Form	887	'9-	E	0
Form	001	<u> </u>		<u> </u>

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Department of the freasury
Internal Devenue Convice

For calendar year 2017, or fiscal year beginning , 2017, and ending

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

ernal Revenue Service

Name of exempt organization

Employer identification number

20-8497597

, 20

PROJ	ECT	(GAIA,	INC

Name and title of officer
THERESA ADAMIK
PRESIDENT
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box

on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	150,907.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize RAFFENSPERGER, MARTIN & FINKENBINER, LLC	to enter my PIN 28957
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zero	
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	
ERO's signature ▶ Date ▶	/14/18
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2017)

723051 10-11-17

2017.05000 PROJECT GAIA, INC

Form 990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning and	ending					
B C a	heck if pplicabl	e: C Name of organization		D Employer identific	ation number			
	Addre	e PROJECT GAIA, INC						
	Name Chang			20-8497597				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final Final	26 MUMMASBURG STREET		717-334-5594				
	termir ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	150,907.			
	Amen return	GETTISBURG, PA 17525		H(a) Is this a group re				
	Applic tion pendi	F Name and address of principal officer: InERESA ADAMIN		for subordinates	for subordinates? Yes X No			
	· .			H(b) Are all subordinates in	cluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$	or 527		list. (see instructions)			
		te: WWW.PROJECTGAIA.COM		H(c) Group exemption				
		organization: X Corporation	L Year	of formation: 2007	State of legal domicile: PA			
Pa	rt I	Summary		ND DIGEDIDI				
e	1	Briefly describe the organization's mission or most significant activities: TO R.	AISE A	ND DISTRIBUT	<u>'E FUNDS</u>			
anc	-	FOR PROJECTS THAT ARE DESIGNED TO PROMOTE						
Activities & Governance		Check this box if the organization discontinued its operations or disposed in the second						
Š	3				<u> </u>			
8		Number of independent voting members of the governing body (Part VI, line 1b)			3			
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	, , , , , , , , , , , , , , , , , , , ,					
tivit		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		87,943.	82,513.			
ne	9			78,049.	68,238.			
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		241.	127.			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		811.	29.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167,044.	150,907.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,794.	46,340.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		38,542.	35,490.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,332.	119,345.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		289,668.	201,175.			
	19	Revenue less expenses. Subtract line 18 from line 12	-122,624.	-50,268.				
t Assets or d Balances			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		64,161.	9,568.			
t As d B	21	Total liabilities (Part X, line 26)		5,793.	1,469.			
Pup		Net assets or fund balances. Subtract line 21 from line 20		58,368.	8,099.			
Pa	rt II	Signature Block						

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 Here	Signature of officer THERESA ADAMIK, PRESID	ENT	Date							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN							
Paid	RICHARD A. FINKENBINER, J		11/14/18 if self-employed P01310915							
Preparer	Firm's name 🕒 RAFFENSPERGER , 🛛	ARTIN & FINKENBINER,	LLC Firm's EIN ► 45-3819215							
Use Only	Firm's address 💊 34 WEST MIDDLE S	TREET								
	GETTYSBURG, PA 1	.7325	Phone no. (717) 337-1414							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	B-17 HA For Paperwork Reduction Act Not	732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) PROJECT GAIA, INC	20-8497597	Page
Par	t III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: TO RAISE AND DISTRIBUTE FUNDS FOR PROJECTS THAT ARE DES		
	PROMOTE ALCOHOL FUELS AND APPROPRIATE ALCOHOL APPLIANCE		
	USE IN DEVELOPING COUNTRIES.	10 LOK GENEKAL	
	OBE IN DEVELOTING COONTRIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$190,991. including grants of \$46,340.) (Re		238.
	GRANTS TO ETHIOPIAN AND NIGERIAN AFFILIATES FOR NATIONA		_
	RELATING TO THE POPULARIZATION OF ALCOHOL STOVES AND AL		
	AND METHANOL) FUEL. IN ETHIOPIA, SUPPORT OF THE WORK IN		N
	OF STOVES AND FUEL TO THE REFUGEE CAMPS, SPECIFICALLY T	•	
	ASSOSA, AND GAMBELLA REFUGEE CAMPS. TECHNICAL AND PROGR		
	THE GAIA ASSOCIATION IN ITS POLICY DEVELOPMENT AND PLAN		HOL
	FUEL SCALEUP IN ETHIOPIA. TECHNICAL AND PROGRAM SUPPORT ITS PROGRAM IN TANZANIA. TECHNICAL AND PROGRAM SUPPORT		
	BANK FOR ITS PROGRAM IN MADAGASCAR. SUPPORT TO THE COMM		
	COLLABORATOR IN HAITI. TECHNICAL CONSULTING WITH THE NI		TAN
	NATIONAL PLANNING COMMITTEE) FOR A METHANOL STOVE PROGR		TAN
	WORK ON DEVELOPING AN ALCOHOL STOVE CARBON FINANCE PROG		тъ
4b	(Code:) (Expenses \$ including grants of \$) (Re		±13
-10		Venue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4d	Other program services (Describe in Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 190, 991.	/	
			90 (201
32002	11-28-17 SEE SCHEDULE O FOR CONTINUATION	(S)	
			<i>.</i>
511	14 350465 208497597 2017.05000 PROJECT GAIA	, INC	2084

