

10801 W Charleston Blvd Suite 300 Las Vegas, NV 89135 T: 702.415.2112 E: info@rubinbrown.com www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

March 1, 2023

Project 150 3600 N. Rancho Dr. Las Vegas, NV 89130-3149

Project 150:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be the exact copy of the return and the schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision in subject to a penalty of \$20 for each day that inspection is not permitted, not to exceed the lesser of \$10,500 or 5% of gross receipts. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may contact us for further details.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Kimberly Woods

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared For:

Project 150 3600 N. Rancho Dr. Las Vegas, NV 89130-3149

Prepared By:

RubinBrown LLP 10801 W Charleston Blvd. Ste 300 Las Vegas, NV 89135

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Please sign and return Form 8879 immediately via client portal or email to <u>efile@rubinbrown.com</u>. Alternatively, the form can be faxed to 702.876.7946.

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30	. 20 22	0004
	Do not send to the IRS. Keep for your records.	,	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
PROJEC'		45-664	5161
Name and title of officer or per	PRESIDENT		
Part I Type of I	Return and Return Information		
Form 5330 filers may enter or 10a below, and the amo	n for which you are using this Form 8879-TE and enter the applicable amount, if any, fro dollars and cents. For all other forms, enter whole dollars only. If you check the box on unt on that line for the return being filed with this form was blank, then leave line 1b , 2t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line 1a, 2a, 3a b, 3b, 4b, 5b, 6	i, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1	ь 2,797,301.
2a Form 990-EZ che			
3a Form 1120-POL of			b
4a Form 990-PF che	k here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 4	b
5a Form 8868 check			b
6a Form 990-T check			b
7a Form 4720 check			b
8a Form 5227 check			b
9a Form 5330 check			b
10a Form 8038-CP ch	eck here b Amount of credit payment requested (Form 8038-CP, Part III, ion and Signature Authorization of Officer or Person Subject to Tax	line 22) 1 X	0b
complete. I further declare intermediate service provic acknowledgement of recei of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only X I authorize RU as my signature with a state ager		, they are true, n. I consent to receive from th the return or re- c funds withdra owed on this re- cial Agent at 1- in the process e payment. I ha stronic funds with to enter my PIN	correct, and allow my le IRS (a) an offund, and (c) the date wal (direct debit) turn, and the 888-353-4537 no ing of the electronic ve selected a thdrawal. 45161 Enter five numbers, but do not enter all zeros
As an officer or p return. If I have in IRS Fed/State p Signature of officer or person subject	person subject to tax with respect to the entity, I will enter my PIN as my signature on th ndicated within this return that a copy of the return is being filed with a state agency(ies) ogram, I will enter my PIN on the return's disclosure consent screen.	•	rities as part of the
	ur six-digit electronic filing identification		
	your five-digit self-selected PIN. Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2021 electronically filed return indica cordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for <i>i</i>		
ERO's signature 🕨 <u>RUB</u>	INBROWN LLP Date ▶		
	ERO Must Retain This Form - See Instructions	0-	
	Do Not Submit This Form to the IRS Unless Requested To Do		Form 8879-TE (2021)
	Paperwork Reduction Act Notice, see instructions.		ronn GG79-1 E (2021)
102521 01-11-22			

