Form	887	79-	E	0
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IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2020, or fiscal year beginning NOV 1 , 2020, and ending OCT 31 , 2021

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

► Go to www.irs.gov/Form8879EO for the latest information.



Name of exempt organization or person subject to tax

Taxpayer identification number

PROJECT LEMONADE INC.	**_****
Name and title of officer or person subject to tax	
JONATHAN GANNON	
TREASURER	
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 an	nount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return	
blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , 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 one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line	
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)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Parl	t VI, line 5) 4b
5a Form 8868 check here 🛛 🕨 🛄 b Balance due (Form 8868, line 3c)	
6a Form 990-T check here 🕨 🗋 b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Su	-
Under penalties of perjury, I declare that $\lfloor X floor$ I am an officer of the above organization or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	m a person subject to tax with respect to
(name of organization), (EIN),	and that I have examined a co
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my	knowledge and belief, they are
rue, correct, and complete. I further declare that the amount in Part I above is the amount shown o	n the copy of the electronic return.
consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) o receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmissio	to send the return to the IRS and
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tre	n, (b) the reason for any delay in
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution accourt	it indicated in the tax preparation
software for payment of the federal taxes owed on this return, and the financial institution to debit t	he 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 busi	ness days prior to the payment
(settlement) date. I also authorize the financial institutions involved in the processing of the electron confidential information necessary to answer inquiries and resolve issues related to the payment. I h	IC payment of taxes to receive
identification number (PIN) as my signature for the electronic return and, if applicable, the consent t	o electronic funds withdrawal.
PIN: check one box only	
X lauthorize GEFFEN MESHER & CO, PC	to enter my PIN 18151
ERO firm name	Enter five numbers, bu
	do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated within t	his return that a copy of the return is being filed with
a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autho	rize the aforementioned ERO to enter my
PIN on the return's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN	as my signature on the tax year 2020
electronically filed return. If I have indicated within this return that a copy of the return is b	
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return	
Signature of officer or person subject to tax	Date 🕨
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	50218151
	t enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically file	
that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-Fil	e (MeF) Information for Authorized
RS <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date
ERO Must Retain This Form - See Instruct	tions
Do Not Submit This Form to the IRS Unless Reque	sted To Do So
· · · · · · · · · · · · · · · · · · ·	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2020)

023051 11-03-20

Form 8	868
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(Rev. January 2020)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Type or	ype or Name of exempt organization or other filer, see instructions. Ta				Taxpayer identification number (TIN)		
print	PROJECT LEMONADE INC.					* * * * * *	
File by the due date for filing your		ee instruc	tions.				
return. See instructions	City, town or post office, state, and ZIP code. For a for PORTLAND, OR 97296-6003	oreign add	Iress, see instructions.				
Enter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870 JONATHAN GANNON			Form 8870			12	
● If the ● If this box ▶ 1 I r th ▶ 2 If f	e organization named above. The extension is for the org calendar year or X tax year beginning <u>NOV 1, 2020</u> the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta SEPTEI anization's , an check reas	emption Number (GEN), in the names and TINs of MBER 15, 2022 , to file s return for:	f this is fo f all memb e the exen	r the whole ers the ext npt organiz		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year over			Зb	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.	
instructi	: If you are going to make an electronic funds withdrawa ons. For Privacy Act and Paperwork Reduction Act Notice,) NU		3453-EO a		879-EO for payment 8868 (Rev. 1-2020)	

