PROJECT GAIA, INC. (A Non-Profit Organization)

FINANCIAL STATEMENTS Modified Cash Basis (Compilation) For The Year Ended December 31, 2017 With Independent Compilation Report

PROJECT GAIA, INC. FINANCIAL STATEMENTS Year Ended December 31, 2017

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RAFFENSPERGER, MARTIN & FINKENBINER, LLC

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBER AMERICAN INSTITUTE OF CPA'S PENNSYLVANIA INSTITUTE OF CPA'S

INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors of Project Gaia, Inc. Gettysburg, Pennsylvania

Management is responsible for the accompanying financial statements of Project Gaia, Inc. (a non-profit organization), which comprise the statement of assets, liabilities, and net assets – modified cash basis as of December 31, 2017, and the related statement of support, revenues, expense, and changes in net assets – modified cash basis and statement of functional expenses – modified cash basis for the year then ended and for determining that the cash basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

We draw attention to Note A of the financial statements, which describes the basis of accounting. The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

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Raffensperger, Martin & Finkenbiner, LLC

Raffensperger, Martin & Finkenbiner, LLC Certified Public Accountants Gettysburg, PA

November 13, 2018

PROJECT GAIA, INC. STATEMENT OF ASSETS, LIABILITIES AND NET ASSETS-MODIFIED CASH BASIS December 31, 2017

ASSETS

| Current Assets Cash and Cash Equivalents | \$9,568 |
|---|---------|
| Total Current Assets | \$9,568 |

LIABILITIES AND NET ASSETS

| Current Liabilities Credit Card Payable Accrued and Withheld Payroll Taxes | \$ | 747 |
|--|------|-------|
| Total Current Liabilities | | 1,469 |
| Net Assets Unrestricted | | 8,099 |
| Total Liabilities and Net Assets | \$ _ | 9,568 |

See Accompanying Notes And Independent Accountants' Compilation Report.

- 2 -

PROJECT GAIA, INC. STATEMENT OF SUPPORT, REVENUES, EXPENSES AND CHANGES IN NET ASSETS MODIFIED CASH BASIS Year Ended December 31, 2017

| Public Support and Revenue Contributions Fundraising and Special Events Program Services Interest Income | \$ 82,513 29 68,238 127 |
|--|----------------------------------|
| Total Public Support and Revenue | 150,907 |
| Expenses Program Services Management and General | 190,991 10,184 |
| Total Expenses | 201,175 |
| Decrease In Net Assets (Unrestricted) | (50,268) |
| Net Assets (Unrestricted) – Beginning of Year | 58,367 |
| Net Assets (Unrestricted) – End of Year | \$8,099_ |

See Accompanying Notes And Independent Accountants' Compilation Report.

- 3 - -

PROJECT GAIA, INC. STATEMENT OF FUNCTIONAL EXPENSES – MODIFIED CASH BASIS Year Ended December 31, 2017

| | Program Services | Management and General | Total |
|------------------------|---------------------|---------------------------|-------------------|
| Wages | \$ 28,987 | \$ 3,319 | \$ 32,306 |
| Employee Benefits | 631 | -0- | 631 |
| Payroll Taxes | 2,291 | 262 | 2,553 |
| Professional Fees | 67,506 | 3,325 | 70,831 |
| BCO Fee | -0- | 100 | 100 |
| Miscellaneous | -0- | 296 | 296 |
| Materials and Supplies | 1,836 | -0- | 1,836 |
| Insurance | 1,065 | -0- | 1,065 |
| Postage and Shipping | 373 | -0- | 373 |
| Office Supplies | 3,742 | -0- | 3,742 |
| Dues | 95 | -0- | 95 |
| Travel | 36,339 | -0- | 36,339 |
| Interest | -0- | 11 | 11 |
| Bank Charges and Fees | -0- | 2,871 | 2,871 |
| Payments to Affiliates | 46,340 | -0- | 46,340 |
| Communications | 1,786 | -0- | 1,786 |
| Total | \$ <u>190,991</u> | \$ <u>10,184</u> | \$ <u>201,175</u> |

See Accompanying Notes and Independent Accountants' Compilation Report.

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PROJECT GAIA, INC. NOTES TO THE FINANCIAL STATEMENTS December 31, 2017

NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

<u>Nature of Organization</u> – Project Gaia, Inc., was incorporated February 26, 2007 under the Nonprofit Corporation Laws of the Commonwealth of Pennsylvania. Project Gaia, Inc. is supported through donor contributions. It is seeking grant funding to extend its activities.

