

Return of Organization Exempt From Income Tax

2018

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **FULLER PROJECT FOR INTERNATIONAL REPORTING INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1875 CONNECTICUT AVE NW, 10TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20009

D Employer identification number
81-1175253

E Telephone number
202-669-5068

G Gross receipts \$ **1,204,964**

F Name and address of principal officer: **XANTHE SCHARFF**
SAME AS ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.fullerproject.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2016**

M State of legal domicile: **DE**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The Fuller Project is a non-partisan, non-profit news organization reporting globally and in the US on the issues that most impact women. Women are persistently under-represented in news. We address this gap in coverage through investigative, explanatory, and solutions-driven reporting.**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	702,767	1,173,552
9 Program service revenue (Part VIII, line 2g)	17,529	24,265
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	1
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-170	-47,736
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720,127	1,150,082
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	25,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	168,707	346,508
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/>	99,970	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	487,881	543,573
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	656,588	915,082
19 Revenue less expenses. Subtract line 18 from line 12	63,539	234,900

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	675,467	877,030
21 Total liabilities (Part X, line 26)	58,430	24,993
22 Net assets or fund balances. Subtract line 21 from line 20	617,037	852,037

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Xanthe Scharff*
 Date: **May 14, 2019**
 Type or print name and title: **Xanthe Scharff**

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name : _____ Firm's EIN : _____
 Firm's address : _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Sev xk Vxexi q i r xskSvsl veq Vi vzrgi Cggsq t pwrq i r xw

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

2 Briefly describe the organization's mission:
The Fuller Project is a non-partisan, non-profit news organization reporting globally and in the US on the issues that most impact women. Women are persistently underrepresented in news. Our reporting addresses this gap in coverage through investigative, explanatory, and solutions-driven reporting. We publish our reporting with the world's leading news outlets, including locally.

3 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? di w Ps
If "Yes," describe these new services on Schedule O.

4 Did the organization cease conducting, or make significant changes in how it conducts, any program services? di w Ps
If "Yes," describe these changes on Schedule O.

5 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

5e (Code: 519130) (Expenses \$ 788,124 including grants of \$ 25,000) (Revenue \$ 24,265)
In 2018, The Fuller Project published more than forty articles through partner publications, ranging from New York Times Magazine to Foreign Policy to Marie Claire. Our reporting during this period was shortlisted for five journalism awards -- and won the industry's top military reporting award (Military Reporters & Editors) and the top human rights reporting award (Amnesty International). During this year we built our team of ten reporters in six cities around the globe and began preparations to launch our East Africa bureau in partnership with Nation Media Group, and our Philadelphia Bureau. Our reporting covered the biggest stories impacting women around the world and in the US on issues such as: the lack of justice for wives of ISIS members in Iraq, failures of US programming for women in Afghanistan, and a focus on some of the solutions to issues that urban low-income women face.

5f (Code:) (Expenses \$ including grants of \$) (Revenue \$)

5g (Code:) (Expenses \$ including grants of \$) (Revenue \$)

5h Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

5i Total program service expenses 788,124

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	di w	Ps
2 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	2	✓
3 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	3	✓
4 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	4	✓
5 Vi gwsr 612)g,4, svl er nexsr w Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	5	✓
6 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	6	✓
7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	7	✓
8 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	8	✓
9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	9	✓
A 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	A	✓
21 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	21	✓
22 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.		
e Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	22e	✓
f 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	22f	✓
g 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	22g	✓
h 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	22h	✓
i Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	22i	✓
k Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	22k	✓
23e Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	23e	✓
f Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	23f	✓
24 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	24	✓
25e Did the organization maintain an office, employees, or agents outside of the United States?	25e	✓
f 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	25f	✓
26 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	26	✓
27 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	27	✓
28 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	28	✓
29 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	29	✓
2A 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	2A	✓
31 e Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	31e	✓
f If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	31f	
32 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	32	✓

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Table with 3 columns: Question ID, Question Text, and Answer (di w, Ps). Rows include questions 33 through 49 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Sevxa Vxexi q i r xwTi l ehvri l Rxi vKV Hpri l wer h Xe Esq t per gi

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Answer (di w, Ps). Rows include questions 2e, 2f, and 2g regarding Form 1096, Forms W-2G, and backup withholding rules.