			EXTENDED TO SEPTEMBER 15, 2	022	_	
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047	
For	Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)					
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public	
Inter	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection	
-						
	Check if applicab	le: C Name of	organization	D Employer identifica	ition number	
	Addre	PROJ	ECT LEMONADE INC.			
	Name		usiness as	**_****	*	
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number		
	Final		OX 96144	503-422-0		
_	termi ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	825,877.	
	Amer	I FORI	LAND, OR 97296-6003	H(a) Is this a group retu		
	Appli tion pend	ing 1000	nd address of principal officer: JONATHAN GANNON		Yes X No	
	-	- 1008	LLOYD CENTER, PORTLAND, OR 97232	H(b) Are all subordinates incl		
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 500 (a)(1) or 500 (c)(2) (st. See instructions	
-				H(c) Group exemption ear of formation: 2012		
	art I					
	1		e the organization's mission or most significant activities: PROJECT	LEMONADE PROVI	DES FOSTER	
nce	-	YOUTH W	ITH A BACK-TO-SCHOOL SHOPPING EXPERIE	NCE AND OFFERS	SUPPORT	
irna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	ets.	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)		14	
ي م	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)		14	
Activities & Governance	5		of individuals employed in calendar year 2020 (Part V, line 2a)		8	
tivit	6		of volunteers (estimate if necessary)		300	
Act			d business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			
	8	Contributions	and grants (Part VIII, line 1h)	Prior Year 608,972.	Current Year 585,636.	
nue	9		ce revenue (Part VIII, line 2g)	0.00,572.	0.	
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)	1,613.	1,981.	
č			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,446.	216,289.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	822,031.	803,906.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
			to or for members (Part IX, column (A), line 4)	0.	0.	
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	152,423.	191,016.	
ens	16a	Professional fu	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ►30 , 421 .	0.	0.	
Expenses				435,785.	466,103.	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	588,208.	657,119.	
	18 19		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	233,823.	146,787.	
es	13	Nevenue less		Beginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	996,150.	1,129,894.	
Ass d Ba	21	-	(Part X, line 26)	27,299.	14,256.	
Fund	22		fund balances. Subtract line 21 from line 20	968,851.	1,115,638.	
Pa	art II	Signature	e Block			
			I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is	
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.		
		Cinnetum	o of officer	Data		

Sign		Signature of officer				Date		
Here		JONATHAN	GANNON,	TREASURER				
		Type or print name	and title					
	Print/	/Type preparer's nan	ne	Preparer's signature	Date	Check	PTIN	
Paid						if self-employed		
Preparer	Firm'	s name 🕨				Firm's EIN		
Use Only	Firm'	s address 🕨						
	Phone no.							
May the IRS discuss this return with the preparer shown above? See instructions							No	
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	990 (2020) PROJECT LEMONADE INC.	**_*	* * * * * *	Pag
Par	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			[
1	Briefly describe the organization's mission:			
	TO SERVE FOSTER CHILDREN AND CHILDREN UNDER THE SUPERVI	SION	OF THE	
	OREGON DEPARTMENT OF HEALTH SERVICES IN OREGON AND SOUT	HERN	WASHING	IOT
	VIA CONTRIBUTIONS OF CLOTHING AND SCHOOL SUPPLIES.			
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	X
	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?	,		X
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e mogeuro	d by expense	c
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe			
	revenue, if any, for each program service reported.		nai experises,	anu
4a			585,	636
4a	(Code:) (Expenses \$ 533,561 · including grants of \$) (Reven PROJECT LEMONADE PROVIDES FOSTER YOUTH WITH A BACK-TO-S		, פטרט	NC
	EVENT WHERE THEY RECEIVE FREE CLOTHES, SHOES AND ACCESS			
	CAN START THE SCHOOL YEAR WITH A FRESH OUTLOOK AND CONF			1
	CAN START THE SCHOOL TEAR WITH A FRESH OUTLOOK AND CONF	TDENC	.с	
4b	(Code:) (Expenses \$including grants of \$) (Reven	iue \$		
4				
1c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$		
1d	Other program services (Describe on Schedule O.)			
ru.			١	
16	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 533,561.		1	
+ U			Form	
			Form	230 (2
\$2002	2 12-23-20 2			
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Form 990 (2020)

PROJECT LEMONADE 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)?		x	
~	If "Yes," complete Schedule A	1 2	X	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	-73	<u> </u>
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	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			
Ŭ	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	<u> </u>		
Ŭ	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		x
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			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
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
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	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? <i>If</i> "Yes," <i>complete</i>			
	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	051		x
	Schedule L, Part I	25b		_ A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	37	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	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	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?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	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		100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	5			
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Form	990 (2020) PROJECT LEMONADE INC. **-***	* * *	Pa	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	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 on Schedule O	3b		
4a	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).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	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).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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	_		v
		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g				
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
0	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
э а		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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		
	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			
с	Enter the amount of reserves on hand 13c			
- 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		-	000	(0000)

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PROJECT LEMONADE INC.