54327.02

	-		Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047			
For	mУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (s) 2021				
		•••	Do not enter social security numbers on this form as		Open to Public				
		of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and	Open to I ubit					
A	For th	e 2021 calend			UN 30, 2022				
	Check if		organization		D Employer identific	ation number			
â	applicat								
	Addr chan	ge PROJ	ECT 150						
	Nam Chan	ge Doing bi	usiness as		45-664510	51			
	Initia retur	n Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final	n/ 3000	N. RANCHO DR.		702-721-				
	term	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,823,112.			
	Ame	п цар	VEGAS, NV 89130-3149		H(a) Is this a group re				
	Appli tion pend		nd address of principal officer: GINO WIDEEN		for subordinates				
		SAME	AS C ABOVE		H(b) Are all subordinates in				
		kempt status:		r 527		list. See instructions			
			PROJECT150.ORG		H(c) Group exemption				
		of organization:	Corporation 🔀 Trust 🦳 Association 🗌 Other 🕨	L Year of	of formation: 2011 N	State of legal domicile: NV			
F	art I	Summary				штош			
é	1		e the organization's mission or most significant activities: TO HE		ILL BE ACCO				
Governance									
'ern	2		x if the organization discontinued its operations or dispose			ets. 11			
õ	3					11			
	4		ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)			10			
Activities &	6		of volunteers (estimate if necessary)			714			
ži			d business revenue from Part VIII, column (C), line 12			0.			
Ă			business taxable income from Form 990-T, Part I, line 11			0.			
	<u> </u>				Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)		2,041,568.	2,751,872.			
Revenue	9		ce revenue (Part VIII, line 2g)		0.	0.			
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	45,429.			
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,041,568.	2,797,301.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		865,023.	979,494.			
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		341,641.	371,244.			
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expense	. b	Total fundraisi	ng expenses (Part IX, column (D), line 25)	0.					
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		466,478.	600,760.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,673,142.	1,951,498.			
	19	Revenue less	expenses. Subtract line 18 from line 12		368,426.	845,803.			
t Assets or				Be	ginning of Current Year	End of Year			
Sset	20	Total assets (F			2,250,312.	3,042,728.			
Net A	21		(Part X, line 26)		34,967.	15,599.			
	<u>22</u> art II		Fund balances. Subtract line 21 from line 20		2,215,345.	3,027,129.			
		-	declare that I have examined this return, including accompanying schedules a	and statema	inter and to the best of my	knowledge and balief it is			
			Declaration of preparer (other than officer) is based on all information of whic			Knowledge and bellet, it is			
1100	,		שלט אווע אווע איז	on hichaici					

Sign Here	Signature of officer GINO WIDEEN, PRESIDENT Type or print name and title			Date							
Paid	Print/Type preparer's name Preparer's signature Date Check PTIN Faid KIMBERLY WOODS Preparer's signature Preparer's signature PO130661										
Preparer	Firm's name 🕒 RUBINBROWN LLP			Firm's EIN 🕨 43-0765316							
Use Only	Firm's address 🕨 10801 W CHARLEST	ON BLVD. STE 300									
	LAS VEGAS, NV 89	135		Phone no. (702) 415-2112							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2021) PROJECT 150 45-	6645161	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service reported.	tal expenses, an	d
4a	(Code:) (Expenses \$185,093. including grants of \$185,093. (Revenue \$)		221.)
	69 SCHOLARSHIPS WERE PROVIDED TO STUDENTS WORTH APPROXIMATEL PROJECT 150 PROVIDES COLLEGE/TRADE SCHOOL SCHOLARSHIPS TO ST		
	ARE INTERESTED IN MOVING ON TO HIGHER EDUCATION. AWARDS ARE		
	DIRECTLY TO THE IN-STATE COLLEGES/TRADE SCHOOLS AND ARE ANNO		
	ANNUALLY AT OUR SCHOLARSHIP AWARD LUNCHEON IN JUNE.	511022	
4b		118,8 5,824 FRE	<u>832.</u>)
	FOOD BAGS AND 4,780 FAMILY MEAL BOXES TO HIGH SCHOOL STUDENT		
	FAMILIES. PROJECT 150 PROVIDES WEEKLY FOOD, HYGIENE, AND SCH		
	DELIVERIES TO ALL 72 CLARK COUNTY HIGH SCHOOLS. FAMILY MEAL		
	PROVIDE FOOD FOR A FAMILY OF FOUR.		
4c	()
	BETTY'S BOUTIQUE PROVIDES NEW OR GENTLY USED CLOTHING FOR HI		
	STUDENTS. STUDENTS CAN SHOP FOR FREE, ONCE A MONTH. SERVICES)
	INCLUDE: CLOTHING, ACCESSORIES AND SHOES. ADDITIONAL FOOD, H PRODUCTS, AND SCHOOL SUPPLIES ARE AVAILABLE.	IGIENE	
	PRODUCIS, AND SCHOOL SUPPLIES ARE AVAILABLE.		
4.1	L Other program convices (Describe on Schorbile O)		
4d	I Other program services (Describe on Schedule O.) (Expenses \$ 1,064,092. including grants of \$ 794,401.) (Revenue \$ 2,326,1]	229.	
4e			
10		Form 9	90 (2021)
132002	2		. ,

