Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		, x	TA	ge!	1	
Description Under section 501(c), 527, or 4947(b)(1) of the Internal Revenue Code (except private foundation) Deprint D Public Insertion Amount of the Insert Consider social security numbers on this form, as it may be made public. Deprint D Public Insertion Amount of the Insert Consider social security numbers on this form, as it may be made public. Deprint of Explored Social S		00	Short Form	U		
	For	n JJ				2019
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J Tax-exempt status (check only one) - X Sot(c)(3) Sot(c)(1) Intertinal 4947(b)(1) or Sot K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if lotal assets (Part II) Sot(000 or more, file form 990 instead of Form 990-EZ. \$ 67,87 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule 0 to respond to any question in this Part I [1 Contributions, gifts, grants, and similar amounts received 1 67,87 2 Program service revenue including government fees and contracts. 2 2 3 Membership dues and assessments. 4 4 4 Investment income. 5 6 5 Gross income from gaming (attach Schedule G if greater than st16,000) 5 5 6 Gaming and fundraising events: 6 6 6 a Gross income from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 6 7 Gross income from gaming and fundraising events (add lines 7a) 7	G				-	8.5.1 U
K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or it chala sests Form 900 introduces are \$200,000 or more, or it chala sests (Part II) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I I Contributions, gifts, grants, and similar amounts received 1 Contributions, gifts, grants, and similar amounts received 1 67.8: 2 Program service revenue including government fees and contracts. 3 4 4 Investment income 4 4 5a Gross anount from sale of assets other than inventory. 5a 5b a Gross income from sale of assets other than inventory (subtract line 5b from line 5a). 5c 6 Gaming and fundraising events: a of contributions from fundraising events: a Gross income from gaming and fundraising events (ad lines 6a and 6b and subtract line 6c). 7c 7a Gross sole of inventory, less returns and allowances. 7a 7c 7a Gross sole of inventory, less returns and allowances. 7a	5					
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For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (20)	set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (20)	t As	20				<u> </u>
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (20	Net		o			96,328
		r Paper			Anna Carlo and	Form 990-EZ (2019)

	GABRIEL PROJECT CLUST		UNERTUT	WD, INC		47-	1499	102	Page Z
Par	t II Balance Sheets (see the instructions for			hia Dart II					—
	Check if the organization used Schedule O to re	espond to an	y question in t					a a . a	
_					(A)	Beginning of y			(B) End of year
22	Cash, savings, and investments					111,	823	22	96,328
23	Land and buildings							23	
24	Other assets (describe in Schedule O)					111	000	24 25	06.229
25 26	Total assets						823	25	96,328
20	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (I					111	823	27	96,328
	Int III Statement of Program Service Accomplis						025	21	30,320
1 0	Check if the organization used Schedule O					Γ	x		Expenses
M/bc	ç			R PREGNANT W			<u> </u>	(Red	uired for section
	cribe the organization's primary exempt purpose?								c)(3) and 501(c)(4) nizations; optional
	neasured by expenses. In a clear and concise manne								thers.)
	sons benefited, and other relevant information for eac								
	PROVIDE MATERIAL GOODS, SUCH AS DIAPER			IPES, BOTTLES	AND)			T
	CLOTHING TO WOMEN BEFORE AND AFTER DE								
	(Grants \$) If this amoun	t includes for	reign grants, cl	heck here		🕨		28a	10,425
29	PROVIDE PRENATAL CARE FOR PREGNANT WO	DMEN							
				heck here				29a	16,520
30	PROVIDE GROCERY GIFT CARDS FOR CLIENTS	AND THEIR	R FAMILIES, A	PPROXIMATELY	140				
	CLIENTS								
						r			
				heck here				30a	27,313
31	Other program services (describe in Schedule O).								
				heck here				31a	
	Total program service expenses. (add lines 28a th							32	82,807
Ра	IT IV List of Officers, Directors, Trustees, and K							uction	is for Part IV)
	Check if the organization used Schedule O to	o respond to	any question i					· ·	L
			Average	(c) Reportable compensation		(d) Health I contribution			(e) Estimated amount of
	(a) Name and title		per week to position	(Forms W-2/1099-N		employee ber	nefit plar		other compensation
				(if not paid, enter	-0-)	and deferred co	ompensa	ation	
			10.00						
		Hr/WK	10.00		0			0	С
			1.00		~				
	VICE PRESIDENT	Hr/WK	1.00		0			0	U
		-	2.00		0			o	C
	VICE PRESIDENT	Hr/WK	2.00		0				L.