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

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			1		Yes	I N
1a Ei	nter the number of voting members of the governing body at the end of the tax year	1a	14			
lf	there are material differences in voting rights among members of the governing body, or if the governing					
bo	ody delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b Ei	nter the number of voting members included on line 1a, above, who are independent	1b	14	-		
2 D	id any officer, director, trustee, or key employee have a family relationship or a business relationsl	nip with	any other			
of	fficer, director, trustee, or key employee?			2		
	id the organization delegate control over management duties customarily performed by or under					Γ
	f officers, directors, trustees, or key employees to a management company or other person?			3		
	id the organization make any significant changes to its governing documents since the prior Form			4		Γ
	id the organization become aware during the year of a significant diversion of the organization's a			5		Г
	id the organization have members or stockholders?			6		Г
	id the organization have members, stockholders, or other persons who had the power to elect or					Г
	ore members of the governing body?			7a		
	re any governance decisions of the organization reserved to (or subject to approval by) members,					t
	ersons other than the governing body?			7b		
	id the organization contemporaneously document the meetings held or written actions undertaken during the y			1.0		t
	he governing body?	-	-	8a	x	ſ
	ach committee with authority to act on behalf of the governing body?			8b	X	t
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					t
	rganization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
	on B. Policies (This Section B requests information about policies not required by the Internal			1 9	I	T
conc	ST D. T ONOICS (This Section D requests information about policies not required by the internal	levenue	= 000e.)		Yes	Т
02 0	id the organization have local chapters, branches, or affiliates?			10a	163	t
				104		ł
	"Yes," did the organization have written policies and procedures governing the activities of such			104		l
	nd branches to ensure their operations are consistent with the organization's exempt purposes?			10b	x	╀
	as the organization provided a complete copy of this Form 990 to all members of its governing bo	uy pero	re ming the form?	11a		╉
	escribe in Schedule O the process, if any, used by the organization to review this Form 990.			40	x	ł
	id the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	╀
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		╀
	id the organization regularly and consistently monitor and enforce compliance with the policy? If				v	
	Schedule O how this was done			12c	X	╀
	id the organization have a written whistleblower policy?			13		╀
	id the organization have a written document retention and destruction policy?			14		ł
	id the process for determining compensation of the following persons include a review and appro		ndependent			
	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision					1
	he organization's CEO, Executive Director, or top management official			15a	X	╀
	ther officers or key employees of the organization			15b		Ļ
lf	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a D	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			
ta	xable entity during the year?			16a		
b If	"Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its p	participation			
in	joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizatio	n's			1
ex	xempt status with respect to such arrangements?	<u></u> .		16b		I
ectio	on C. Disclosure					
7 Li	ist the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{OR}$					_
	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and 990	D-T (Section 501(c)(3	B)s only	/) avai	la
	or public inspection. Indicate how you made these available. Check all that apply.					
			,	nd fine	noial	
	escribe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict	or interest policy, al	ia fina	ncial	
	tatements available to the public during the tax year.					
	tate the name, address, and telephone number of the person who possesses the organization's b	ooks ar	na records 🕨			
	ONATHAN GANNON - 360-281-2562					
1	008 LLOYD CENTER, PORTLAND, OR 97232			_	000	
32006 1	_			Form	1 990	(2
	7 15 759909 18151 2020.06000 PROJECT LEMONA	_		<i></i>	·	
			7 - 0	101	151_	