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 Form 990 (2017)
 PROJECT GAIA, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		X X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
4 7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		- v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	18		
19	complete Schedule G. Part III	19		x
		13		

Form 990 (2017)

Form	000	(2017)
Form	990	(2017)

 Form 990 (2017)
 PROJECT GAIA, INC

 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		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	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,"	00		x
07	complete Schedule L, Part II	26		
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			
		27		x
28	of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2		28a		x
b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? <i>If "Yes," complete Schedule M</i>	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		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 controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

Form	<u>990 (2017)</u> PROJECT GAIA, INC 20-8497	597	P	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)	2.0		
39		3a		x
		3b		
	It "Yes," has it filed a Form 990-1 for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	00		
Ha		4a		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
D	If "Yes," enter the name of the foreign country:			
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>
	in ree, has kneed a rom rze to report these payments: II No, provide an explanation in Schedule U		990	(0047)

Form **990** (2017)

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		1	1	- 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		5			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?				2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
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 ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	olders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	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				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ",						
	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13		Х
14	Did the organization have a written document retention and destruction policy?				14		Х
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		·				
а	The organization's CEO, Executive Director, or top management official				15a		Х
	Other officers or key employees of the organization				15b		Х
	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 arrangen	nent w	/ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
Sec	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $igstar{PA}$						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	ion 501(c)(3)s	only) av	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	cy, and t	financ	ial	
	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 boo	oks an	d records: 🕨	•			
	THERESA ADAMIK - 717-337-9811						
	26 MUMMASBURG STREET, GETTYSBURG, PA 17325						
732006	11-28-17				Form	990	(2017)
		a				• •	.
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170

20-8497597 Page 6

Form 990 (2		GAIA, IN		20-8497597	Pag
Part VI	Governance, Management	, and Disclos	sure For each	"Yes" response to lines 2 through 7b below, and for a "No" re	sponse
				or changes in Schedule O. See instructions.	

Form 990 (2	(017) PROJECT (GAIA,	INC		20-8497597	Page 7						
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors											
	Check if Schedule O contains a resp	onse or no	te to any line in th	is Part VII								
Section A.	Officers, Directors, Trustees, Key	Employee	es, and Highest C	ompensated Employee	s							

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck	ition		200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndàd T	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THERESA ADAMIK	2.00	_	-							
PRESIDENT		х		x				0.	0.	0.
(2) SJUR HAUGEN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHRIS KIMPLE	1.00									
DIRECTOR		Х						1,460.	0.	0.
(4) BENGT EBBESON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) RODGER GOODACRE	1.00									-
DIRECTOR		Х						0.	0.	0.
			-							
			-			-				
		1								
		1								
		1								
		<u> </u>								
										- 000 -
732007 11-28-17										Form 990 (2017)

7

	990 (2017) PROJECT (GAIA, IN	IC							20-84	1975	597	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	ss per	itior more rson i	than of s both pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	org and	om the anizat d relate anizatio	ion ed
			-											
			-											
			-											
	Sub-total								1,460.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization													0
3	Did the organization list any former officer,	director or tri	ictor	, ko	w on	anlo	woo	orl	highest companyated or	nnlovoo on	Г		Yes	No
3	line 1a? If "Yes," complete Schedule J for s				-	•			•		- 1	3		Х
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				v
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4		X
_	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for									, 1	ensati	on fro	m	
	(A)			- TGII	<u>ig ii</u>				(B)			(0	;)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Co	ompei	nsatio	n
								-						
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	•	ot lin	niteo	d to t	thos (ted	above) who received mo	ore than				
											I	-orm	990 (2	2017)

	990 (, INC			20-8497	597 Page 9
Pa	rt VIII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1					
Contribuand	-	similar amounts not included above 1f		82,513.			
Service nue	2a b c	TECHNICAL ADVICE AND S		68,238.	68,238.		
Program Service Revenue	d e f	All other program service revenue		68,238.			
	<u>g</u> 3 4	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond	rest, and	127.			127.
	5 6 a b	Royalties (i) Real Gross rents					
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses					
	d	Gain or (loss) Net gain or (loss)	▶ 				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	•				
δ	с 9 а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	a	29.			29.
	с	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances					
-		Less: cost of goods sold I Net income or (loss) from sales of inventory Miscellaneous Revenue	b				
	11 a b c						
73200	d e <u>12</u> 9 11-28-	All other revenue Total. Add lines 11a-11d Total revenue. See instructions	►	150,907.	68,238.	0.	156. Form 990 (2017

2017.05000 PROJECT GAIA, INC

Form 990 (ROJECT	
Part IX	Stat	ement of Fund	ctional E	xpenses

PROJECT GAIA, INC

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		experieee	general expenses	experieee
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	46,340.	46,340.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	32,306.	28,987.	3,319.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	631.	631.		
	Payroll taxes	2,553.	2,291.	262.	
	Fees for services (non-employees):				
а	Management			-	
b	Legal	70,831.	67,506.	3,325.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses	4,115.	4,115.		
	Information technology				
	Royalties				
	Occupancy				
	Travel	36,339.	36,339.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	11.		11.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	1 0 6 5	1 0 6 5		
	Insurance	1,065.	1,065.		
	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 0.)				
a	BANK CHARGES	2,871.		2,871.	
b	MATERIALS AND SUPPLIES	1,836.	1,836.		
С	TELEPHONE & COMMUNICATI	1,786.	1,786.		
d	MISC	296.		296.	
e	All other expenses	195.	95.	100.	
	Total functional expenses. Add lines 1 through 24e	201,175.	190,991.	10,184.	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