	CRETARY	-	1.00		0			o	C
	NDRA BUFFALANO	Hr/WK	1.00		0				
	EASURER	-	2.00		0			o	C
TINE	ASONEN	Hr/WK	2.00		0		<u></u>		
		- Hr/WK				162 ⁻¹			
		- Hr/WK							
								-	
		- Hr/WK							
		- Hr/WK							
		Hr/WK							
		Hr/WK							
	4	Hr/WK							
									5 000 E7 (2010

Distance in the local distance in		7-14991	82	Page 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in		urt V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	
34	detailed description of each activity in Schedule O. Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		X
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		
37 a	during the year? If "Yes," complete applicable parts of Schedule N	36		X
b	Did the organization file Form 1120-POL for this year?	37b		х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	0/10		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
102	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	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		Х
С	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,			
а	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	40c reimbursed by the organization			
Ũ	transaction? If "Yes," complete Form 8886-T.	40e		х
41	List the states with which a copy of this return is filed.	100		<u> </u>
42 a	The organization's books are in care of SANDRA BUFFALANO Telephone no.	(301) 2	19-59	12
		95-312		
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		Х
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			v
~	completed instead of Form 990-EZ	44b		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		^
u	explanation in Schedule O.	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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			
	Form 990-EZ. See instructions.	45b		Х

Form 990-EZ (2019)

		USTER, MONTGOMERY C			47-1499182 Ра Yes I
	organization engage, directly or indirect idates for public office? If "Yes," comple				46
A 5	Section 501(c)(3) Organizations C All section 501(c)(3) organizations r 50 and 51. Check if the organization used Sche	nust answer questions 4			
	5	•	<u>.</u>		Yes
year? If	organization engage in lobbying activition "Yes," complete Schedule C, Part II.				47
	rganization a school as described in sec				
	organization make any transfers to an e				
	" was the related organization a section				. 49b
	ete this table for the organization's five h				
employ	ees) who each received more than \$100	0,000 of compensation from	the organization. If th		None.
(4	a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amour other compensatio
Name None					
Title		- Hr/WK .00			
Name		_			
Title		Hr/WK .00			
Name		_			
Title		Hr/WK .00			
Name		-			
Title		Hr/WK .00			
Name				1	
Title f Total nu 51 Comple	umber of other employees paid over \$10 ete this table for the organization's five h 00 of compensation from the organizati	ighest compensated indepe	endent contractors whe	o each received mor	e than
f Total nu f Comple		00,000 . .ighest compensated indepe on. If there is none, enter "I	endent contractors whe		e than (c) Compensation
Title f Total nu 51 Comple \$100,00	ete this table for the organization's five h 00 of compensation from the organizati	00,000 . .ighest compensated indepe on. If there is none, enter "I	endent contractors who None."		
Title f Total nu 51 Comple	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen	00,000 . .ighest compensated indepe on. If there is none, enter "I	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str	00,000 . ighest compensated indepe on. If there is none, enter "I dent contractor	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None City	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST	00,000 . ighest compensated indepe on. If there is none, enter "I dent contractor	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None City Name	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str	D0,000	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None City Name City	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST	D0,000	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None City Name City Name City Name	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str Str ST	20,000	endent contractors who None."		
Title f Total nu 51 Comple \$100,00 Name None City Name City Name City Name City Name City	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Str ST	20,000	endent contractors who None."		
Title f Total nu f Total nu f Total nu f Total nu f 100,00 Name None City Name City Name City Name City Name City Name City Name	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Str Str ST Str	20,000	endent contractors who None."		
