington, DE 19807	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2017

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THI	RIVE FOR LIFE PRISON PROJECT INC	81-5342358
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	*****
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	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?	
Pa	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ration during the
	tax year  •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?	<del></del>
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	lescribes the
COVA 22-TOOK IS	organization's accounting for conservation easements.	
Нa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er 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	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	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 bal	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
ь	Assets included in Form 990, Part X	▶ \$

Pa	TIII Organizations Maintaining Co	llections of Ar	<u>t, Historical Tr</u>	easures,	or Othe	er Similar Asso	ets (cor.	itinue	d)
3	Using the organization's acquisition, accession, an	nd other records, ch	eck any of the follow	ving that are	a significa	int use of its			
	collection items (check all that apply):		•						
а	Public exhibition	d 🗌 Loan	or exchange progr	ams					
b	Scholarly research	e 🗌 Othe							
C	Preservation for future generations						_		
4	Provide a description of the organization's collection XIII.	ons and explain how	w they further the or	ganization's (	exempt pu	rpose in Part			
5	During the year, did the organization solicit or rece	eive donations of art	, historical treasures	s, or other sin	nilar				
	assets to be sold to raise funds rather than to be r						. П ч	es	No
Pa	rt IV Escrow and Custodial Arrange		<del></del>				<del></del>		
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on	Form 990, Par	t IV, line 9	, or rep	orted an amou	nt on Fo	rm	
1a	Is the organization an agent, trustee, custodian or	other intermediary for	or contributions or o	ther assets t	not				
	included on Form 990, Part X?		· • • • • • • • •				🗆 ч	es [	] No
þ	If "Yes," explain the arrangement in Part XIII and o	complete the following	ng table:				_		
						Ame	ount		
C	Beginning balance				1c				
d	Additions during the year				1d				-
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 9	90, Part X, line 21, t	for escrow or custod	dial account li	iability?		🗌 Y	es	No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explar	nation has been pro	vided on Parl	t XIII .			[	]
Pa	rt V Endowment Funds.								
	Complete if the organization ans	wered "Yes" on	Form 990, Par	t IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four	years ba	ıck
1a	Beginning of year balance	+ <i>h</i>	-						
b	Contributions								
C	Net investment earnings, gains, and	,							
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses		· ·						
g	End of year balance			1					
2	Provide the estimated percentage of the current year	ear end balance (lin	e 1g, column (a)) he	eld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should ed	qual 100%.							
<b>3</b> a	Are there endowment funds not in the possession	of the organization	that are held and a	dministered f	or the				
	organization by:							Yes	No
	(i) unrelated organizations					· • • • • • • • •	. 3a(i)		
	(ii) related organizations			• • • • •			. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations list	ed as required on S	ichedule R?	• • • • •	• • • • •		. 3b		
4	Describe in Part XIII the intended uses of the orga		ent funds.						
Pa	n VI Land, Buildings, and Equipme								
	Complete if the organization ans	wered "Yes" on	Form 990, Par	t IV, line 1	1a. See	: Form 990, Pa	rt X, line	<u> 10.</u>	
	Description of property	(a) Cost or othe	'''	or other basis	1	Accumulated	(d) Boo	k value	
		(investme	nt) · (	(other)	<u> </u>	preciation			
1a	Land	• •							
þ	Buildings	• •							
C	Leasehold improvements	• •			ļ				
d	Equipment	••			<del> </del>		<del></del>		
<u>e</u>	Other				<u> </u>				
Tota	<ol> <li>Add lines 1a through 1e. (Column (d) must equal</li> </ol>	al Form 990, Part X	(, column (B), line 1	Oc.)		▶			

Schedule D (Form 990) 2017

81-5342358

Page 2

	- CUITINELE II LIE VIVALIIZALIVII A	nswered "Yes" on Form 990. Pa	rt IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
l) Financial	derivatives		
2) Closely-he	eld equity interests		
3) Other		·	
(A)			
(B)			
(C)			
(D)		· ·	
(E)			
(F)			
(G)			
(H)			
otal. (Column (b) Part VIII	) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Rela		
rait viii			art IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(1)	A BARBARA		
(2)		········	
(3)			
(4)			
(5)			
(6)			
(7)			·
(8)			
	***		i
	n) must equal Form 990, Part X, col. (B) line 13.)	<b>b</b>	
	Other Assets.		art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value
Fotal. (Column (b	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Paid IX	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Part IX  (1) (2) (3)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
Part IX  (1) (2)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a	answered "Yes" on Form 990, Pa (a) Description  (B) line 15.)	art IV, line 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.	answered "Yes" on Form 990, Pa (a) Description  (B) line 15.)	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X)  1. (1) Federal (2)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X  1. (1) Federal (2) (3)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X  1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum X Part X 1. (1) Federal (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization a  on (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (B) line 15.)  Answered "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  art IV, line 11e or 11f. See Form 990, Part X,