732010 11-28-17

Check here

if following SOP 98-2 (ASC 958-720)

10 2017.05000 PROJECT GAIA, INC

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		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	64,161.	1	9,568.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64,161.	16	9,568.
	17	Accounts payable and accrued expenses	5,793.	17	1,469.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
~	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ilidi		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,793.	26	1,469.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets	58,368.	27	8,099.
alar	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ň		Organizations that do not follow SFAS 117 (ASC 958), check here			
ъ		and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid in or capital surplus, or land, building, or equipment fund		31	
μA	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	58,368.	33	8,099.
	34	Total liabilities and net assets/fund balances	64,161.	34	8,099. 9,568.
		· · · ·			Form 990 (201

11

PROJECT GAIA, INC

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

20-8497597 Page 11

Form 990 (2017) Part X Balance Sheet

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	<u>1 990 (2017)</u> PROJECT GAIA, INC	20-849	7597	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	150		
2	Total expenses (must equal Part IX, column (A), line 25)	2	201	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58	3,36	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	3,09	99.
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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	2017)

Form **990** (2017)

SCH	IEDL	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name	of the	organization

Nan	ne of t	he organization							identification number
_		PROJ	ECT GAIA,	INC				2	0-8497597
Ра	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	S.	
The	organi	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor			_				
11		An organization organized a							
12		An organization organized a	-	-				•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	• • • •	-			
		the supported organization			majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that coi	ntrol or mana	ge the supp	orted
_		organization(s). You mus	-						al
С		J Type III functionally inte its supported organization						ly integrate	a with,
Ч		Type III non-functionally	. , .	•				tod organi-	ration(c)
d	L	that is not functionally int	•					°.	
		requirement (see instructi			•		-	anallenin	eness
•		Check this box if the orga	,	•				II Type III	
e		functionally integrated, or					турет, туре	n, rype m	
f	Ente	er the number of supported of				ation.			
		vide the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	al								
		enerwork Reduction Act N	ation one the last	untions for Form 000	000 57	700001 40	Coho	- 	m 000 or 000 EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990-EZ) 2017 PROJECT GAIA, INC

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	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
2	Tax revenues levied for the organ-						
	ization'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	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						315,374.
6	Public support. Subtract line 5 from line 4.						91,219.
	ction B. Total Support	L			1	1	- / -
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,025.	241.	212.	241.	127.	2,846.
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	Total support. Add lines 7 through 10						409,439.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	22.28 %
15	Public support percentage from 2016					15	47.85 %
16a	33 1/3% support test - 2017. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••••				
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test	-		• • • •			
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
		and not oncon a		,,,		dulo A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Part II	

Schedule A (Form 990 or 990-EZ) 2017	PROJECT	GAIA,	INC	
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

20-8497597 Page 3

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1		L	L	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	ction C. Computation of Publi		•			, , , , , , , , , , , , , , , , , , , 	
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves		•			T T	
17	Investment income percentage for 20					17	%
18	Investment income percentage from						%
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
7320	23 10-06-17		15		Sch	edule A (Form 99	0 or 990-EZ) 2017

2017.05000 PROJECT GAIA, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 1 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.)

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,	-		
<u> </u>	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			
<u>.</u>	the supported organization(s).	1		
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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
732025	10-06-17 Schedule A (Form 9	90 or 99	0-EZ)	2017

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17 2017.05000 PROJECT GAIA, INC

		PROJECT	(a)(3) Supporting Organization	_
UDART V I				

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.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 Ad	dd lines 1 through 3	4		
	epreciation and depletion	5		
	brtion of operating expenses paid or incurred for production or			
	illection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aç	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2 Ad	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d	3		
	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions)	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by .035	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Ac	djusted net income for prior year (from Section A, line 8, Column A)	1		
	nter 85% of line 1	2		
3 M	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
	nter greater of line 2 or line 3	4		
	come tax imposed in prior year	5		
	stributable 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-functional	ly integrated	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017	PROJECT	GAIA,	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)			
Secti	on D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
_1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
C	From 2014					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
с	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017	PROJECT	GAIA,	INC
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Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, ection E, lines 2, 5, and 6. Also complete this part for any additional information.
32028 10-06-17	Schedule A (Form 990 or 990-EZ) 201

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

<u>2017</u>

Employer identification number

20-8497597

PROJECT GAIA

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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

INC

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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.

Special Rules

X 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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total tot

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

PROJECT GAIA, INC

Employer identification number

20-8497597

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4 HARRY STOKES 26 MUMMASBURG STREET GETTYSBURG, PA 17325	\$65,264.	Type of contribution Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ST MICHAEL AND ALL ANGELS CHURCH 2204 PERIWINKLE WAY SANIBEL, FL 33957	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
723452 11-01		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)			

2017.05000 PROJECT GAIA, INC

22

17031114 350465 208497597

Schedule B (Form 990,	990-EZ, or 990-PF) (2017)
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Name of organization