Title f Total nu f 100,00 Name None City Name City Name City Name City Name City Name City Name City Did Total nu f 2 Did the	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str	2IP ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZIP Z	(b) Type of servi	ce	(c) Compensation
Tritle f Total nu f f Total nu f f Total nu f f Total nu f f f Total nu f f f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str	D0,000 . iighest compensated independent on. If there is none, enter "It dent contractor ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) orgoin including accompanying schedules	(b) Type of servi	ce	(c) Compensation
Title f Total nu f Total nu f f f f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent Str ST Str Str Str Str Str Str Str Str	D0,000 . iighest compensated independent on. If there is none, enter "It dent contractor ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) orgoin including accompanying schedules	(b) Type of servi	ce	(c) Compensation
Title f Total nu f Total nu f f f f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent Str ST ST Str ST ST Str Str Str Str Str Str Str Str	D0,000 . iighest compensated independent on. If there is none, enter "It dent contractor ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) orgoin including accompanying schedules	(b) Type of servi	ce	(c) Compensation
Title f Total nu f Total nu f f f f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent Str ST ST Str ST ST Str ST Str ST Str ST Str ST ST Str ST ST Str ST ST Str ST Str ST ST Str ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str Str ST Str Str ST Str ST Str ST Str ST Str ST Str ST Str ST Str Str Str Str Str Str Str Str	D0,000 . iighest compensated independent contractor ZIP ZIP ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) orgonic including accompanying schedules orgonic based on all information of whith Companying schedules	(b) Type of servi	ce	(c) Compensation
Title f Total nu f Total nu f f f f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Umber of other independent contractors organization complete Schedule A? No eted Schedule A. Str	D0,000 . iighest compensated independent contractor ZIP ZIP ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) orgonic including accompanying schedules including accompanying sched	(b) Type of servi	ce	(c) Compensation
Title f Total nu f Total nu f f f f f f f f f f f f f f f f f f f	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST Str ST ST ST ST ST Str ST ST ST ST ST ST ST ST ST ST	D0,000 . highest compensated independent contractor ZIP ZIP ZIP ZIP ZIP ZIP Each receiving over \$100,0 bite: All section 501(c)(3) orgonic including accompanying schedules including accompanying schedules Prenarer's signature Different contractor	(b) Type of servi	ce	(c) Compensation (c) C
Title f Total nu f tot	ete this table for the organization's five h 00 of compensation from the organizati (a) Name and business address of each indepen Str ST Str ST Str ST Str ST Str ST Umber of other independent contractors organization complete Schedule A? No eted Schedule A. Str	D0,000 . highest compensated independent contractor ZIP ZIP ZIP ZIP ZIP ZIP Each receiving over \$100,0 ote: All section 501(c)(3) org including accompanying schedules prenarer's signature Prenarer's signature C.	(b) Type of servi	ce h a best of my knowledge and ige. 6 / 20 / 20 best of my knowledge and best of my knowledge and best of my knowledge and best of my knowledge and ige. Check self-employ Firm's EIN ▶	(c) Compensation

.

					Pgs	
SCHEDULE A	Public Ch	arity Status and	Public S	Sunno	rt 🖵	OMB No. 1545-0047
(Form 990 or 990-EZ)		a section 501(c)(3) organization or a s				2019
		Attach to Form 990 or For		onexemptiona	O	pen to Public
Department of the Treasury Internal Revenue Service		ov/Form990 for instructions		informatio	on.	Inspection
Name of the organization				E	mployer identification i 47-149	
GABRIEL PROJECT CL Part I Reason fo	USTER, MONTGOMERY C ⁻ r Public Charity Status	(All organizations must (complete this	s part.) S		9102
The organization is not a	a private foundation because	it is: (For lines 1 through 12	2, check only c	one box.)		