Sevxa Vxexi q i r xwTi l evhrr l Rxi vKV Hpr l wer h Xe Esq t per gi (continued)

Table with columns for question number, description, and checkboxes for 'di w' and 'Ps'. Rows include questions 3e through 27 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and other organizational details.

SevxaK I szi v r e r g i - O e r e l i q i r x e r h F n g j s w y i 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Vi g x s r C O l s z i v r r l D s h e r h O e r e l i q i r x

		di w	Ps
2e	Enter the number of voting members of the governing body at the end of the tax year 2e 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
f	Enter the number of voting members included in line 1a, above, who are independent 2f 8		
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	3	<input checked="" type="checkbox"/>
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	<input checked="" type="checkbox"/>
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<input checked="" type="checkbox"/>
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
7	Did the organization have members or stockholders?	7	<input checked="" type="checkbox"/>
8e	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	8e	<input checked="" type="checkbox"/>
f	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8f	<input checked="" type="checkbox"/>
9	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
e	The governing body?	9e	<input checked="" type="checkbox"/>
f	Each committee with authority to act on behalf of the governing body?	9f	<input checked="" type="checkbox"/>
A	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	A	<input checked="" type="checkbox"/>

Vi g x s r D O S p p j n w (This Section B requests information about policies not required by the Internal Revenue Code.)

		di w	Ps
21e	Did the organization have local chapters, branches, or affiliates?	21e	<input checked="" type="checkbox"/>
f	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	21f	
22e	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	22e	<input checked="" type="checkbox"/>
f	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
23e	Did the organization have a written conflict of interest policy? If "No," go to line 13	23e	<input checked="" type="checkbox"/>
f	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	23f	<input checked="" type="checkbox"/>
g	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	23g	<input checked="" type="checkbox"/>
24	Did the organization have a written whistleblower policy?	24	<input checked="" type="checkbox"/>
25	Did the organization have a written document retention and destruction policy?	25	<input checked="" type="checkbox"/>
26	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
e	The organization's CEO, Executive Director, or top management official	26e	<input checked="" type="checkbox"/>
f	Other officers or key employees of the organization	26f	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
27e	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	27e	<input checked="" type="checkbox"/>
f	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	27f	

Vi g x s r E O F n g j s w y i

- 28** List the states with which a copy of this Form 990 is required to be filed NONE
- 29** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 2A** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 31** State the name, address, and telephone number of the person who possesses the organization's books and records
ALISON ANDERSON, 511 DRUID LN, CHATTANOOGA, TN 37405, 202-670-2545

Sevax K Esq t i r v e x s r s k R k r g i w F n i g s w w X y w i i w M G q t p s i i w J r l m i w k E s q t i r v e x i h G q t p s i i w e r h K h i t i r h i x E s r x e g s w w

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

V i g x s r C 0 R k r g i w F n i g s w w X y w i i w M G q t p s i i w e r h J r l m i w k E s q t i r v e x i h G q t p s i i w

2e 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 **g y w i r x** 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 **g y w i r x** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **g y w i r x** 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 **l s v q i v** 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 **l s v q i v h n i g s w w s v x y w i i w** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