Form	990 (2021) PROJECT 150 45-664	5161	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	
132003	5 12-09-21	⊦orm	320	(2021)

132003 12-09-21

3 2021.05050 PROJECT 150

Form	990	(2021)
I UIIII	330	

Form 990 (2021) PROJECT 150
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
ا م	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		- 23
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	x	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		(0001)
132004	↓ 12-09-21	⊢orm	990 ((2021)

4 2021.05050 PROJECT 150

	990 (2021) PROJECT 150 45-6645	161	P	_{age} 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		¥.	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
	filed for the calendar year ending with or within the year covered by this return 2a 10			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or snareholders	1		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a		NO" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
		4 4 F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11			
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n			
	of officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	Γ			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	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 on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•		
	(This Section & requests information about policies not required by the internal nevenue code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·····	104		
b			10b	х	
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	·····	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f	John	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	····· F	12a	X	
	, , , , , , , , , , , , , , , , , , , ,	·····	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v	
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	F	13	Х	
14	Did the organization have a written document retention and destruction policy?	h	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 5	501(c)(3)s ·	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Tor public hopeotion. Indicate new you made these available: check an that apply:				
18	Own website Another's website X Upon request Other (explain on Schedule O)	olicy, and	financ	cial	
18 19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest points) Other (explain on Schedule O)	olicy, and a	financ	cial	
18 19	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest postatements available to the public during the tax year.		financ	cial	
18	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest postatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		financ	cial	
18 19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest postatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KELLI KRISTO – (702) 721–7150		financ	cial	
18 19 20	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest postatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			bial	(202

Form 990 (2021)	PROJECT	150		45-6645161	Page 7
Part VII Compens	ation of Officers,	Directors, Trustees, Key	Employees, Highest Comper	nsated	
Employee	es, and Independe	ent Contractors			
Check if Sch	edule O contains a res	ponse or note to any line in this Pa	art VII		
Section A. Officers, Di	rectors, Trustees, Ke	y Employees, and Highest Comp	ensated Employees		
1a Complete this table for	or all persons required	to be listed. Report compensation	for the calendar year ending with or	within the organization's	tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos hecku			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) KELLI KRISTO	40.00									
EXECUTIVE DIRECTOR				х				91,212.	Ο.	0.
(2) DONALD PURDUE	20.00									
EXECUTIVE VICE PRESIDENT/CO-FOUNDER		Х		Х				0.	0.	0.
(3) PATRICK SPARGUR	20.00									
IMMEDIATE PAST PRESIDENT/CO-		Х		Х				0.	0.	0.
(4) ROBERT B. MCBEATH	20.00									
MEMBER		Х		Х				0.	0.	0.
(5) GINO WIDEEN	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) PASTOR RONALD THOMAS	20.00									
MEMBER		Х		Х				0.	0.	0.
(7) HARPER KO	20.00									
MEMBER		Х		Х				0.	0.	0.
(8) KATE WHITE	20.00									
MEMBER		Х		Х				0.	0.	0.
(9) STACEY MILLER EISENBERG	20.00									
MEMBER		Х		Х				0.	0.	0.
(10) CHET BUCHANAN	20.00									
MEMBER		Х		Х				0.	0.	0.
(11) LORI CALDERON	20.00									
MEMBER		Х		Х				0.	0.	0.
(12) CHRISTOPHER ROWE	20.00									_
MEMBER		Х		Х				0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021)