1 🗌 A church, conv	ention of churches, or associ	ation of churches described	d in section 17	70(b)(1)(A	.)(i).	
	ibed in section 170(b)(1)(A)					
	cooperative hospital service					or the
hospital's nam	arch organization operated in e, city, and state:					
section 170(b	n operated for the benefit of a ((1)(A)(iv). (Complete Part II.)				ibed in
	e, or local government or gov					al au blia
described in s	n that normally receives a su ection 170(b)(1)(A)(vi). (Con	nplete Part II.)		mental un	it or from the gener	al public
	rust described in section 170			in eeniume	tion with a land are	nt college
or university o	research organization descr r a non-land-grant college of	agriculture (see instructions	s). Enter the na	ame, city,	and state of the col	ege or
10 X An organization receipts from a support from a	n that normally receives: (1) activities related to its exemp pross investment income and e organization after June 30,	t functions—subject to certa unrelated business taxable	ain exceptions, income (less	, and (2) n section 51	no more than 33 1/3	% of its
11 An organizatio	n organized and operated ex	clusively to test for public s	afety. See sec	tion 509(a)(4).	
of one or more	n organized and operated ex publicly supported organiza (in lines 12a through 12d tha	tions described in section	509(a)(1) or se	ection 509	a)(2). See section	1 509(a)(3).
a Type I. A s	upporting organization operated organization(s) the power n. You must complete Part	ted, supervised, or controlle to regularly appoint or elec	ed by its suppo	orted organ	nization(s), typically	by giving
b Type II. A s	supporting organization super nanagement of the supportin n(s). You must complete P a	vised or controlled in conne g organization vested in the	ection with its s same person	supported s that con	organization(s), by trol or manage the	having supported
c Type III fur	nctionally integrated. A supped organization(s) (see instru	porting organization operate octions). You must complete	te Part IV, Sec	tions A, I	D, and E.	
that is not	n-functionally integrated. A functionally integrated. The o ht (see instructions). You must	rganization generally must	satisfy a distrib	oution req	uirement and an att	anization(s) entiveness
e Check this	box if the organization receiv	ved a written determination	from the IRS t	hat it is a	Type I, Type II, Type	e III
	/ integrated, or Type III non-file ber of supported organization			ation.		0
	lowing information about the					
(i) Name of supported			10 listed in your	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		, , , , , , , , , , , , , , , , , , ,	Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Schedule A (Form 990 or 990-EZ) 2019

						12.	
chec	ule A (Form 990 or 990-EZ) 2019 GABRIEL	PROJECT CLUST	ER, MONTGOME	ERY CTY MD, IN	С	47-1499182	Page 3
ar	t III Support Schedule for Orga						
	(Complete only if you checke	ed the box on lin	e 10 of Part I o	r if the organiza	ation failed to c	qualify under Par	tII.
	If the organization fails to qua	alify under the te	ests listed below	w, please comp	lete Part II.)		
ec	tion A. Public Support						3
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	40,633	52,799	51,172	95,975	67,877	308,456
	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	ε.					(
3	Gross receipts from activities that are not an						
U I	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	40,633	52,799	51,172	95,975	67,877	308,456
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
h	Amounts included on lines 2 and 3						
~	received from other than disgualified				1		
	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	0	0	0	0	0	
8	Public support (Subtract line 7c from						
•	line 6.)						308,456
ec	tion B. Total Support				~		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	40,633	52,799	51,172	95,975	67,877	308,456
5	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources					3 -	
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	0	0	0	0	0	
1	Net income from unrelated business						
•	activities not included in line 10b, whether						
	or not the business is regularly carried on .)