Page 3

Employer identification number

20-8497597

PROJECT GAIA, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

17031114 350465 208497597

2017.05000 PROJECT GAIA, INC

	anization		Employer identification number			
ROJEC	T GAIA, INC		20-8497597			
art III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete	tributions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religio	is, charitable, etc., contributions of \$1,000 or les	s for the year. (Enter this info. once.) \$			
) No.	Use duplicate copies of Part III if additio	nal space is needed.				
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
) No.						
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			[
	(e) Transfer of gift					
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
i) No.						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
			Relationship of transferor to transferee			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
) No. rom						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			<u> </u>			
		(e) Transfer of gift				
	Transferee's name, address		Belationship of transferor to transferoe			
	Transferee's name, address,		Relationship of transferor to transferee			
	Transferee's name, address,		Relationship of transferor to transferee			
	Transferee's name, address,		Relationship of transferor to transferee			

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2017.05000 PROJECT GAIA, INC

(Form 990) Department of the Treasury Internal Revenue Service			n answered "Yes" on Form 990, Part ▶ Attach to Form 990. prm990 for instructions and the latest		5, or 16.	2017 Open to Public Inspection
Name of the organization		www.ii 3.gov/i c		i mormation.	Employer ide	ntification number
Ū.						
PROJECT GAIA,	INC				20-8497	597
		ctivities Out	side the United States. Compl	ete if the orgar	nization answere	d "Yes" on
	art IV, line 14b.	- maintain raaar	ds to substantiate the amount of its gra	nto and other		
-	-		the selection criteria used to award the			X Yes No
2 For grantmakers. United States.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance c	outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	ivity listed in (d) ogram service, e specific type e(s) in the region	(f) Total expenditures for and investments in the region
				PROJECT POI	TCA	
SUB-SAHARAN AFRICA	1	1	PROGRAMS	DEVELOPMENT		23,222.
SUB-SAHARAN AFRICA	1	1	PROGRAMS	STOVE TESTI	ING IN LAB	23,118.
3 a Sub-total	2	2				46,340
b Total from continua sheets to Part I	tion0	0				0.
c Totals (add lines 3a and 3b)	2	2				46,340.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732071 10-06-17

Schedule F (Form 990) 2017

Statement of Activities Outside the United States SCHEDULE F

OMB No. 1545-0047

01010 140. 1040-0047
2017
Open to Public

	Schedule F (Form 990) 2017

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
•																		

Schedule F (Form 990) 2017	PROJECT	GAIA,	INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	SUPPORT DIVISIONS	23,222.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT DIVISIONS	23,118.	WIRE TRANSFER	0.		
	 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 							
3 Enter total number of other organizations or entities								

20-8497597

Schedule F (Form 990) 2017	ROJECT GAIA,	INC		20	-8497597	
	ce to Individuals Outside	e the United Sta	ites. Complete	if the organization answered "Yes" o	n Form 990, Part	: IV, line 16.
Part III can be duplicated if a	dditional space is needed	d.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance

27

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2017

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017	PROJECT	GAIA,	INC
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17	29	Schedule F (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 20-8497597

OMB No. 1545-0047

PROJECT GAIA, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPROPRIATE ALCOHOL APPLIANCES FOR GENERAL USE IN DEVELOPING COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND DJIBOUTI. TECHNICAL ASSISTANCE TO QUALIFYING COUNTRIES AND

STAKEHOLDERS WHO CONTACT PROJECT GAIA TO INQUIRE ABOUT OUR MODEL FOR

THE DEVELOPMENT OF ALCOHOL FUELS FOR COOKING. COMMUNICATIONS WITH THE

GLOBAL ALLIANCE FOR CLEAN COOKSTOVES AND BILATERAL FUNDERS AND

DEVELOPERS ABOUT ALCOHOL FUELS AND APPLIANCES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR, PRESIDENT AND SECRETARY/TREASURER WILL HAVE THE

OPPORTUNITY TO REVIEW THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE ASKED TO ANNUALLY RENIEW AND DISCLOSE

ANYPOSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

ALL BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO REVIEW THE 990 VIA EMAIL

PRIOR TO SUBMISSION

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE UPON REQUEST AT THE OFFICE DURING NORMAL BUSINESS

30

HOURS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

2017.05000 PROJECT GAIA, INC

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page : Employer identification number
PROJECT GAIA, INC	20-8497597
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.
722212 00.07.17	Schedule O (Form 990 or 990-EZ) (2017
732212 09-07-17 31	

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ng number
Type or print	Name of exempt organization or other filer, see instr	ructions.		Employer identification number (El		n number (EIN) or
	PROJECT GAIA, INC				20-849	97597
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 26 MUMMASBURG STREET	see instruct	tions.	Social se	curity numbe	er (SSN)
instructions.	City, town or post office, state, and ZIP code. For a GETTYSBURG, PA 17325	foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
 If this box 1 I ree for 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit \square . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2017 or tax year beginning	t Group Exe and atta NOVEI e organizatio	mption Number (GEN) ach a list with the names and EINs of <u>MBER 15, 2018</u> , to file on's return for:	If this is fo <u>all memb</u> the exerr	r the whole g ers the exten npt organizati 	roup, check this sion is for.
If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069. (enter the tentative tax. less anv			
	nonrefundable credits. See instructions. 3a					0.
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					
c Ba	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$					
Caution: instructio	If you are going to make an electronic funds withdrawans.	al (direct del	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879	EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice	e, see instru	uctions.		Form 8	868 (Rev. 1-2017)