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)	ľ		(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer ar	ss pe	more erson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KIRSTEN M. BRADY	2.00	x						0.	0.	0.
DEVELOPMENT CHAIR (2) SARA WRIGHT	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(3) DAWN M. TANGVALD	2.00							0.		0.
DIRECTOR		x						0.	0.	0.
(4) KAREN HINSDALE	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) LINDA FAVERO	2.00								_	_
DIRECTOR		х						0.	0.	0.
(6) MICHAEL LISKA	3.00									
TREASURER		X		X				0.	0.	0.
(7) LEXY GARBARINO	2.00									0
DIRECTOR	0.00	X						0.	0.	0.
(8) TANA THOMSON	8.00	x						0.	0.	0.
CHAIR (9) NEAL SHECHTER	2.00	^		X				0.	0.	0.
GOVERNANCE CHAIR	2.00	x						0.	0.	0.
(10) ANNA PALERMO	2.00						<u> </u>	0.	0.	0.
SECRETARY	2.00	x		x				0.	0.	0.
(11) SHEILA KISOR	2.00									
DIRECTOR	2100	x						0.	0.	0.
(12) JULIE ROOD	2.00									
DIRECTOR		X						0.	0.	0.
(13) JANICE SLONECKER	2.00									
DIRECTOR		х						0.	0.	0.
(14) TRACY WILLIAMS	2.00									
DIRECTOR		X						0.	0.	0.
										Corm 000 (2020)

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Form 990 (2020)

8

	990 (2020) PROJECT I									**_**	* *	* * *	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c , unle:	(C Posi heck ss per	C) ition more rson i		one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensatior from related	n	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr org ane	pensa om the anizati d relate	e ion ed
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.00.00.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							no re	eceived more than \$100),000 of reportable	e			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>			-	•	•		Ŭ				3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	omp	ensa	atior	n and	d otl				4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co										pens	ation 1	rom	
	the organization. Report compensation for t (A) Name and business			endi DNE		vith	or w	ithir	n the organization's tax (B) Description of s		C) ompe	;) nsatio	n
			140	2141	<u> </u>							<u></u>		
2	Total number of independent contractors (in	-	ot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(J					Form	990 (2	2020)

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Form	199	0 (2020) PROJECT LEMONA	ADE INC.			**_***	*** Page S
Pa								
	_		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				s note to any int	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
nts its	1	а	Federated campaigns 1a					
àrar oun			Membership dues 1b					
s, G			Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations					
ns, imi		е	Government grants (contributions) 1e	57,470.				
itio er S		f	All other contributions, gifts, grants, and					
Cibr				528,166.				
ont		-		121,590.				
<u>a</u> C		h	Total. Add lines 1a-1f		585,636.			
	-		-	Business Code				
Program Service Revenue	2	a ⊾						
Ser		b						
s m		c d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interes					
			other similar amounts)		1,981.			1,981
	4		Income from investment of tax-exempt bond pr					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
e		b	Less: cost or other basis					
evenue		_	and sales expenses 7b Gain or (loss) 7c					
Seve								
Other R	0		Net gain or (loss) Gross income from fundraising events (not	/				
Oth	0	a	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18	238,260.				
		b		21,971.				
			Net income or (loss) from fundraising events	►	216,289.			216,289
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· ►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sne		~	ł	Business Code				
neo	11						+	
ella ver		b c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		803,906.	0.	0.	218,270
03200				F	•	•	•	Form 990 (2020