13590301 132842 54327.0000

7

	990 (2021) PROJECT									45-6	6451	61	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per	Average Position Reportable						s <u>(continued)</u> (E) Reportable compensatic		Est	(F) imate		
		week (list any hours for related organizations below line)					Highest compensated Shut a		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	red othe ons compens /IISC/ from t			tion e on ed
1b	Subtotal								91,212.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 91,212.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable)		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•	-		Ŭ		•	ſ	3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	accrue compen	Isati	on fi	rom	any	unre	elate	ed organization or individ	dual for services		5		X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for t	•	•							•	censati	on froi	n	
	(A) Name and business			ONE			<u> </u>		(B) Description of s		Cc	(C) ompen		ı
2	Total number of independent contractors (ii	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz						,				F	orm 9	90 (2	2021)

132008 12-09-21

				JECT I	150				45-6645	161 Page 9
Pa	rt V	/	Statement of Re	venue						
			Check if Schedule O d	contains a r	response	or note to any lir	e in this Part VIII	<u>.</u>		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
rant					1b					
, G			Fundraising events		1c		1			
àifts ar A		d	Related organizations		1d					
s, o		е	Government grants (contr	ibutions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, similar amounts not included		1f 2,	751,872.				
i di li		g	Noncash contributions included in		1g \$	791,763.				
Cor		-	Total. Add lines 1a-1f				2,751,872.			
<u> </u>						Business Code				
e	2	а								
Program Service Revenue		b								
am Ser		с								
am		d								
260 B		е								
Pr		f	All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)				12,400.	12,400.		
	4		Income from investment of							
	5		Royalties			►				
			,	(i)	Real	(ii) Personal				
	6	а	Gross rents	6a			1			
		b	Less: rental expenses	6b			1			
			Rental income or (loss)	6c			1			
		d	Net rental income or (loss))		>				
	7	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a 58	,840.					
		b	Less: cost or other basis							
е			and sales expenses	7b 25						
venue		с	Gain or (loss)	7c 33	<u>,029.</u>					
0		d	Net gain or (loss)			🕨	33,029.	33,029.		
Other R	8	а	Gross income from fundraisi	ng events (n	ot					
₹			including \$		of					
			contributions reported on	line 1c). Se	e					
			Part IV, line 18		<u>8a</u>		-			
			Less: direct expenses							
		с	Net income or (loss) from	fundraising	events	<u></u>				
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			>				
	10	а	Gross sales of inventory, I							
			and allowances				-			
		b	Less: cost of goods sold		10b					
		с	Net income or (loss) from	sales of inv	entory					
S						Business Code				
noe	11	а								
enu		b								
Miscellaneous Revenue		с								
Mis			All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons	<u></u>	▶	2,797,301.	45,429.	0.	0.
132009	9 12-	-09-	21							Form 990 (2021

	and domestic governments. See Fart IV, me 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	979,494.	979,494.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	91,212.		91,212.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	199,424.		199,424.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	80,608.		80,608.	
11	Fees for services (nonemployees):				
а	Management				
	Legal	7,338.		7,338.	
С	Accounting	13,173.		13,173.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		10.000	10 000	a =aa	
	column (A), amount, list line 11g expenses on Sch O.)	12,902.	10,200.	2,702.	
12	Advertising and promotion	14,531.	13,681.	850.	
13	Office expenses	78,576.	=1.0	78,576.	
14	Information technology	510.	510.		
15	Royalties				
16	Occupancy	10 041	10 041		
17	Travel	10,941.	10,941.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0.20	0.2.0		
20	Interest	939.	939.		
21	Payments to affiliates	20 550	20 550		
22	Depreciation, depletion, and amortization	39,550.	39,550.	20 261	
23		58,292.	28,931.	29,361.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		255,827.	255,827.		
b	EVENT EXPENSE	36,138.	36,138.		
с	PUBLIC RELATIONS	32,077.	32,077.		
d	REPAIRS & MAINTENANCE	13,159.	13,159.		
е	All other expenses	26,807.	26,807.		
25	Total functional expenses. Add lines 1 through 24e	1,951,498.	1,448,254.	503,244.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
					1

Form 990 (2021)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

PROJECT 150 Part IX Statement of Functional Expenses

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

(A) Total expenses

(B) Program service expenses

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

(D) Fundraising expenses

(C) Management and general expenses

132010 12-09-21

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

0.