)C, Name and Title)D, Average hours per week (list any hours for related organizations below dotted line))E, Position (do not check more than one box, unless person is both an officer and a director/trustee))F, Reportable compensation from the organization (W-2/1099-MISC))G, Reportable compensation from related organizations (W-2/1099-MISC))H, Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
)2, XANTHE SCHARFF EXECUTIVE DIRECTOR	40	✓			✓	✓	148,864	0	8,577	
)3, CHRISTINA ASQUITH EDITOR-IN-CHIEF	40	✓			✓	✓	131,909	0	31,054	
)4, SARAH O'HAGAN BOARD CHAIR	5	✓		✓						
)5, MARY BERNER DIRECTOR	2	✓								
)6, LAURIE HAYES DIRECTOR	2	✓								
)7, MIRIAM MAHLOW DIRECTOR	2	✓								
)8, RITU SHARMA DIRECTOR	2	✓								
)9, HOLLY WILLIAMS DIRECTOR	2	✓								
)A, REBECCA WINTHROP DIRECTOR	2	✓								
)21, ROBERT ROSENTHAL DIRECTOR	2	✓								
)22,										
)23,										
)24,										
)25,										

Sevxa K Vi gxr CORKgi w F ni gsw Xywi i w M Gq t ps i i w er h J r m i w Esq t i r w e h Gq t ps i i w (continued)

)C, Name and title)D, Average hours per week (list any hours for related organizations below dotted line))E, Position (do not check more than one box, unless person is both an officer and a director/trustee))F, Reportable compensation from the organization (W-2/1099-MISC))G, Reportable compensation from related organizations (W-2/1099-MISC))H, Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
)26,										
)27,										
)28,										
)29,										
)2A,										
)31,										
)32,										
)33,										
)34,										
)35,										
)36,										
2f Vyf .xsep.							280,773		39,631	
g Xsxpksq gsr xyexsr wni i xws Sevxa K Vi gxr C										
h Xsxp)ehh pri w2f er h 2g,							280,773		39,631	

3 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	di w	Ps
4 Did the organization list any lsvq i v officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	5	✓
6 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	6	✓

Vi gxr DOK hi t i r hi r xEsr xegsw

2 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

)C, Name and business address)D, Description of services)E, Compensation
TYPE A EXECUTIVE CONSULTING LLC, 9505 THORNHILL RD, SILVER SPRING, MD	PROGRAMS AND FUNDRAIS	205,000

3 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Sevsk **Vxi q i r xskTi zi ryi**

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

			JC, Total revenue	JD, Related or exempt function revenue	JE, Unrelated business revenue	JF, Revenue excluded from tax under sections 512-514
Esr xrf y xsr w l tkw l ver xv er h R xri v Vrtq pby Cq syr xv	2e	Federated campaigns	2e			
	f	Membership dues	2f			
	g	Fundraising events	2g	20,247		
	h	Related organizations	2h			
	i	Government grants (contributions)	2i			
	k	All other contributions, gifts, grants, and similar amounts not included above	2k	1,085,413		
	l	Noncash contributions included in lines 1a-1f: \$		67,892		
	m	Xs xep Add lines 1a-1f		1,173,551		
Ses veq V v z r g i Ti zi ryi	3e	Publishing Income	Dy wri v w Eshi			
	f		519130	24,265	24,265	
	g					
	h					
	i					
	k	All other program service revenue .				
	l	Xs xep Add lines 2a-2f		24,265		
R xri v Ti zi ryi	4	Investment income (including dividends, interest, and other similar amounts)		1		
	5	Income from investment of tax-exempt bond proceeds				
	6	Royalties				
			(i) Real	(ii) Personal		
	7e	Gross rents				
	f	Less: rental expenses				
	g	Rental income or (loss)				
	h	Net rental income or (loss)				
	8e	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	f	Less: cost or other basis and sales expenses				
	g	Gain or (loss)				
	h	Net gain or (loss)				
	9e	Gross income from fundraising events (not including \$ <u>20,247</u> of contributions reported on line 1c). See Part IV, line 18	e	5,945		
	f	Less: direct expenses	f	54,982		
	g	Net income or (loss) from fundraising events .		-49,037		
Ae	Gross income from gaming activities. See Part IV, line 19	e				
f	Less: direct expenses	f				
g	Net income or (loss) from gaming activities . .					
21e	Gross sales of inventory, less returns and allowances	e				
f	Less: cost of goods sold	f				
g	Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue			Dy wri v w Eshi			
22e	credit card rewards		522210	1,301	1,301	
f						
g						
h	All other revenue			1,301	1,301	
i	Xs xep Add lines 11a-11d			1,301		
23	Xs xep zi ryi 0 See instructions			1,150,082	25,566	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Part IX		JC, Total expenses	JD, Program service expenses	JE, Management and general expenses	JF, Fundraising expenses
2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
3	Grants and other assistance to domestic individuals. See Part IV, line 22	25,000	25,000		
4	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
6	Compensation of current officers, directors, trustees, and key employees	285,747	270,747		15,000
7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages	9,436	7,549	1,887	
9	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
A	Other employee benefits	29,681	28,935		746
21	Payroll taxes	21,644	20,396	202	1,046
22	Fees for services (non-employees):				
e	Management	231,105	156,823	843	73,435
f	Legal				
g	Accounting	12,670		12,670	
h	Lobbying				
i	Professional fundraising services. See Part IV, line 17				
k	Investment management fees				
l	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
23	Advertising and promotion	3,014	2,340	465	210
24	Office expenses	6,901	4,242	1,212	1,447
25	Information technology	9,634	3,446	2,405	3,782
26	Royalties				
27	Occupancy	21,097	16,877	1,055	3,165
28	Travel	70,187	69,894	177	116
29	Payments of travel or entertainment expenses for any federal, state, or local public officials				
2A	Conferences, conventions, and meetings	34,141	33,182	880	79
31	Interest				
32	Payments to affiliates				
33	Depreciation, depletion, and amortization	33	33		
34	Insurance	4,721		4,721	
35	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
e	Authors, Editors, Field Support	146,526	146,526		
f	Service charges (bank and fees)	1,538	350	245	944
g	Meals with stakeholders	1,544	1397	146	
h					
i	All other expenses Misc.	462	385	78	
36	Xs xplyr gxr epi t i r w v Add lines 1 through 24e	915,082	788,123	26,986	99,970
37	Lsr x gswv Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Sevxc **Depergi Vm i x**