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PROJECT LEMONADE INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O cont Do not include amounts reported on lines 7b, 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	-		·		
 and domestic governments. See Part IV, 2 Grants and other assistance to don individuals. See Part IV line 22. 	nestic				
 individuals. See Part IV, line 22 Grants and other assistance to fore organizations, foreign governments individuals. See Part IV, lines 15 and 	ign , and foreign				
4 Benefits paid to or for members					
5 Compensation of current officers, d	lirectors,				
trustees, and key employeesCompensation not included above to dis persons (as defined under section 4958)	qualified (f)(1)) and				
persons described in section 4958(c)(3)		171 000	112 564		
7 Other salaries and wages		171,239.	113,564.	34,524.	23,151
8 Pension plan accruals and contributions					
section 401(k) and 403(b) employer corOther employee benefits		808.	308.	350.	150
10 Payroll taxes		18,969.	10,566.	6,259.	2,144
11 Fees for services (nonemployees):	····· -		-	,	· -
a Management		22,568.	5,000.	17,568.	
b Legal		485.		485.	
c Accounting		5,775.		5,775.	
d Lobbying					
e Professional fundraising services. See P	· · · · · · · · · · · · · · · · · · ·				
f Investment management fees					
g Other. (If line 11g amount exceeds 10% column (A) amount, list line 11g expens					
12 Advertising and promotion	· ·	11,099.		6,123.	4,976
13 Office expenses		8,391.	4,744.	3,647.	27570
14 Information technology		4,062.	,	4,062.	
15 Royalties					
16 Occupancy		15,075.	11,575.	3,500.	
17 Travel					
18 Payments of travel or entertainment for any federal, state, or local public					
19 Conferences, conventions, and me	etings	297.		297.	
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amorti	zation	2 0 6 2		2 0 6 2	
23 Insurance		3,963.		3,963.	
24 Other expenses. Itemize expenses not co above (List miscellaneous expenses on line 24e amount exceeds 10% of line 25 amount, list line 24e expenses on Sched	line 24e. If , column (A) lule 0.)				
a PROGRAM EXPENSE (C	CLOTHI	352,547.	352,547.		
b WISH AND MENTORSHI		26,072.	26,072.		
c INTERNSHIP EXPENSE	<u>s</u>	8,047.	8,047.	1 1 1 0	
d BANK FEES		4,119. 3,603.	1,138.	4,119. 2,465.	
e All other expenses	through 94o	657,119.	533,561.	93,137.	30,421
 Total functional expenses. Add lines 1 Joint costs. Complete this line only if the 		0,,119.	555,501.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50,421
reported in column (B) joint costs from a	-				
educational campaign and fundraising s					
Check here Check here					
32010 12-23-20					Form 990 (2020

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1

Assets

_iabilities

Net Assets or Fund Balances

29

30

31

32

33

Part X Balance Sheet

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 241,274. 8 Inventories for sale or use Prepaid expenses and deferred charges 9 basis. Complete Part VI of Schedule D _____ 10a 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 996,150. 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 27,299. 25 of Schedule D 27,299. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗌 and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here \blacktriangleright X and complete lines 29 through 33. 0. Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 30

PROJECT LEMONADE INC.

100,029. 100,020. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 6. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 7 269,187. 8 9 **10a** Land, buildings, and equipment: cost or other b Less: accumulated depreciation _____ 10b 11 12 13 14 15 1,129,894. 16 17 18 19 20 21 22 23 24 25 14,256. 14,256 26 27 28

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

Cash - non-interest-bearing

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

(B)

760,687.

0.

1,129,894. Form **990** (2020)

18151 1

1,115,638.

1,115,638.

0.

0.

End of year

(A)

Beginning of year

654,841

968,851.

968,851.

996,150.

31

32

33

1

Form	990 (2020) PROJECT LEMONADE INC.	**_*	* * * * * *	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06.
2	Total expenses (must equal Part IX, column (A), line 25)	2			19.
3	Revenue less expenses. Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	968	3,8	51.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,115	5,6	38.
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

SCHEDULE 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						
I	2020						
	Open to Public Inspection						
Employer identification number							