	Complete if the organization answered "Yes" on Form 990, Part IV, line		neturn.	
1	Total revenue, gains, and other support per audited financial statements		1 1	752,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
þ	Donated services and use of facilities	120,741		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		9979994 8586656	
е	Add lines 2a through 2d	• • • • • • •	2e	120,741
3	Subtract line 2e from line 1	• • • • • • •	3	631,759
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		elinedo.	
b	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	631,759
	Reconciliation of Expenses per Audited Financial Statements Wi			
**************************************	Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1	Total expenses and losses per audited financial statements		1	391,553
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	120,741		
b	Prior year adjustments	<u> </u>		
С	Other losses	· .		
đ	Other (Describe in Part XIII.)		-	
е	Add lines 2a through 2d	• • • • • • •	2e	120,741
3	Subtract line 2e from line 1	• • • • • • • •	3	270,812
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 70			
b	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	270,812
	rt XIII Supplemental Information.			4.0,0==
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	b; Part V, line 4; Pa	art X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.		
		· · · · · · · · · · · · · · · · · · ·		•
				-

#### **SCHEDULE 0** (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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

THRIVE FOR LIFE PRISON PROJECT INC	81-5342358
01. Form 990 governing body review (Part VI, line 11)	
A copy of the Form 990 is provided to the Board before filing.	
- copy of the form 550 is provided to the bodia before filling.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
The Board reviews compliance to Conflict of Interest Policy inclu	ding any updates.
03. CEO, executive director, top management comp (Part VI, line 1	5a)
During budget review, the Board also reviews the compensation of	top management.
04. Other officer or key employee compensation (Part VI, line 15b	<u> </u>
During budget review, the Board also reviews compensation of other	er officers or employees.
05. Governing documents, etc, available to public (Part VI, line	19)
Governing documents and other information are available to the pu	blic upon request.
06. List of other expenses (Part IX, line 24e)	
Please see Overflow statement.	
-	

#### Statement of Program Service Accomplishments

2017 PG01

Name(s) as shown on return

THRIVE FOR LIFE PRISON PROJECT INC

Your Social Security Number

81-5342358

Form 990-Part III(a)

Statement of Service Accomplishment

Statement #4

Program Service Code
Program Service Expenses \$135268
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Thrive For Life Prison Project creates opportunities for spiritual development and provides educational resources for incarcerated and formerly incarcerated individuals while partnering with local universities and local employers. Our organization is proud to count 25-30 active volunteers among our community; 3 full-time staff members and 2 part-time staff members; 15-20 formerly incarcerated individuals whom we assist on the outside through community, academic support, employment support, and housing assistance; and over 600 individuals behind the walls of our jails and prisons whom we've met during one of our retreats. On the inside, our retreats utilize guided meditation, spiritual exercises, group sharing, movement exercises, and individual presentations to guide participants through their thoughts, emotions, and spiritual well-being. On the outside, our events and services include monthly Sunday Suppers where our community of staff, volunteers, partners, and participants gathers for food and camaraderie, cultural events throughout the city, and one-on-one mentoring sessions with our Academic Mentors, Spiritual Mentors, and Wellness Mentors. On the inside, our retreats utilize guided meditation, spiritual exercises, group sharing, movement exercises, and individual presentations to guide participants through their thoughts, emotions, and spiritual well-being. On the outside, our events and services include monthly Sunday Suppers where our community of staff, volunteers, partners, and participants gathers for food and camaraderie, cultural events throughout the city, and one-on-one mentoring sessions with our Academic Mentors, Spiritual Mentors, and Wellness Mentors.