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 8/2017) Fee: See instructions
Read all instructions	prior to completing form.
Certificate number: 33815 (N/A if initial registration) Fiscal year ended: $12/31/2017$ MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply: Organization is exempt from registration because
FEIN: 20-8497597	Organization does not solicit contributions in Pennsylvania
1. Legal name of organization: PROJECT GAIA, IN	IC
Check if name change and give previous name	
2. All other names used to solicit contributions:	
 3. Contact person: <u>THERESA ADAMIK</u> 4. Physical address of organization: 	Contact's E-mail: TADAMIK@ADAMSCOUNTY.US Mailing address: (If different than physical)
26 MUMMASBURG STREET	
GETTYSBURG	
PA 17325	
County: ADAMS	Phone number: <u>717-334-5594</u>
800 number:	Fax number: 717-334-7313
Email (if different than Contact's email): INFO@PROJE	ECTGAIA.COM
Website: WWW.PROJECTGAIA.COM	
5. Type of organization (e.g. non-profit corporation, unincorpo	prated association, etc.):
Where established: ADAMS COUNTY, PA	Date established:* 02/26/2007
*Initial registrants must submit copies of organizational documents	s such as charter, articles of incorporation,

constitution or other organizational instrument and by-laws.

PROJECT GAIA, INC

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

PROJECT GAIA,

26 MUMMASBURG STREET, GETTYSBURG, PA 17325

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If <u>"Not Applicable" is checked, the charitable organization</u> <u>must submit financial reports which are audited, reviewed, compiled or internally prepared. See</u> Instructions.

Date organization first solicited contributions from Pennsylvania residents:				
	MM	DD	YYYY	
Other				
\$25,000 in any given fiscal year, provide the date the organization first receive		0		
f organization solicited Pennsylvania residents and received gross* contribut \$25,000 in any given fiscal year, provide the date the organization first receive than \$25,000.		0		

	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	PERSONAL CONTACT, DIRECT MAIL, TELEPHONE, INTERNET
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO RAISE AND DISTRIBUTE FUNDS FOR PROJECTS THAT ARE DESIGNED TO PROMOTE ALCOHOL FUELS AND APPROPRIAT ALCOHOL APPLIANCES FOR GENERAL USE IN DEVELOPING COUNTRIES. THESE PROGRAMS ARE IN EXISTENCE AND ONGOING.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes X No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes X No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes X No If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:

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PROJECT GAIA, INC

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)
	NONE
	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)
). 	on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group retur and file a public disclosure form (BCO-23) for each affiliate.) Pennsylvania certificate number Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

Page 4 of 6 775811 08-10-17

Form BCO-10 (rev. 8/2017)

4 2017.05000 PROJECT GAIA, INC

- 22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)
 - A. Are in charge of solicitation activities:

HARRY STOKES

26 MUMMASBURG STREET GETTYSBURG, PA 17325

B. Have final responsibility for the custody of contributions:

ADRIENNE CLARK

225 HANOVER STREET GETTYSBURG, PA 17325

C. Have final responsibility for final distribution of contributions:

THERESA ADAMIK

1823 HEIDLERSBURG ROAD ASPERS, PA 17304

D. Are responsible for custody of financial records:

THERESA ADAMIK

1823 HEIDLERSBURG ROAD ASPERS, PA 17304

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A.	Any other officer, director, trustee, or employee?		Yes	Х	No	
----	--	--	-----	---	----	--

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

5

Page 5 of 6

2017.05000 PROJECT GAIA, INC

20849751

PROJECT GAIA, INC

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

> I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
THERESA ADAMIK, PRESIDENT		
Type or print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer	Date	
Type or print name and title of Other Authorized Officer		

Che	ckiist for registration.
	Completed registration statement properly signed and dated.
	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
	Public Disclosure Form BCO-23 (if required)
	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
	Registration fee and any late filing fees
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and

See Instructions for more information on completing this form and attachments.

Page 6 of 6 775813 08-10-17

Form BCO-10 (rev. 8/2017)

by-laws.

PROJECT GAIA, INC		20-8497597
FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT	DATE
FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER

CONTRACT BEGIN DATE CONTRACT END DATE SERVICE DATE

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT 3
NAME AND ADDRESS				TITI	ĴĒ	
CHRIS KIMPLE 26 MUMMASBURG STR GETTYSBURG, PA 1				DIRE	ECTOR	
NAME AND ADDRESS				TITI	LE	
THERESA ADAMIK 1823 HEIDELSBURG ASPERS, PA 17304	ROAD			PRES	SIDENT	
NAME AND ADDRESS				TITI	LE	
SJUR HAUGEN 26 MUMMASBURG STR GETTYSBURG, PA 1				VICE	 E PRESIDENT	
NAME AND ADDRESS				TITI	LE	
BENGT EBBESON 26 MUMMASBURG STR GETTYSBURG, PA 1				DIRE	ECTOR	
NAME AND ADDRESS				TITI	LE	
RODGER GOODACRE 26 MUMMASBURG STR GETTYSBURG, PA 1				DIRE	ECTOR	