Name of the organization

Itan		PROJ	ECT LEMONA	DE INC.				±mpioyei *	*_***				
Pa	rt I	Reason for Public (omplete th	nis part.) S	See instruction	IS.					
The	organ	ization is not a private found	_		-								
1		A church, convention of ch											
2		A school described in sect					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
3		A hospital or a cooperative					ii).						
4		A medical research organiz					-	(iii), Enter	the hospital's name				
-		city, and state:		njunotion with a hoopital	accombet				the noopital o name,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental	init describ	ed in				
5		section 170(b)(1)(A)(iv). (C				icu by a g	overnmentart						
6				nontal unit described in a	nantion 17	70(6)(4)(4)	(v)						
7		A federal, state, or local gov	-					ha ganaral	public described in				
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
0		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	\square	-				ad in a suit							
9		An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of	r the colleg	e or				
10	X	university:		then 00 1/00/ of its own				hin face as	al aveca vacatata fuera				
10		An organization that norma											
		activities related to its exen		-					-				
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.				
		See section 509(a)(2). (Cor		i velu te test feu eulelie es	fate Caa		O(-)(4)						
11		An organization organized a											
12		An organization organized a	-	-	-			•					
		more publicly supported or	-						neck the box in				
		lines 12a through 12d that	• •			-		-					
а		Type I. A supporting orga	-	-	•	-							
		the supported organization			a majority (of the dire	ctors or truste	es of the s	supporting				
	_	organization. You must o	-										
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported				
		organization(s). You mus											
С		☐ Type III functionally inte						lly integrate	ed with,				
	_	its supported organizatio											
d		Type III non-functionally						-					
		that is not functionally int	•	v ,			•	d an attent	iveness				
		requirement (see instruct											
e		☐ Check this box if the orga					а Туре I, Туре	II, Type III					
		functionally integrated, or		nally integrated support	ing organiz	zation.							
f		er the number of supported of	•										
g		vide the following informatior i) Name of supported	about the supporte	ed organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monotony	(vi) Amount of other				
	(organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)				
				above (see instructions))	Yes	No							
													
		Paperwork Reduction Act N	lotico, coo the last	uctions for Earm 000 -	r 000 E7	000001 01	05.01 Cob	hulo A (Ec.	m 990 or 990 EZ) 9999				
LULA		aper work neulocitori ACT N	woulde, see the instr	UCTIONS ION LOUTIN 220 0	1 330-EZ.	032021 01-	20-21 OCHE	ulie A (FOľ	m 990 or 990-EZ) 2020				

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_**** Page **2**

	(Form 990 or 990-EZ) 2020 PROJECT			**_*****	Pag
Part II	Support Schedule for Organizat	tions Describe	d in Sectio	ns 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 Pa	art I or if the org	ganization failed to qualify under Part III. If the organiz	zation
	fails to qualify under the tests listed below	. please complete	Part III.)		

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	a 33 1/3% support test - 2020. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟
ł	33 1/3% support test - 2019. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check th	is box and stop he	e re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶∟
ł	o 10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, ch	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported organ	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 PROJECT LEMONADE 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.)

	ction A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	506,519.	254,061.	477,682.	608,972.	531,205.	2378439.
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						
2	Gross receipts from activities that						
0	are not an unrelated trade or bus-						
	iness under section 513	185,100.	159,069.	196,690.	224,670.	271,221.	1036750.
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						
6	Total. Add lines 1 through 5	691,619.	413,130.	674,372.	833,642.	802,426.	3415189.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	amount on line 13 for the year						0.
	Public support. (Subtract line 7c from line 6.)						3415189.
	ction B. Total Support						5415105.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	691,619.	413,130.	674,372.	833,642.	802,426.	3415189.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			236.	1,613.	1,981.	3,830.
b	Unrelated business taxable income				,	,	
~	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			236.	1,613.	1,981.	3,830.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)	691,619.	413,130.	674,608.	835,255.	804,407.	3419019.
4	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
_	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I			column (f))		15	99.89 %
16	Public support percentage from 2019					16	99.94 %
	ction D. Computation of Inves						11
17	Investment income percentage for 20			ne 13, column (f))		17	.11 %
18	Investment income percentage from 2					18	.06 %
19a	33 1/3% support tests - 2020. If the more than 33 1/3%, check this box an	-					I7 is not ►X
b	33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
20	Private foundation. If the organizatio				nis box and see ins	structions	
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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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17 2020.06000 PROJECT LEMONADE INC. Part IV Supporting Organizations (continued)

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			Yes	No
11 Has the or	ganization accepted a gift or contribution from any of the following persons?			
a A person	who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below	, the governing body of a supported organization?	11a		
b A family m	ember of a person described in line 11a above?	11b		
c A 35% co	ntrolled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
detail in Pa	art VI.	11c		
Section B. T	ype I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the honofit of any supported organization other than the supported	

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.