Project Gaia is part of a global initiative for the development of clean cooking fuels. It seeks to establish and promote the use of alcohol fuels for household energy for all who have limited access to clean energy, including disadvantaged and marginalized peoples who suffer the added burden of being energy poor. Project Gaia seeks to raise awareness of the safety, health, economic and environmental benefits of alcohol fuels; share insights and resources with government and private organizations working in related endeavors; initiate or assist with demonstration projects that show the viability of alcohol as a household fuel; build on this experience to encourage locally managed commercialization of alcohol fuels and appliances; and reduce carbon emissions, thereby facilitating access to carbon finance to support low-income communities.

Basis of Accounting - The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under that basis, revenues are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligations are incurred except for payroll tax liabilities. The financial statements do not include a provision for donated materials and services.

Basis of Presentation – The financial statements of Project Gaia, Inc. have been prepared on the modified cash basis of accounting and transactions are reported according to the existence or absence of donor-imposed restrictions as required by the Not-For-Profit Presentation of Financial Statements Topic of the FASB Accounting Standards Codification. Accordingly, net assets of Project Gaia, Inc. and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> – Net assets that are not subject to donor-imposed stipulations and temporarily restricted net assets whose donor-imposed restrictions have been met in the same accounting period.

<u>**Temporarily restricted net assets**</u> – Net assets subject to donor-imposed stipulations that may or will be met either by actions of Project Gaia, Inc. and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction. As of December 31, 2017, Project Gaia, Inc. does not have any temporarily restricted net assets.

<u>Permanently restricted net assets</u> – Net assets subject to donor-imposed stipulations that they be maintained permanently by Project Gaia, Inc. Generally, the donors of these assets permit Project Gaia, Inc. to use all or part of the income earned on related investments for general or specific purposes. As of December 31, 2017, Project Gaia, Inc. does not have any permanently restricted net assets.

PROJECT GAIA, INC. NOTES TO THE FINANCIAL STATEMENTS December 31, 2017

<u>NOTE A – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES</u> (Continued)

Income Taxes – Project Gaia, Inc., a non-profit organization operating under Section 501(c)(3) of the Internal Revenue Code, is exempt from federal, state, and local income taxes (except with respect to unrelated business income) and, accordingly, no provision for income taxes is included in the financial statements.

<u>Use of Estimates</u> - The preparation of financial statements in conformity with a comprehensive basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE B – CASH AND CASH EQUIVALENTS

The Organization considers all highly liquid investments with a maturity of twelve months or less when purchased to be cash equivalents. This includes checking accounts, certificates of deposit, money market funds and similar short-term investments.

As of December 31, 2017, the Organization maintained the following accounts:

| Checking Accounts | \$ 4,529 |
|------------------------|------------------|
| Certificate of deposit | 5,039 |
| | \$ <u>_9,568</u> |

These checking and certificate of deposits are maintained at ACNB Bank and Citi Bank. The accounts are fully covered by the FDIC. All funds were unrestricted.

NOTE C PAYMENTS TO AFFILIATES

In March of 2011, Project Gaia, Inc. entered into a partnership agreement with Gaia Association to help promote the use of ethanol fuel and ethanol stoves for household use in Ethiopia. Gaia Association is an Ethiopian registered charity established in 2005 to revolutionize household energy in Ethiopia through the introduction of ethanol and ethanol cook stoves for household use. For the year ended December 31, 2017, Project Gaia, Inc. expensed \$23,222 to this organization.

Project Gaia, Inc. also made payments to the Centre for Household Energy & Environment, a Non-Governmental Nigerian Organization, that shares a similar mission to Project Gaia, Inc. For the year ended December 31, 2017 Project Gaia, Inc. expensed \$23,118 to this Organization.

PROJECT GAIA, INC. NOTES TO THE FINANCIAL STATEMENTS December 31, 2017

NOTE D – RELATED PARTY

The Executive Director of Project Gaia, Inc. donates his time to the Organization, but the financial statements do not include a provision for his donated time. However, the Executive Direct paid unreimbursed organization expenses out of his personal money that was included with the Contributions on the Statement of Support, Revenues, Expenses and Changes in Net Assets. The total of the contributions for the year ended December 31, 2017 was \$43,264. In addition, the Executive Director also contributed \$22,000 of cash to the organization.