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

)C, Beginning of year)D, End of year	
Cw i xw	2 Cash—non-interest-bearing	325,005	2	597,877	
	3 Savings and temporary cash investments	301	3	302	
	4 Pledges and grants receivable, net	224,524	4	267,743	
	5 Accounts receivable, net	1,450	5	2,705	
	6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		6		
	7 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		7		
	8 Notes and loans receivable, net		8		
	9 Inventories for sale or use		9		
	A Prepaid expenses and deferred charges	3,869	A	4,260	
	21e Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21e 4,175			
	f Less: accumulated depreciation	21f 33	21g	4,142	
	22 Investments—publicly traded securities		22		
	23 Investments—other securities. See Part IV, line 11		23		
	24 Investments—program-related. See Part IV, line 11		24		
25 Intangible assets		25			
26 Other assets. See Part IV, line 11		26			
27 Xs xepewi w0 Add lines 1 through 15 (must equal line 34)	675,467	27	877,030		
Nef r p i w	28 Accounts payable and accrued expenses	58,430	28	24,993	
	29 Grants payable		29		
	2A Deferred revenue		2A		
	31 Tax-exempt bond liabilities		31		
	32 Escrow or custodial account liability. Complete Part IV of Schedule D		32		
	33 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		33		
	34 Secured mortgages and notes payable to unrelated third parties		34		
	35 Unsecured notes and loans payable to unrelated third parties		35		
	36 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		36		
	37 Xs xep pef r p i w0 Add lines 17 through 25	58,430	37	24,993	
P i x Cw i xwsv Hyr h Depergi w	Rv l er n exsr wx t ex l s p s VHCV 228)C VE A69,- gni go ni vi <input checked="" type="checkbox"/> er h gsq t p i x i p r i w38 xmsyl m3A-er h p r i w44 er h 450				
	38 Unrestricted net assets	255,435	38	802,037	
	39 Temporarily restricted net assets	361,602	39	50,000	
	3A Permanently restricted net assets	0	3A	0	
	Rv l er n exsr wx t ex h s r s x l s p s VHCV 228)C VE A69,- gni go ni vi <input type="checkbox"/> er h gsq t p i x i p r i w41 xmsyl m450				
	41 Capital stock or trust principal, or current funds		41		
	42 Paid-in or capital surplus, or land, building, or equipment fund		42		
	43 Retained earnings, endowment, accumulated income, or other funds		43		
44 Total net assets or fund balances	617,037	44	852,037		
45 Total liabilities and net assets/fund balances	675,467	45	877,030		