#### 

## Form 990, Part 1X, Line 4e, Other Expenses - Program

Description	_	7	mount
Equipment expense		_\$	6,228
Printing materials			9,030
Telephone and telecommunication			194
Postage and shipping			2,318
Lodging			2,608
Outreach			514
Education scholarship			5,737
Dues and subscriptions			210
			859
Donations			1,160
Administration fees	Total:	\$	28,858

# Form 990, Part IX, Line 24e, Other Expenses - Administrative

Description	•	A	mount
		<u>\$</u>	2,768
Equipment			2,251
Telephone and telecommunication	• .		115
Postage and shipping			115
			69
Outreach			1,128
Dues and subscriptions			191
Bank fees			
Miscellaneous			3,127
MISCEITaneous	Total:	\$	9,649_
1			

# Form 990, Part IX, Line 24e, Othee expense - Fundraising

Description		A	umount
		S	1,799
Equipment			65
Telephone and telecommunication			1,132
Outreach			1,132
Digital Communication	·		6,595
Digital Communications			25
Dues and subscriptions			680
Donation			1,014
Bank fees			1,014 1,000
Grant writing			15,000 57
Miscellaneous			<u>57</u> _
Miscerianeous	Total:	\$	26,367

# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or fiscal	year beginning 07-01-2017	and ending 06-30-2018

➤ Do not send to the IRS. Keep for your records.

2017

OME No. 1545-1878

epartment of the Treasury			, , <b>44</b>	
nternal Revenue Service	➤ Go to www.irs.gev/Formi	8879EO for the latest informa		1
vame of exempt organization			Employer Identi	
	RISON PROJECT INC		81-53423	58
Name and title of officer				
ZACHARIAH PRESUTT			<b>***</b>	
Part I Type of R	eturn and Return Information (Wh	ole Dollars Only)		
Check the box for the retur	n for which you are using this Form 8879-EO	and enter the applicable amount	t, if any, from the retum.	If you
check the box on line 1a,	2a, 3a, 4a, or 5a, below, and the amount on the	at line for the return being filed	i with this form was bia	nk, then
leave line 1b, 2b, 3b, 4b,	or 5b, whichever is applicable, blank (do not e	nter -u-). But, if you entered -u	- on the return, then en	ner -u- on
	Do not complete more than one line in Part I.			
1a Form 990 check here				
2a Form 990-EZ check he				
3a Form 1120-POL check		OL, line 22)		
4a Form 990-PF check he				
5a Form 8868 check here	b Balance Due (Form 8868, line 3	C)		, 5b
		Officer .		
	on and Signature Authorization of		and a name of the	
Under penalities of perjury,	I declare that I am an officer of the above organic return and accompanying schedules and s	Inizalion and mai i nave examili datements and to the hest of mu	ted a copy of the knowledge and belief.	thev
are true, correct, and comp	plete. I further declare that the amount in Part I	above is the amount shown on i	the copy of the	
organization's electronic re	eturn. I consent to allow my intermediate service	e provider, transmitter, or electr	ronic retum originator (E	ERO)
to send the organization's	return to the IRS and to receive from the IRS	(a) an acknowledgement of rec	ceipt or reason for rejec	CHON OT
the transmission, (b) the f	eason for any delay in processing the return or y and its designated Financial Agent to initiate	r reiund, and (c) the date of all an electronic funds withdrawal	(direct debit) entry to the	; 3e
financial institution accoun-	t indicated in the tax preparation software for p	ayment of the organization's fed	leral taxes owed on this	
return, and the financial ins	stitution to debit the entry to this account. To re	voke a payment, i must contact t	the U.S. Treasury Finar	ncial
Agent at 1-888-353-4537	no later than 2 business days prior to the payn	nent (settlement) date. I also aut	thorize the financial inst	itutions
mvolved in the processing	of the electronic payment of taxes to receive one payment. I have selected a personal identific	ation number (PIN) as my sign	ature for the organization	on's
electronic return and, if ap	plicable, the organization's consent to electron	c funds withdrawal.	•	
Officer's PIN: check one i				
X lauthorize Padi	Tin and Company LLD	to enter my PIN 42358	as my signa	rhina
A radionize Fada	Lla and Company LLP ERC firm name	Enter five nu	<del></del>	
		do not enter		
on the organization	n's tax year 2017 electronically filed return. If I	have indicated within this return	that a copy of the retu	m is
being filed with a	state agency(ies) regulating charities as part of PIN on the return's disclosure consent screen.	ithe IHS red/State program, i	also authorize the alore	meniioneq
EHO to enter my i	Plig off the retuin's abdosule consent account			
T do on officer of the	e organization, I will enter my PIN as my signa	ture on the organization's tax ve	ear 2017 electronically t	filed return.
If I have indicated	within this return that a copy of the return is be	ing filed with a state agency(ie:	s) regulating charities a	s part of
the IRS Fed/State	program, I will enter my PIN on the return's di	sclosure consent screen.		
Officer's signature	charial thesuth	J	Date > 11-07-2	2018
Part III Cértifica	tion and Authentication			
	our six-digit electronic filing identification			
number (EFIN) followed by	y your five-digit self-selected PIN.		115121 053	The state of the s
,	· •		Do no	enter all zeros
I certify that the above nun	neric entry is my PIN, which is my signature or	the 2017 electronically filed re	tum for the organization	7 ************************************
indicated above. I confirm	that I am submitting this return in accordance	with the requirements of Pub	. 4163, Modernized 6-f	-lie (Mer)
Information for Authorized	IRS e-file Providers for Business Returns.			
ERO's signature > José	Paolo Espiritu		Date ▶ <u>11-07-</u> 2	2018
		A 2		
		is Form - See Instruction		
	Do Not Submit This Form to t	<u>ne iks uniess kequesi</u>	tea 10 no 20	