NOTE E – SUBSEQUENT EVENTS

Project Gaia, Inc., has evaluated subsequent events through November 13, 2018, the date which the financial statements were available to be issued.

| 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 th 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 | | 20-8- | 497597 | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final Final | 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 | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | |
| 732001 11-2 | 32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | | | | | | | |

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 \$ | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Re | evenue \$ | |
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| | | | |
| 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 |

| 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 | | | |
| | 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 |
| | | 1.3 | | |

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 | | | | х | | |
| | officer, director, trustee, or key employee? | | | | | | | | |
| 3 | B 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 | | 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) | | |
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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 | Compensation of Officers, E | Directors | s, Trustees, Ko | ey Employees, Hig | hest 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) | (C) | | (D) | (E) | (F) | | | | |
|---------------------|-----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|-----------------|-----------------|-----------------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an | | compensation | compensation | amount of | | | |
| | week | | officer and a director/trustee) | | 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. |
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| 732007 11-28-17 | | | | | | | | | | Form 990 (2017) |

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| | 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 | | | | Average Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (E) Reportable compensation from related organizations | | (F) Estimated amount of other compensatio | | 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 |
| | | | | | | | | | | | | | | |
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| | | | - | | | | | | | | | | | |
| | 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 | n 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

20849751

17031114 350465 208497597

| | | 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 | | | |
| 6 | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | 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

_

| | <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 |
|-----|------|-------|
|-----|------|-------|

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 |

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

| Name of the organization Employer identification numbers of the organization | | | | | | | | | |
|--|--------|---|-------------------------|---|-------------------------------------|------------------|-----------------|---------------|----------------------------|
| _ | | 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 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 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 | | any integrated supportin | | ation. | | | |
| | | vide the following information | • | | | | | | |
| | | 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) |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 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 | |
|--------------------------------------|---------|-------|-----|--|
|--------------------------------------|---------|-------|-----|--|

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 |

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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.)

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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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| | | 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 |
|--------------------------------------|---------|-------|-----|
|--------------------------------------|---------|-------|-----|

| 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 exe | mpt 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 | 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 | | | |
| | (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 |
|--------------------------------------|---------|-------|-----|
| Dort VI Ourselaws and all Inform | | | |

| 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. |
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| 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 successively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

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 add | itional 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

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

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 |
| | | \$ | |

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2017.05000 PROJECT GAIA, INC

| | nization | | Employer identification number |
|------------------------|--|---|--|
| OJEC | F GAIA, INC | | 20-8497597 |
| art III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete | ributions to organizations described in s | ection 501(c)(7), (8), or (10) that total more than \$1,000 for |
| | completing Part III, enter the total of exclusively religiou | s, charitable, etc., contributions of \$1,000 or less | s for the year. (Enter this info. once.) \$ |
|) No. | Use duplicate copies of Part III if addition | al 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 | |
| | | (-) | |
| Ļ | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
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|) No. rom | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
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| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
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|) No. rom | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| art I | | | |
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| | | (e) Transfer of gift | |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| - | Transferee's name, address, a | | Relationship of transferor to transferee |
| - | Transferee's name, address, a | | Relationship of transferor to transferee |
|) No. | | ind ZIP + 4 | |
| No. rom art I | Transferee's name, address, a | | Relationship of transferor to transferee (d) Description of how gift is held |
|) No. om art I | | ind ZIP + 4 | |
|) No. rom art I | | ind ZIP + 4 | |
|) No. | | ind ZIP + 4 | |
|) No. rom art I | | ind ZIP + 4 | |
|) No. om art I | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held |
|) No. rom art I | | (e) Transfer of gift | |
|) No. rom art I | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held |
|) No. rom 'art I | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held |

17031114 350465 208497597

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. orm990 for instructions and the lates | | 5, or 16. | 2017 Open to Public Inspection |
|--|---|---|---|----------------------|---|--|
| Name of the organization | | www.ii3.gov/i c | | i mormation. | Employer ide | ntification number |
| C C | | | | | | |
| PROJECT GAIA, | INC | | | | 20-8497 | 597 |
| | | ctivities Out | side the United States. Compl | ete if the orgar | ization answere | d "Yes" on |
| | art IV, line 14b. | maintain kaaak | ds to substantiate the amount of its gra | nto and other | | |
| - | - | | the selection criteria used to award the | | | X Yes No |
| 2 For grantmakers. D United States. | Describe in Part V the | e organization's | procedures for monitoring the use of it | 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 | vity listed in (d) gram service, e specific type (s) in the region | (f) Total expenditures for and investments in the region |
| | | | | PROJECT POI | JCY | |
| SUB-SAHARAN AFRICA | 1 | 1 | PROGRAMS | DEVELOPMENT | | 23,222. |
| SUB-SAHARAN AFRICA | 1 | 1 | PROGRAMS | STOVE TESTI | NG IN LAB | 23,118 |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| 3 a Sub-total | 2 | 2 | | | | 46,340 |
| b Total from continuat sheets to Part I | ion 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.