Form 990

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning and	ending		
B C a	heck if pplicabl	e: C Name of organization		D Employer identific	ation number
	Addre	e PROJECT GAIA, INC			
	Name Chang			20-8-	497597
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	26 MUMMASBURG STREET		717-2	334-5594
	termir ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	150,907.
	Amen return	GETTISBURG, PA 17525		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: InERESA ADAMIN		for subordinates	? Yes X No
	· .			H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$	or 527		list. (see instructions)
		te: WWW.PROJECTGAIA.COM		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2007	State of legal domicile: PA
Pa	rt I	Summary		ND DIGEDIDI	
e	1	Briefly describe the organization's mission or most significant activities: TO R.	AISE A	ND DISTRIBUT	<u>'E FUNDS</u>
anc	-	FOR PROJECTS THAT ARE DESIGNED TO PROMOTE			
Activities & Governance		Check this box if the organization discontinued its operations or disposed in the second			
Š	3				<u> </u>
8		Number of independent voting members of the governing body (Part VI, line 1b)			3
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			<u>3</u> 0
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		87,943.	82,513.
ne	9			78,049.	68,238.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		241.	127.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		811.	29.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		167,044.	150,907.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		132,794.	46,340.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		38,542.	35,490.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,332.	119,345.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		289,668.	201,175.
	19	Revenue less expenses. Subtract line 18 from line 12		-122,624.	-50,268.
t Assets or d Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		64,161.	9,568.
t As d B	21	Total liabilities (Part X, line 26)		5,793.	1,469.
Pup		Net assets or fund balances. Subtract line 21 from line 20		58,368.	8,099.
Pa	rt II	Signature Block			

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 Here	Signature of officer THERESA ADAMIK, PRESID	ENT	Date					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN					
Paid	RICHARD A. FINKENBINER, J		11/14/18 if self-employed P01310915					
Preparer	Firm's name 🕒 RAFFENSPERGER , 🛛	ARTIN & FINKENBINER,	LLC Firm's EIN ► 45-3819215					
Use Only	Firm's address 💊 34 WEST MIDDLE S	TREET						
	GETTYSBURG, PA 1	.7325	Phone no. (717) 337-1414					
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No					
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) PROJECT GAIA, INC t III Statement of Program Service Accomplishments	20-8497597	Page
rar	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		🕰
•	TO RAISE AND DISTRIBUTE FUNDS FOR PROJECTS THAT ARE DES	IGNED TO	
	PROMOTE ALCOHOL FUELS AND APPROPRIATE ALCOHOL APPLIANCE		
	USE IN DEVELOPING COUNTRIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total expenses, ar	nd
	revenue, if any, for each program service reported.	60	220
4a	(Code:) (Expenses \$ 190,991. including grants of \$ 46,340.) (Rev		238.
	GRANTS TO ETHIOPIAN AND NIGERIAN AFFILIATES FOR NATIONA RELATING TO THE POPULARIZATION OF ALCOHOL STOVES AND AL		r
	AND METHANOL) FUEL. IN ETHIOPIA, SUPPORT OF THE WORK IN	· · ·	
	OF STOVES AND FUEL TO THE REFUGEE CAMPS, SPECIFICALLY T		N
	ASSOSA, AND GAMBELLA REFUGEE CAMPS. TECHNICAL AND PROGR	•	
	THE GAIA ASSOCIATION IN ITS POLICY DEVELOPMENT AND PLAN		
	FUEL SCALEUP IN ETHIOPIA. TECHNICAL AND PROGRAM SUPPORT		
	ITS PROGRAM IN TANZANIA. TECHNICAL AND PROGRAM SUPPORT		
	BANK FOR ITS PROGRAM IN MADAGASCAR. SUPPORT TO THE COMM		
	COLLABORATOR IN HAITI. TECHNICAL CONSULTING WITH THE NI		TAN
	NATIONAL PLANNING COMMITTEE) FOR A METHANOL STOVE PROGR		
	WORK ON DEVELOPING AN ALCOHOL STOVE CARBON FINANCE PROG		ТΔ
4b	(Code:) (Expenses \$ including grants of \$) (Rev		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 190,991.		
			90 (2017
32002	11-28-17 SEE SCHEDULE O FOR CONTINUATION ((S)	

Form	aan	(2017)
FUIII	990	(2017)

Form 990 (2017) PROJECT GAIA, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-		4		x
5	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
5		11b		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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 assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>.</u>		
.,		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		Х

Form **990** (2017)

Form	000	(2017)
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PROJECT GAIA, INC 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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		X
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 L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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		X
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		<u>x</u>
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			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		v
9E -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of postion 512(b)(12)2 (c) (control of the D, D, c) (c) (c) and c) and c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	0Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		x
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		- 22
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	neter / with onthe out high and required to complete contextule C	1 00	~~	1

Form 990 (2017)

Form	990 (2017) PROJECT GAIA, INC 20-8497	597	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
•-	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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 13b			
	Enter the amount of reserves on hand	14-	_	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	L

Form	990	(2017)
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2004	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	tion A. Governing Body and Management			;
4	Enter the number of voting members of the governing body at the end of the tax year 5		Yes	+
та		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		_
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		_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
	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		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	;
10a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		-
		12c	х	
	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		-
	Did the organization have a written document retention and destruction policy?	14		-
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b		-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		_
	tion C. Disclosure			_
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$			_
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) a	vailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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:			
	<u>THERESA ADAMIK - 717-337-9811</u>			
	26 MUMMASBURG STREET, GETTYSBURG, PA 17325			
				•
32006	11-28-17	Form	ן 990	J
2006	· · · · ·	Form	1 990 2	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

PROJECT GAIA, INC

Form 990 (2017)