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

2	Total revenue (must equal Part VIII, column (A), line 12)	2	1,150,082
3	Total expenses (must equal Part IX, column (A), line 25)	3	915,082
4	Revenue less expenses. Subtract line 2 from line 1	4	235,000
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	617,037
6	Net unrealized gains (losses) on investments	6	
7	Donated services and use of facilities	7	
8	Investment expenses	8	
9	Prior period adjustments	9	
A	Other changes in net assets or fund balances (explain in Schedule O)	A	
21	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	21	852,037

Sevck Hrr ergpVxi q i r xwer h T i t svrr l

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

	di w	Ps
2 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
3e Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
f Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
g If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
4e As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
f If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization FULLER PROJECT FOR INTERNATIONAL REPORTING INC	Employer identification number 81-1175253
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			60,186	702,767	1,173,552	1,963,505
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			10,186	702,767	1,173,552	1,963,505
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)						1,217,233
6 Public support. Subtract line 5 from line 4						746,272

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4			60,186	702,767	1,173,552	1,963,505
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1	1	2
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.)				263	1,301	1,564
11 Total support. Add lines 7 through 10						1,938,071
12 Gross receipts from related activities, etc. (see instructions)					12	41,784
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization 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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.	Yes	No
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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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.

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

Tekgf yrg C

(Gr uo :: 0, :: 0-Fb, ru :: 0-RG)

Dht dwq hr xsi x h Whdwyv lr xhr dpt hzhr yh Uhzrnh

bdi fe rf rhSroulc urst

► Bwæek w Gr uo :: 0, Gr uo :: 0-Fb, ruGr uo :: 0-RG
► I r w yyy .lu.i rx/Fr uo 990 hr uvkg revgvwlphr uo cvlr p.

ROB Ps. 1545-0047

2018

Pdq h si x h svkdr mdrsr

FULLER PROJECT FOR INTERNATIONAL REPORTING INC

Fo srr gulf gvwHecvlp pyo dgu
81-1175253

Pui cpl cvlr p wsg (f l hf o sr h):

Gr gw r hA

Tgevlr pA

- Fsvq 990 sv990-Ec 501(f)(3) (hr xhvr yq ehv) svkdr mdrsr
- 4947(d)(1) r sr h" hq t xfl dvrdeph xyvkr pr wvhdhg dwd t vzzdx isyr gdxsr
- 527 t s pndpsvkr mdrsr

- Fsvq 990-SF 501(f)(3) h" hq t xt vzzdx isyr gdxsr
- 4947(d)(1) r sr h" hq t xfl dvrdeph xyvkr vhdhg dwd t vzzdx isyr gdxsr
- 501(f)(3) xd" deph t vzzdx isyr gdxsr

Cl hf o rin svvsvkdr mdrsr rwf szvhg e x h l gpgucnSyrg svd TsgelcnSyrg.

Or vgrAR p dwhf xsr 501(f)(7), (8), sv(10) svkdr mdrsr f dr fl hf o es" hwisvesx x h Ghr hvdptYph dr g d Ut hf rdpTyph. Uhh mwwyf xsr w

I gpgucnSyrg

- Fsvdr svkdr mdrsr inpnk Fsvq 990, 990-Ec, sv990-SF x dxvhf hzhg, gyvnrk x h hdv, f sr xreyxsr wxsdpnk \$5,000 svq svh (m q sr h svt vst hw) isq dr sr h f sr xreyxsv. Csqt t phx Sdxwl dr g II. Uhh mwwyf xsr wisvghxvq mnrk d f sr xreyxsv wxsdpf sr xreyxsr w