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 |
|--|----------------------------|

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| 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. | | |
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| | | | recognized as charities by the f | | | | 1 | 1 |
| | | | tion 501(c)(3) equivalency letter | | | | | |
| Enter total number of | other organizations of | | | | | ····· 🕨 | | |

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 |
| | | | | | | |
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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 |
|----------------------------|---------|-------|-----|
|----------------------------|---------|-------|-----|

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. |
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| 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. | | Employe | r identificatio | 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 | | | Co | | 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. |
| 2 If th | he tax year entered in line 1 is for less than 12 months, Change in accounting period | check reaso | on: Initial return | Final retur | 'n | |
| 3a lfth | nis application is for Forms 990-BL, 990-PF, 990-T, 4720 | 0, or 6069. (| enter the tentative tax. less anv | | | |
| | nrefundable credits. See instructions. | e, e. eeee, | | 3a | \$ | 0. |
| | nis application is for Forms 990-PF, 990-T, 4720, or 606 | 9. enter any | refundable credits and | | Ŧ | |
| | imated tax payments made. Include any prior year over | | | 3b | \$ | 0. |
| c Ba | lance due. Subtract line 3b from line 3a. Include your p | payment wit | h this form, if required, | | | 0 |
| | using EFTPS (Electronic Federal Tax Payment System) | | | 3c | \$ | 0. |
| 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: <u>717-334-7313</u> |
| 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 | | |
| If 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: |

849751

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.) |

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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.

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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 | | 20-8497597 | | | |
| | 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 | | 717-2 | 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 | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | |
| 732001 11-2 | Tacon 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 | | Х |
| 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, | | | |
| ., | | 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) |
|------|-----|--------|
| FOUL | 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 | | |
| 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 | | - 11 |
| 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) |
|------|-----|--------|
|------|-----|--------|

| 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

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| 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) | (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. |
| | | | | | | | | | | |
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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 | able Estima sation amoun lated othe stions compens | | timate | |
| | | (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 | | | om th anizat d relat | e ion ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | \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 | (C) Compensation | | 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 | 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. | | | | |
| Ō | | 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 |

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|------------|--------|---------------------|-------|
| 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. | 50 260 | | 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)

| SCI | HED | UL | Ε. | Α |
|-----|-----|----|----|---|
|-----|-----|----|----|---|

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 | ame of the organization Employer 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 organization described in section 170(b)(1)(A)(ix) operated in conjunction 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 | ported |
| | | 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

732022 10-06-17

| 20 FIIVa | | II THE OLYAHIZATIO |
|--------------|--------|--------------------|
| 732023 10-06 | -17 | |
| 17031114 | 350465 | 208497597 |

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

20849751

| | | 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 exempt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | | | | | | |
| 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 |
|---|-------------|
|---|-------------|

| 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.) |
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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 successful 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 successful to the parts unless to the total contributions totaling \$5,000 or more during the year for an exclusively the total contributions total total to the parts unless to the parts unless the total contributions total to the parts unless to the total contributions total to the parts unless the total contributions total to the parts unless the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the parts unless to the total contributions total to the parts unless to the total contributions total to the parts unless to the pa

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) |
|---------------------|---------------|-----------------------------|
|---------------------|---------------|-----------------------------|

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)

| 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 |
| . . . | | (e) Transfer of g | |
| | 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. |
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| | | | | | | |
| 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

Schedule F (Form 990) 2017

| 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 n | eeded. |

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 | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT DIVISIONS | 23,118. | WIRE TRANSFER | 0. | | |
| | | | | | | | | |
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| by the IRS, or for whic | ch the grantee or cou | insel has provided a sec | recognized as charities by the t tion 501(c)(3) equivalency letter | r | - | | | |

Schedule F (Form 990) 2017

| art III Grants and Other Assista | | le the United Sta | tes. Complete if t | the organization answered "Yes" | 0 – 8497597 on Form 990, Part I | V, line 16. |
|---|------------|------------------------------------|--------------------------|---------------------------------|---|------------------------------------|
| Part III can be duplicated it (a) Type of grant or assistance | (b) Region | ed. (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Descriptior noncash assista |
| | | | | | | |
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(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

732074 10-06-17

| Schedule F (Form 990) 2017 E | ROJECT | GAIA, | INC |
|------------------------------|--------|-------|-----|
|------------------------------|--------|-------|-----|

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 | | | | | | |
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| PROJECT GAIA, INC | | | | 20-8497597 | | | | | | | | |
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Schedule O (Form 990 or 990-EZ) (2017)