Section C.	. Type I	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	ction 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 line 2, above, 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	2		

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**
- **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.*

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Schedule A (Form 990 or 990-EZ) 2020

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Yes No

Schedule A (Form 990 or 990-EZ) 2020 PROJECT LEMONADE INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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		
Sect	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 0.015 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 0.035.	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 0.85 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	llv integrat	ed Type III supporting orc	Janization (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) 2020

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Schedule A (Form 990 or 990 EZ) 2020 PROJECT LEMONADE INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Section D, lines 5, (See instructions.)	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Part I

1

2

3

4

5

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

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



Employer identification number

Yes

No

Name of the organization

PROJECT LEMONADE IN	1C.	**_*****					
I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the							
organization answered "Yes" on Form 990, Part IV, line	96.						
	(a) Donor advised funds	(b) Funds and other accounts					
Total number at end of year							
Aggregate value of contributions to (during year)							
Aggregate value of grants from (during year)							
Aggregate value at end of year							
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds							
are the organization's property, subject to the organization's e	exclusive legal control?	YesNo					

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that a	oply).	
	Preservation of land for public use (for example, recreation or education)		Preservation of a historically important land area
	Protection of natural habitat		Preservation of a certified historic structure
	Preservation of open space		

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onserv	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year

а	lotal number of conservation easements	za
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	nat describes the
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. • \$
h	Assats included in Form 900, Part X	• •

sets included in Form 990, Part

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Schedule D (Form 990) 2020

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-		LEMONADE	INC.					**_**	* * * *	* Pa	age 2
Par	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	reasures, or O	ther	Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that ma	ke sigr	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Parl	t XIII.		
5	During the year, did the organization solicit of								7		7
Der	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the	e organizatio	on answered "Yes'	' on Fo	orm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1 a	Is the organization an agent, trustee, custoo								7.		٦.,
	on Form 990, Part X?							L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					A		
	De viewie v historie e						4		Amoun	τ	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e 1f				
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										1
Par											
	·	(a) Current year		Prior year	(c) Two years bac			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	((-, -	,					(-)		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administered f	or the	organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize				•				3b		L
4	Describe in Part XIII the intended uses of the		owment	funds.							
Fai	t VI Land, Buildings, and Equipn			/		+ V 11	- 10				
	Complete if the organization answere			1						L	
	Description of property	(a) Cost or c basis (investr		• •	t or other (c (other)	,	umulate ciation	;u	(d) Boo	k valu	t,
10	Land		iony	54315		acpie	Siacion				
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line '	10c.)						0.
			., colui					Schodulo	D (Eor	n 0001	

Schedule D (Form 990) 2020

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CREDIT CARD PAYABLE	14,256.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,256.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 PROJECT LEMONADE INC.		** - ****** Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2020

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
Department of the Treasury		Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service	,	to www.irs.gov/Form990 for instru	uction	s and	the latest informat	ion.		
Name of the organization		LEMONADE INC.					**_***	entification number
	complete this par	Complete if the organization answe	red "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Ail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	tions email solicitations tations licitations on have a written c		ion of ion of fundra (inclue	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru	stees	;, or	s 🗌 No
	highest paid indiv	viduals or entities (fundraisers) pursu			-			
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Tatal		<u> </u>						
		on is registered or licensed to solicit o		oution	I s or has been notified	l d it is	exempt from r	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form 9	990 or	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