20-8497597 Page 6

20849751

Form 990 (201	7) PROJECT GAIA, INC	20-8497597 _{Ра}	.ge 7
Part VII C	ompensation of Officers, Directors, Trustees, Key Er	nployees, Highest Compensated	
E	mployees, and Independent Contractors		
Ch	neck if Schedule O contains a response or note to any line in this Part	VII	
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compe	nsated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	itior) than o	ane	Reportable	Reportable	Estimated
	hours per	box	. unle	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer ar	laaa	recio	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) THERESA ADAMIK	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) SJUR HAUGEN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHRIS KIMPLE	1.00									
DIRECTOR		Х						1,460.	0.	0.
(4) BENGT EBBESON	1.00									
DIRECTOR		Х						0.	0.	0.
(5) RODGER GOODACRE	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								

Form 990 (2017)

	990 (2017) PROJECT (GAIA, IN	D							20-84	975	597	P	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C		, ,	—			
	(A) Name and title	(B) Average hours per week	box	not cl unles	Pos heck i ss per	more rson i	than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fr org and	pensa om th anizat d relat anizati	e ion ed
											\square			
											\square			
											\dashv			
											\dashv			
	Sub-total								1,460.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	orl	highest compensated er	nployee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								ner compensation from t			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ensati	ion fro	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co) Ompei	;) nsatio	n
2	Total number of independent contractors (ir	ncludina but na	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz				_	(,			Form	990 (;	2017)

Form	n 990 (CT GAIA,	INC			20-8497	597 Page 9
Pa	rt VII	Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grant similar amounts not included abov	1b 1c 1d ons) 1e is, and If	82,513.				
Son		Noncash contributions included in lines 1 Total. Add lines 1a-1f			82,513.			
Program Service		TECHNICAL ADVIC	E AND S	Business Code 541900	68,238.	68,238.		
Progra Re	e f <u>g</u> 3	All other program service rever	nue	►	68,238.			
	4 5	other similar amounts) Income from investment of tax Royalties	exempt bond p	broceeds	127.			127.
	b c d		(i) Real	(ii) Personal				
	b c	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)						
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of 1c). See a	29.				
Ö		Net income or (loss) from fund		►	29.			29.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gami	a					
	10 a b	Gross sales of inventory, less r and allowances Less: cost of goods sold	returns a					
	C	Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 a b c d							
		Total. Add lines 11a-11d						
73200	12 9 11-28	Total revenue. See instructions.			150,907.	68,238.	0.	156. Form 990 (2017

732009 11-28-17

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		ent of Functional E	
Form 990 ((2017)	PROJECT	GAIA,

PROJECT GAIA, INC 20-8497597 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	46,340.	46,340.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	32,306.	28,987.	3,319.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	631.	631.		
0	Payroll taxes	2,553.	2,291.	262.	
1	Fees for services (non-employees):				
а	Management	= 0 0 0 1	<u> </u>		
b	Legal	70,831.	67,506.	3,325.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	4,115.	4,115.		
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel	36,339.	36,339.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	11.		11.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	4	4 9 6 5		
3	Insurance	1,065.	1,065.		
1	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 0.)				
а	BANK CHARGES	2,871.		2,871.	
b	MATERIALS AND SUPPLIES	1,836.	1,836.		
с	TELEPHONE & COMMUNICATI	1,786.	1,786.		
d	MISC	296.		296.	
е	All other expenses	195.	95.	100.	
5	Total functional expenses. Add lines 1 through 24e	201,175.	190,991.	10,184.	(
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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______ if following SOP 98-2 (ASC 958-720)

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Form **990** (2017)

PROJECT GAIA, INC Part X Balance Sheet

Form 990 (2017)

Part A				
	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	64,161.	1	9,568.
2			2	
3			3	
4			4	
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ν</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ 8			8	
9			9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16		64,161.	16	9,568,
17	Accounts payable and accrued expenses	5,793.	17	1,469.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທ 22				
i <u>t</u> i	key employees, highest compensated employees, and disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	1 1 6 0
26		5,793.	26	1,469.
	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
es	complete lines 27 through 29, and lines 33 and 34.			0 000
0 27		58,368.	27	8,099
128 g			28	
귵 29	,		29	
<u>n</u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
2 V	and complete lines 30 through 34.			
왕 30			30	
ଞ୍ଚ 31 Y			31	
Net Assets or Fund Balances 8 75 15 00 65 78 25 8 75 15 00 65 78 25 8 75 15 00 65 78 25 9 75 15 15 15 15 15 15 15 15 15 15 15 15 15		E0 200	32	0 000
		58,368.	33	8,099
34	Total liabilities and net assets/fund balances	64,161.	34	9,568. Form 990 (2017

Form **990** (2017)

	<u>1990 (2017)</u> PROJECT GAIA, INC	20-849	7597	Paç	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			4 - 0		. –
1	Total revenue (must equal Part VIII, column (A), line 12)	1	150		
2	Total expenses (must equal Part IX, column (A), line 25)	2	201		
3	Revenue less expenses. Subtract line 2 from line 1	3	-50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	58	3,36	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	3,09	<u>99.</u>
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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	· · · · · · · · · · · · · · · · · · ·		Form	990	0017)

Form **990** (2017)

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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public

	inspection
oyer	identification numb

Name	of the	organization
------	--------	--------------

Nan	ne o	f the organization							identification number
	_	PROJ		INC					0-8497597
Pa	nrt I	Reason for Public (Sharity Status (All organizations must co	omplete th	is part.) Se	e instructions	S.	
The	orga	anization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go							
7	X	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
	_	section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-c university:	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support t	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	En	ter the number of supported o	organizations						
<u> </u>	Pr	ovide the following information				anization listed			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al								
	-								