# CHAR500

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See the checklist on the next page to calculate your fee(s), indicate fee(s) you are submitting here:	for a checklist of schedules and attachments to complete your filing.	4. Schodules and Attachments	35, EPTL filling exemp fiscal year.	3a ZA filing exemption and the organization of the organization que	Check the exemption(s) that apply to categories (DUAL filers) that apply to attachments are required. If you cann attachments and pay applicable fees.	3. Annual Reporting Exemption	Chief Financial Officer or Treasurer	riey are President or Authorized Officer:	We certify under pe	Sea instructions for cartification requirements. Improper cartification is a violation of law that may be subject to penalties	Check your organization's registration category:	Reg ID Pending	Final Fiting  Amended Filing	Name Change Initial Filing	Check if Applicable:  Address Change	For Fiscal Year Beginning (mm/dd/yyyy)	1. General Information	NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com
7A Illing fee: 25.	₹ ₹ ⊠ ⊠	chments	tion: Gross receipts did	n: Total contributions fro lid not engage a profess siffes for another 7A exe	by to your filing, if your or ply to your registration, or cannot claim an exemption teas.	zempilon :	surer Man C	. Michael	naities of perjury that we	resultements, improper o	☐7A only ☐ EPTI	Website:   WWW.THRIVEFORLIFE.ORG	Olty / State / Zip: NEW YORK, N	Mailing Address: 30 WEST 16TH	Name of Organization: THRIVE FOR LIFE INC	mm/dd/yyyy) 07/01		Charitable Organi n
EPTL tiling fee:	rorganization use a profes activity in NY State? If yes organization receive gover		not exceed \$25,000 and th	om NY State including res ilonal fund raiser (PFR) or mption (see instructions).	rganization is claiming an e omplete only parts 1, 2, and on or are a DUAL filer that	8	of the Co	Company of Decordance was me	reviewed this report, incl	artilication is a violation of	EPTL only X DUAL (7A & EPTL)	ORLIFE ORG	11001 AN	'H STREET	IFE PI			
Total fee: 125.	4a. Did your organization use a professional fund raiser, fund raising counsel or cound raising activity in NY State? If yes, complete Schedule 4a. 4b. Did the organization receive government grants? If yes, complete Schedule 4b		ne market value of assets	idents, foundations, gove fund raising counsei (FR	жепрію under one categ d 3, and submit the certifie claims only one exemptio		MARY CASEY Print Name and Title	d Officer:  The Presult I be the Name of the Application of the Polyment of th	uding all attachments, and	law that may be subject to	EXEMPT				PROJECT	2017 and Ending (mm/dd/yyyy)		Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Mak	sing couns		did not exc	irnment ag C) to solicit	jary (7A an d Char500. n, you must		TRJ e and Title	FOI FOI	to the bes	penalties	Confirm yo Charities R	Email:	Telephone: 212-33	NY Re	Emplo	06/3		on Section 15
Make a single check or money order payable to: "Department of Law."	<ul> <li>4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.</li> <li>4b. Did the organization receive government grants? If yes, complete Schedule 4b.</li> </ul>		3b. EPTL /illing.exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.	3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).	Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable tees.		TREASURER 11-07-18 Title Date	FOUNDER 11-07-18	We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief,		Confirm your Registration Category in the Charities Registy at www.CharitiesNYS.com.		Telephone: 212-337-7544	NY Registration Number: 46-41-84	Employer Identification Number (EIN): 81-5342358	06/30/2018		Open to Public Inspection
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