TsgelcnSyrgv

- Fsvdr svkdr mdrsr ghwf vrehg m whf xsr 501(f)(3) inpnk Fsvq 990 sv990-Ec x dxq hxx h 33 1/3% wyt t svxhwksi x h vky pdrsr vyr ghv whf xsr w509(d)(1) dr g 170(e)(1)(A)(z) x dxfl hf ohg Uf l hgyph A (Fsvq 990 sv990-Ec), SdxII, pnk 13, 16d, sv16e, dr g x dxvhf hzhg isq dr sr h f sr xreyxsv, gyvnrk x h hdv, xsdpf sr xreyxsr wsi x h kvhdhvs (1) \$5,000; sv (2) 2% si x h dq syr xsr (h)Fsvq 990, SdxZIII, pnk 1I ; sv (h)Fsvq 990-Ec, pnk 1. Csqt t phx Sdxwl dr g II.
- Fsvdr svkdr mdrsr ghwf vrehg m whf xsr 501(f)(7), (8), sv(10) inpnk Fsvq 990 sv990-Ec x dxvhf hzhg isq dr sr h f sr xreyxsv, gyvnrk x h hdv, xsdpf sr xreyxsr wsi q svh x dr \$1,000 isv h pksy w fl dvrdeph, w rnr ximh, pnkdv , sv hgyf dxsr dpt yvt swhw svsvx h t vhzhr xsr si f wyh x s fl rgvhr svdr r q dpx. Csqt t phx Sdxwl (hr xhvnrk P/A m f sq r (e) mwwhdg si x h f sr xreyxsvr dq h dr g dggvhw), II, dr g III.
- Fsvdr svkdr mdrsr ghwf vrehg m whf xsr 501(f)(7), (8), sv(10) inpnk Fsvq 990 sv990-Ec x dxvhf hzhg isq dr sr h f sr xreyxsv, gyvnrk x h hdv, f sr xreyxsr w isv h pksy w fl dvrdeph, hxf ., t yvt swhw eyxs w yf l f sr xreyxsr wxsdpng q svh x dr \$1,000. li x nves" rwf l hf ohg, hr xvl hvh x h xsdpf sr xreyxsr wx dx" hvh vhf hzhg gyvnrk x h h dvisvdr v h pksy w fl dvrdeph, hxf ., t yvt swh. Dsr 'xf sq t phx dr si x h t dwwyr phwvx h l gpgucnSyrg dt t pnwxs x rsvkdr mdrsr ehf dywh vvhf hzhg v h pksy w fl dvrdeph, hxf ., f sr xreyxsr w xsdpnk \$5,000 svq svh gyvnrk x h hdv ► \$ _____

Dcyvlr pAAr svkdr mdrsr x dxvr 'xf szvhg e x h Ghr hvdptYph dr g/sv x h Ut hf rdpTyph w gshw 'xirnh Uf l hgyph B (Fsvq 990, 990-Ec, sv990-SF), eyxno yvwdr w hv Ps sr SdxIZ, pnk 2, si rnvFsvq 990; svfl hf o x h es" sr pnk H si rnvFsvq 990-Ec svsr rnv Fsvq 990-SF, SdxI, pnk 2, xs f hxin x dxnagshw 'xq hxx h inpnk vhuynhq hr xwsi Uf l hgyph B (Fsvq 990, 990-Ec, sv990-SF).

Rcuwv Dr pwlidywuv (whh mwyf xsr w). Xwh gyt pndh f st rhwsi Sdxl rindggnr dptw df h rwr hghg.

(c) Or .	(d) Oco g, cf f ugvv, cpf bNR + 4	(e) Ur vner pwlidyvr pv	(f) U sg r her pwlidyvr p
1		\$ 465,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
2		\$ 250,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
3		\$ 95,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
4		\$ 90,363	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input checked="" type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
5		\$ 50,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
6		\$ 29,180	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)

Rcuwv Dr pwlidywuv (whh mwyf xsr w). Xwh gyt pndh f st rhwsi Sdxll indggm dptw df h rwr hghg.