rt l		he organization answered	d "Yes" on Form 990, Par		
	of fundraising event contributions and g	(a) Event #1 2021 FALL FUNDRAISER	(b) Event #2 2021 MAY CAMPAIGN	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
1	Gross receipts				238,260.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	198,312.	39,948.		238,260.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8 9 10	Other direct expenses	21,971.		>	21,971. 21,971.
11	Net income summary. Subtract line 10 from	line 3, column (d)		►	216,289.
	\$15,000 on Form 990-EZ, line 6a.	1			(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses			r1	
6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		ucts gaming activities:			YesNo
	1 2 3 4 5 6 7 8 9 10 11 rt I 2 3 4 5 6 7 8	of fundraising event contributions and g 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line	of fundraising event contributions and gross income on Form 990 (a) Event #1 2021 FALL FUNDRAISER (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 198,312. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Garning. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List (a) Event #1 (b) Event #2 2021 FALL 2021 MAY FUNDRAISER CAMPATIGN (event type) (event type) 1 Gross receipts 198,312. 3 Gross income (line 1 minus line 2) 198,312. 3 Gross income (line 1 minus line 2) 198,312. 4 Cash prizes	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8b. List events with gross receipts (a) Event #1 (b) Event #2 (c) Other events 1 Gross receipts 198,312. 39,948. (c) Other events 2 Less: Contributions 198,312. 39,948. 3 Gross income (line 1 minus line 2) 198,312. 39,948. 4 Cash prizes

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sche	edule G (Form 990 or 990-EZ) 2020 PROJECT LEMONADE INC. **	- * * *	* * * *	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	N
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13	Ba	
	An outside facility		ßb	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	_ Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
De	organization's own exempt activities during the tax year > \$			
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	J Part II	, lines 9,	96, 106,
)3208	3 11-25-20 Schedule G (F 38	orm 99	0 or 990	-EZ) 202
570	915 759909 18151 2020.06000 PROJECT LEMONADE INC.		181	51 1

	1 /		
			Schedule G (Form 990 or 990-EZ
032084 04-01-20		2.0	
		39	
570915 759909 18151	2020.06000	PROJECT LEMONADE	INC. 18151_1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attacil to Form 990

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

Inspection Employer identification number ** _ * * * * * * *

20

Name of the organization	۱
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PROJECT LEMONADE INC.

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi	-	te
		applicable		Form 990, Part VIII, line 1g	noncash contributi		1.5
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		121,590.	FAIR MARKET	VALUE	1
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Oth						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (
26	Other (_)					
27	Other (_)					
28	Other ► ()					
29	Number of Forms 8283 received by the c	-					
	for which the organization completed Fo	rm 8283, Part V, E	Donee Acknowledg	jement 29			1
					Г	Yes	No
30a	During the year, did the organization rece						
	must hold for at least three years from th			•			v
	exempt purposes for the entire holding p					30a	X
	If "Yes," describe the arrangement in Par		dia 44 dia	- for a second	41	~	x
31	Does the organization have a gift accept.					31	
s∠a	Does the organization hire or use third pa contributions?		0	· ·		32a	x
h	o If "Yes," describe in Part II.				·····	524	<u> </u>
33	If the organization didn't report an amou	nt in column (c) fo	r a type of propert	v for which column (a) is che	cked		
30	describe in Part II.			y to which column (a) is the			
							-

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

Schedule M (Form 990) 2020

032141 11-23-20

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11-23-20	Schedule M (Form 990) 2020
	41	
06570915 759909 18151	2020.06000 PROJECT LEMONADE INC. 18151	1

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

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.

Employer identification number

OMB No 1545-0047

Open to Public

Inspection

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PROJECT LEMONADE INC.

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

TO INSPIRE SELF-ESTEEM AND PROMOTE SUCCESS.

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

IT WILL BE REVIEWED AND APPROVED BY THE TREASURER & FINANCE COMMITTEE.

APPROVAL OF THE TAX RETURN BY VOTE.

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

ANNUAL CONFLICT OF INTEREST FORM TO BE SIGNED BY BOARD DIRECTORS AT ANNUAL

BOARD MEETING.

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

CURRENT AND PAST PRESIDENTS HAVE BEEN HR SPECIALISTS IN CONJUNCTION WITH

THE GOVERNANCE COMMITTEE.

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

WE HAVE NOT MADE THE CONFLICT OF INTEREST AVAILABLE FOR PUBLIC, BUT IT IS

AVAILABLE UPON REQUEST. EACH BOARD MEMBER SIGNS IT UPON BEING APPROVED BY

THE BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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