Schedule A (Form 990 or 990-EZ) 2017 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 PROJECT GAIA, INC Part II Support Schedule for Organizations Described

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	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						315,374.
6	Public support. Subtract line 5 from line 4.						91,219.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	108,975.	39,482.	62,121.	113,502.	82,513.	406,593.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	2,025.	241.	212.	241.	127.	2,846.
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	Total support. Add lines 7 through 10						409,439.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
_	organization, check this box and stor						
	ction C. Computation of Publi		-				
14	Public support percentage for 2017 (I					14	22.28 %
15	Public support percentage from 2016					15	47.85 %
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	•	
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b		nd see instructions	

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 PROJECT GAIA, INC

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.)
Section A. Public Support

Sec	alon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
F	•						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	ization,
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 10-06-17						90 or 990-EZ) 2017

Yes No

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

- 1 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.)

732024 10-06-17

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2017

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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			
	the supported organization(s).	1		
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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
732025	5 10-06-17 Schedule A (Form 9		0-EZ)	2017

732025 10-06-17

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		PROJECT	(a)(3) Supporting Organization	_
UDART V I				

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	1
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(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		1	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> i</u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7: Excess from 2013			
	Excess from 2013 Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 PROJEC	T GAIA, INC
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

732028 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

<u>2017</u>

Employer identification number

20-8497597

PROJECT GAIA

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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

INC

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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.

Special Rules

X 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 exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

-	2
Page	2

Employer identification number

PROJECT GAIA, INC

Name of organization

20-8497597

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRY STOKES 26 MUMMASBURG STREET GETTYSBURG, PA 17325	\$65,264.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ST MICHAEL AND ALL ANGELS CHURCH 2204 PERIWINKLE WAY SANIBEL, FL 33957	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

2017.05000 PROJECT GAIA, INC

17031114 350465 208497597

Schedule B (Form 99	0, 990-EZ, or	[·] 990-PF) (2017)
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Name of organization

Page 3

Employer identification number

20-8497597

PROJECT GAIA, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II No	ncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

 $17031114 \ 350465 \ 208497597$

20849751

lame of orga	nization	Employer identification number	
PROJEC	T GAIA, INC		20-8497597
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000 c	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for bllowing line entry. For organizations
(a) No.	· · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- 		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2017
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organization					Employer ide	entification number
PROJECT GAIA, I	NC				20-8497	7597
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the orgar	ization answere	ed "Yes" on
Form 990, Part IV						
			ds to substantiate the amount of its gra the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and ot	her assistance	outside the
			an be duplicated if additional space is r			(0, -,
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
				PROJECT POI	ICY	
SUB-SAHARAN AFRICA	1	1	PROGRAMS	DEVELOPMENT	1	23,222.
SUB-SAHARAN AFRICA	1	1	PROGRAMS	STOVE TESTI	NG IN LAB	23,118.
3 a Sub-total	2	2				46,340.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	2	2				46,340.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

732071 10-06-17

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

PROJECT GAIA, INC

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA	SUPPORT DIVISIONS	23,222.	WIRE TRANSFER	Ο.		
		SUB-SAHARAN AFRICA	SUPPORT DIVISIONS	23,118.	WIRE TRANSFER	0.		
								-
2 Enter total number of	recipient organization	I ns listed above that are	I recognized as charities by the 1	l foreign country.	I recognized as tax-exe	empt		1
			tion 501(c)(3) equivalency letter					
						►		

Schedule F (Form 990) 2017

20-8497597

litional space is need (b) Region	(c) Number of	(d) Amount of	()),		
(b) Region		(d) Amount of			
	recipients	cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description noncash assista
				_	
				_	

Schedule F (Form 990) 2017

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2017

732074 10-06-17

Schedule F (Form 990) 2017 E	ROJECT	GAIA,	INC
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

732075 10-06-17	Schedule F (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ 2017 Open to Public Inspection Employer identification number 20-8497597

OMB No. 1545-0047

PROJECT GAIA, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPROPRIATE ALCOHOL APPLIANCES FOR GENERAL USE IN DEVELOPING COUNTRIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND DJIBOUTI. TECHNICAL ASSISTANCE TO QUALIFYING COUNTRIES AND

STAKEHOLDERS WHO CONTACT PROJECT GAIA TO INQUIRE ABOUT OUR MODEL FOR

THE DEVELOPMENT OF ALCOHOL FUELS FOR COOKING. COMMUNICATIONS WITH THE

GLOBAL ALLIANCE FOR CLEAN COOKSTOVES AND BILATERAL FUNDERS AND

DEVELOPERS ABOUT ALCOHOL FUELS AND APPLIANCES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR, PRESIDENT AND SECRETARY/TREASURER WILL HAVE THE

OPPORTUNITY TO REVIEW THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE ASKED TO ANNUALLY RENIEW AND DISCLOSE

ANYPOSSIBLE CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

ALL BOARD MEMBERS ARE GIVEN THE OPPORTUNITY TO REVIEW THE 990 VIA EMAIL

PRIOR TO SUBMISSION

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS AVAILABLE UPON REQUEST AT THE OFFICE DURING NORMAL BUSINESS

HOURS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

132211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Page 2 Employer identification number		
PROJECT GAIA, INC	20-8497597		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:			
ROUNDING	-1.		

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)