2	Other income. Do not include gain or						
2	loss from the sale of capital assets						
	(Explain in Part VI.).						·
2	Total support. (Add lines 9, 10c, 11,						and the second
ა	and 12.).	40,633	52,799	51,172	95,975	67,877	308,45
4	First five years. If the Form 990 is for the o			the second s			
-	organization, check this box and stop here						
201	ction C. Computation of Public Su	and the second se					
				F))		15	100.00
5	Public support percentage for 2019 (line 8, o					16	100.00%
6	Public support percentage from 2018 Sched			<u></u>		10	100.007
be(ction D. Computation of Investmen			1 (D)		17	0.00%
00000	Invoctment income percentage for 2019 (lin	e = 10c = column (f) di	ivided by line 13, co			18	0.00%
	Investment income percentage for 2019 (lin		·				0.00%
8	Investment income percentage from 2018 S	chedule A, Part III,					
18	Investment income percentage from 2018 S 33 1/3% support tests—2019. If the organ	chedule A, Part III, ization did not chec	k the box on line 14	1, and line 15 is mo	ore than 33 1/3%,	and line 17 is	
8 9a	Investment income percentage from 2018 S 33 1/3% support tests—2019. If the organ not more than 33 1/3%, check this box and	chedule A, Part III, ization did not chec stop here. The orga	k the box on line 14 anization qualifies a	4, and line 15 is mo as a publicly suppo	ore than 33 1/3%, rted organization	and line 17 is	
8 9a	Investment income percentage from 2018 S 33 1/3% support tests—2019. If the organ not more than 33 1/3%, check this box and 33 1/3% support tests—2018. If the organ	chedule A, Part III, ization did not chec stop here. The orga ization did not chec	k the box on line 14 anization qualifies a k a box on line 14 c	4, and line 15 is mo as a publicly suppo or line 19a, and line	ore than 33 1/3%, rted organization a 16 is more than 3	and line 17 is 33 1/3%, and	► 🖸
	Investment income percentage from 2018 S 33 1/3% support tests—2019. If the organ not more than 33 1/3%, check this box and	chedule A, Part III, ization did not chec stop here. The orga ization did not chec box and stop here	k the box on line 14 anization qualifies a k a box on line 14 c . The organization	4, and line 15 is mo as a publicly suppo or line 19a, and line qualifies as a publi	ore than 33 1/3%, rted organization e 16 is more than 3 cly supported orga	and line 17 is 33 1/3%, and anization	

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ag	e	3	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 99 Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional in ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest infor	ific questions on nformation. mation.	Pg OMB No. 1545-0047 2019 Open to Public Inspection
Name of the organization GABRIEL PROJECT C	LUSTER, MONTGOMERY CTY MD, INC	Employer ident 47-1499182	ification number
Form 990-EZ, Part III, I	Line 31: FURNITURE & EQUIPMENT FOR CLIENTS. ITEMS S	SUCH AS CRIBS,	
MATTRESSES, STRO	LLERS, SLEEPERS, ETC Grants and allocations: 0, Program se	ervice expenses:	
15,370			
Form 990-EZ, Part III, I	Line 31: CLIENT SUPPORT SERVICES INCLUDING PAPER, B	INDERS, INK AND	
STGAMPS TO PROVI	DE INFORMATION FOR CLIENTS AND PRAYER SUPPORTER	RS, RELIGIOUS ITEMS, A	AND STORAGE
UNITS TO STORE GO	ODS FOR CLIENTS Grants and allocations: 0, Program service	expenses: 13,179	
Form 990-EZ, Part I, Li	ne 16, Other Expenses: INSURANCE & DUES: 2,910		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: FEES AND DUES: 1,038		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: CLIENT CONSUMABLES INC		
DIAPERS,FORMULA,	NIPES,BOTTLES,CLOTHING,BLANKETS,ETC: 10,425		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: SUPPORT SVCS FOR CLIENTS(INCL		
PAPER, BINDERS, STA	MPS,RELIGIOUS ITEMS,PRAYERBOOKS,ETC): 13,179		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: BACKGROUND CHECKS FOR VOLUN	NTEERS: 271	
Form 990-EZ, Part I, Li	ne 16, Other Expenses: MISCELLANEOUS EXPENSES: 238		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: MEETING SUPPLIES: 371		
Form 990-EZ, Part I, Li	ne 16, Other Expenses: GROCERY GIFT CARDCS FOR CLIEN	NTS: 27,313	
Form 990-EZ, Part I, Li	ne 16, Other Expenses: PRENATAL CARE FOR CLIENTS: 16,5	520	8
Form 990-EZ, Part I, Li	ne 16, Other Expenses: FURNISHINGS AND ACCESSORIES F	OR CLIENTS: 15,370	
Form 990-EZ, Part I, Li	ne 20, Net Assets: NET ASSETS RELEASED FROM OTHER B	ANK ACCOUNT: 4,313	