(c) Or .	(d) Oco g, cf f ugvv, cpf bNR + 4	(e) Ur vner pwlidyvr pv	(f) U sg r her pwlidyvr p
7		\$ 30,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
8		\$ 27,529	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input checked="" type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
9		\$ 25,000	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
		\$	Rgwr p <input checked="" type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
		\$	Rgwr p <input type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)
		\$	Rgwr p <input type="checkbox"/> Rc ur m <input type="checkbox"/> Or pecvk <input type="checkbox"/> (Csq t phh Sdxll isv rsrfdw f sr xrayxsr w)

RcuwM Or pecvk Rur sguw (vhh mwwyf xsr w). Xwh gyt pndx f st rhwsi Sdvll indggnr dpwt df h mwr hhghg.

(c) Or. hr o RcuwM	(d) Egveulvr p r hpr pecvk sur sguw i lzgp	(e) GNZ (r ugvvlo cvg) (Uhh mwwyf xsr w)	(f) Ecvg ugeglzgf
4	EXPENSES FOR FUNDRAISING EVENT AND PROGRAM ENGAGEMENT EVENT	\$ 65,363	2/28/18 AND 5/15/18
8	EXPENSES FOR PROGRAM ENGAGEMENT EVENT	\$ 2,529	12/6/18
		\$	
		\$	
		\$	
		\$	
		\$	

Pdq h si svkdr mdrsr

Fo srr gulf gplvtecvr p pyo dgu

RcuMM E emlxgm ugri lr yv, ekcuædrg, gve., er pvaldyvr pv w r ü cpl cvlr pv f gveuldgf lp vgevvr p 501(e)(8), (9), r u (10) vkcwvr vno r ug vkcp \$1,000 lr uvkg gcuhur o cp r pg er pvaldyvr u Csqt þxh fsyq r w(c) x vsykl (g) cpf x h isps“ mk þnh hr x . Fsvsvkdr mdrsr wf sq t þxmk SdxIII, hr xhv x h xsxpsi vþksywf fl dædeþ, hxf., f sr xreysr wsi \$1,000 r urgvv isv x h hdv. (Er xhv x nmisvq dxsr sr f h. Uhh mwxvf xsr w) ▶ \$ Xvh gyt þxh f st hnsi SdxIII indggmsr dpwt df h mvr hghg.

(c) Or. huro RcuMM	(d) Ryusr vgr hi lhw	(e) Vvgr hi lhw	(f) Egveulsvr p r hkr i lhwlv kgrf
-----	-----	-----	-----

(g) Uucpvhgur hi lhw	
Uucpvhgugg'v pco g, cf f ugvv, cpf bMR + 4	Sgrvvr pvkls r hwcpvhgur uwr wcpvhgugg
-----	-----
-----	-----

(c) Or. huro RcuMM	(d) Ryusr vgr hi lhw	(e) Vvgr hi lhw	(f) Egveulsvr p r hkr i lhwlv kgrf
-----	-----	-----	-----

(g) Uucpvhgur hi lhw	
Uucpvhgugg'v pco g, cf f ugvv, cpf bMR + 4	Sgrvvr pvkls r hwcpvhgur uwr wcpvhgugg
-----	-----
-----	-----

(c) Or. huro RcuMM	(d) Ryusr vgr hi lhw	(e) Vvgr hi lhw	(f) Egveulsvr p r hkr i lhwlv kgrf
-----	-----	-----	-----

(g) Uucpvhgur hi lhw	
Uucpvhgugg'v pco g, cf f ugvv, cpf bMR + 4	Sgrvvr pvkls r hwcpvhgur uwr wcpvhgugg
-----	-----
-----	-----

(c) Or. huro RcuMM	(d) Ryusr vgr hi lhw	(e) Vvgr hi lhw	(f) Egveulsvr p r hkr i lhwlv kgrf
-----	-----	-----	-----

(g) Uucpvhgur hi lhw	
Uucpvhgugg'v pco g, cf f ugvv, cpf bMR + 4	Sgrvvr pvkls r hwcpvhgur uwr wcpvhgugg
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**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization FULLER PROJECT FOR INTERNATIONAL REPORTING INC	Employer identification number 81-1175253
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	4,175		33	4,142
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 4,142

Part VII Investments—Other Securities.

