Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

20 **4 0**

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2019 calenda	ar year, or tax year beginning January 1 , 2	2019, and ending	Dec	ember	31 , 20 19		
В	Check if ap	oplicable:	C Name of organization		D Empl	oyer iden	tification number		
	Address change The Pop-up Project					815373267			
Ц	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
H	Initial retur	rn rn/terminated	1602 Arapaho Drive		706-400-8860				
H	Amended		City or town, state or province, country, and ZIP or foreign postal code	•	F Group Exemption				
	Application pending Soddy Daisy, Tennessee 37379				Nun	nber >			
G	Account	ting Method:		Н	Check I	► ☐ if t	he organization is not		
1 \	N ebsite	e: ► www	.thepopupproject.org				h Schedule B		
JI	ax-exen		eck only one) - 📈 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a	a)(1) or 527	(Form 9	90, 990-	EZ, or 990-PF).		
			☑ Corporation ☐ Trust ☐ Association ☐ Ot	her					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00						
(Pa	rt II, col		500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instruc	ctions f	or Part I)		
		Check if	the organization used Schedule O to respond to any ques	tion in this Part I			🗸		
	1	Contributio	ons, gifts, grants, and similar amounts received			1	99,635.36		
Revenue	2	Program se	ervice revenue including government fees and contracts .			2	17,103.13		
	3	Membersh	ip dues and assessments			3			
	4	Investment	income			4			
	5a	Gross amo	unt from sale of assets other than inventory	5a					
	b	Less: cost	or other basis and sales expenses	5b					
	6	Gain or (los Gaming an	5c						
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
	b	,	me from fundraising events (not including \$	of contribution	าร				
		from fundraising events reported on line 1) (attach Schedule G if the							
			h gross income and contributions exceeds \$15,000)	6b	1,600				
	С	Less: direc	t expenses from gaming and fundraising events	6c	-,				
	d								
		line 6c)					1,600		
	7a	Gross sale	s of inventory, less returns and allowances	7a	48.52		,		
	b		of goods sold	7b	596.62				
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				7c	-548.10		
	8	Other rever	nue (describe in Schedule O)			8	28,350.35		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	146,140.74		
	10		similar amounts paid (list in Schedule O)			10	8,386.54		
	11	Benefits pa	aid to or for members			11			
Expenses	12		ther compensation, and employee benefits			12			
	13	Profession	al fees and other payments to independent contractors			13	76,093		
	14		/, rent, utilities, and maintenance			14	22.50		
ũ	15	Printing, pu	ublications, postage, and shipping			15			
	16	Other expe	enses (describe in Schedule O)			16	11,115.03		
	17		enses. Add lines 10 through 16			17	95,617.07		
Ņ	18	Excess or	deficit) for the year (subtract line 17 from line 9)			18	50,523.67		
set	19		or fund balances at beginning of year (from line 27, column						
As		=	r figure reported on prior year's return)			19	6,438.08		
Net Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O).			20			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20)	. ▶	21	56,961.75		

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	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this			🔽
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			6,438.08		59,445.23
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	,	· · · · · · ·			26	
27 Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom		· · · · · · · · · · · · · · · · · · ·	Sout III)	27	
Fair	Statement of Program Service Accome Check if the organization used Schedule	•				Expenses
\//hat	t is the organization's primary exempt purpose?	Mission Statement	•	Part III 🔽	(Rec	quired for section
						(c)(3) and 501(c)(4)
as m	cribe the organization's program service accompline asured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the			othe	anizations; optional for
28	Social Justice Film Series cont'd on Schedule O					
	(Grants \$ 13,800) If this amount	includes foreign gra	ints, check here .	▶ 🗌	28a	15,400
29	Commissions cont'd on Schedule O					
	,	includes foreign gra	ints, check here .	🕨 📙	29 a	16,925
30	Events cont'd on Schedule O					
	(Grants \$ 2,500) If this amount	includes foreign are	ents chack hara	.	30a	28,398.87
31	Other program services (describe in Schedule O)				ooa	20,390.07
٠.	(Grants \$ 5,000) If this amount				31a	5,000
32	Total program service expenses (add lines 28a					-,
		umougirora)		🕨	32	55.723.87
Par						00,1 20.01
Par	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	oensated—see the ir	nstru	00,1 20.01
Par		y Employees (list each O to respond to a	n one even if not compay question in this (c) Reportable	pensated—see the in Part IV	nstrud	ctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Key	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not compy question in this	pensated — see the in Part IV (d) Health benefits, contributions to employ	nstrud 	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average	n one even if not cominy question in this (c) Reportable compensation	pensated — see the in Part IV (d) Health benefits, contributions to employ	nstruce (e)	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstruce (e)	ctions for Part IV)
Jule	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruce (e)	ctions for Part IV)
Jule Co-f	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title s Downum	y Employees (list each e O to respond to a (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruce (e)	ctions for Part IV)
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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a **b** Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► Tennessee 41 **42a** The organization's books are in care of ▶ Mattie Waters Telephone no. ▶ 706-400-8860 Located at ► 3201 Easton Ave, Chattanooga, Tennessee ZIP + 4 ▶ 37415-4715 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

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46 Die to	d the organization engage, directly or i candidates for public office? If "Yes,"	ndirectly, in political c	ampaign activities (on behalf of or	in opposit	ion	res No			
Part VI	Section 501(c)(3) Organization All section 501(c)(3) organization	s Only					r lines			
	50 and 51. Check if the organization used So	hedule O to respond	I to anv question in	this Part VI			\Box			
	<u> </u>	<u> </u>					res No			
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										
49a Di	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
50 Co	omplete this table for the organization's nployees) who each received more that	s five highest compen	sated employees (o	ther than offic	ers, directo					
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, compen	to employee and deferred	yee (e) Estimated amount of				
None										
		-								
		-								
51 Co	otal number of other employees paid over complete this table for the organization 00,000 of compensation from the organization	's five highest compe	ensated independer	nt contractors	who each	received r	nore than			
	(a) Name and business address of each indepen	(b) Type of se	(c) Compensation							
None										
52 Di	otal number of other independent control d the organization complete Sched mpleted Schedule A	J	•	.▶ ganizations m		a .▶∏ Yes	□ No			
Under penal	Ities of perjury, I declare that I have examined this	a officiary in based on all info			best of my kn					
	t, and complete. Declaration Verified by PDF	ormation of which prepare	er nas any knowled	age.						
Sign Here	Signature of officer Mattie Waters, Co-Founder and Director									
	Type or print name and title	Preparer's signature		Date		PTIN				
Paid Propare	Print/Type preparer's name	i reparer a argitature	eparer's signature Date		Check self-employ	if				
Prepare Use On	l -	•				-				
000 011	Ily Firm's name ►			Firm	ı's EIN ▶					