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. (Column (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FULLER PROJECT FOR INTERNATIONAL REPORTING

Employer identification number

81-1175253

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA		3	PROGRAM SERVICES	REPORTING, PHOTOGRAP	2,162
(2) EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	REPORTING, PHOTOGRAP	2,369
(3) EUROPE		3	PROGRAM SERVICES	REPORTING, PHOTOGRAP	10,089
(4) MIDDLE EAST AND NORTH AF		0	PROGRAM SERVICES	REPORTING, PHOTOGRAP	6,331
(5) NORTH AMERICA		2	PROGRAM SERVICES	REPORTING, PHOTOGRAP	6,258
(6) SOUTH ASIA		0	PROGRAM SERVICES	REPORTING, PHOTOGRAP	8,699
(7) SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	REPORTING, PHOTOGRAP	10,598
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal		9			46,506
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		9			46,506

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▲**

3 Enter total number of other organizations or entities **▲**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART 1, LINE 3, COLUMN (F): ALL REPORTED COSTS ARE EXPENDITURES PER REGION, BASED ON ACTUAL COSTS FOR GOODS AND SERVICES. FOREIGN EXPENDITURES ARE ACCOUNTED FOR USING THE SAME METHOD AND STANDARDS AS DOMESTIC EXPENDITURE.

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	26,192			26,192
	2 Less: Contributions	20,247			20,247
	3 Gross income (line 1 minus line 2)	5,945			5,945
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,200			7,200
	7 Food and beverages	17,745			17,745
	8 Entertainment	3,675			3,675
	9 Other direct expenses	26,362			26,362
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				54,982
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-49,037	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

FULLER PROJECT FOR INTERNATIONAL REPORTING

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

81-1175253

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	✓
b	Any related organization?	5b	✓
If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	✓
b	Any related organization?	6b	✓
If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	✓
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 XANTHE SCHARFF EXECUTIVE DIRECTOR	(i)	148,864			8,577	157,441	
	(ii)						
2 CHRISTINA ASQUITH EDITOR-IN-CHIEF	(i)	131,909			31,054	162,963	
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Rcuyl Tzssrgo gpycnpht u cylr p. Y“y sno +o xpy“wk-ayx “o’ s“on l Yk“-Qxo” 73l . 75l . kxn 77. kxn ro+o“
 +o y“qkxs k-ayx s’ “ozy“xq x Yk“-Qmyv wx ,l -. +o x wl o“ypmyx-“s ayx”. +o x wl o“ypsew” “omos on.
 y“k mywl sk-ayx ypl y+1l v“y nywz u-e +s” zk“-py“ kx knnseyxkvxpy“wk-ayx1

PART I, COLUMN B: WE ARE REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

PART VI, LINE 11B: THE BOARD OF DIRECTORS IS EMAILED A COMPLETED DRAFT OF FORM 990 AND GIVEN A ONE WEEK COMMENT PERIOD BEFORE FINALIZATION AND FILING.

PART VI, LINE 15A AND B: A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT DIRECTORS OF THE BOARD REVIEWED, DELIBERATED, AND DOCUMENTED THEIR DECISIONS ABOUT COMPENSATION FOR BOTH THE EXECUTIVE DIRECTOR AND THE EDITOR-IN-CHIEF. COMPARABILITY DATA FROM INDUSTRY REPORTS AND SPECIFIC PEERS IS USED, ALONG WITH AN ASSESSMENT OF EMPLOYEE ACCOMPLISHMENTS AND SKILLS.

PART VI, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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