45-6645161 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,373,986.	1	2,098,045
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	1,893.
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquality	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described		Г		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			213,074.	8	295,255
◄	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	884,221.	654 064		
	b	Less: accumulated depreciation			654,964.		636,747
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		·····	0 000	14	10 700
	15	Other assets. See Part IV, line 11	8,288.	15	10,788		
	16	Total assets. Add lines 1 through 15 (must equ			2,250,312. 14,310.		3,042,728
	17	Accounts payable and accrued expenses			14,310.	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Lial	00	controlled entity or family member of any of the		F		22 23	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		Γ		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-		20,657.	25	15,599
	26	of Schedule D Total liabilities. Add lines 17 through 25			34,967.		15,599
	20	Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions				27	
Bala	28	Net assets with donor restrictions				28	
l pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.		·			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
As	31	Retained earnings, endowment, accumulated in			2,215,345.	31	3,027,129
Net	32	Total net assets or fund balances			2,215,345.	32	3,027,129
	33	Total liabilities and net assets/fund balances			2,250,312.	33	3,042,728
							Form 990 (202

Form 990 (2021)
Part X Balance Sheet

PROJECT 150

	<u>1990 (2021)</u> PROJECT 150	45-66	45161	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,797	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,498.
3	Revenue less expenses. Subtract line 2 from line 1	3		,803.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,215	,345.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-34	,019.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	3,027	<u>,129.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<u> </u>
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		. 3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name of the o	rganization
---------------	-------------

Nam	e of t	the organization					E		identification number			
Pa	rt I	Reason for Public (ECT 150	(All organizations must a	omploto th	nia part \ S		4	5-6645161			
1 ne o	Sigan	ization is not a private found		•	•	,	1)/ A)/;)					
		A church, convention of ch)(מ)סיד הס	I)(A)(I).					
2 3		A school described in sect				V6V4VAV;;	::)					
3 4		A hospital or a cooperative						iii) Entor	the hospital's name			
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		llege or university owned	l or operat	ed by a go	overnmental uni	t describe	ed in			
-		section 170(b)(1)(A)(iv). (C					<i>·</i> · ·					
6		A federal, state, or local gov	e e				.,					
7		An organization that norma section 170(b)(1)(A)(vi). (C	-	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	Dudiic described in			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				ed in conju	unction with a la	and-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	or			
		university:										
10	X	An organization that norma activities related to its exen										
		income and unrelated busir		•	. ,				•			
		See section 509(a)(2). (Con				bood doqui	red by the orga					
11		An organization organized a		ively to test for public sa	fetv. See	section 50	09(a)(4).					
12		An organization organized a	•		•			v out the	purposes of one or			
		more publicly supported or	•	•	•			•				
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	l2g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	bically by	giving			
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	ctors or trustees	s of the su	ipporting			
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization((s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage	e the supp	ported			
		_ organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	vith its supporte	ed organiz	zation(s)			
		that is not functionally int			•		-	an attentiv	reness			
	_	requirement (see instructi	-									
е		Check this box if the orga					Type I, Type II,	Type III				
	-	functionally integrated, or			ng organiz	ation.						
		er the number of supported on vide the following informatior	•	d arganization(a)								
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of n	nonetary	(vi) Amount of other			
	•	organization		(described on lines 1-10	in your governi Yes	No	support (see ins	tructions)	support (see instructions)			
				above (see instructions))								
Tota	1											

Schedule A	(Form	990)	202
Joing addie / (000,	202

PROJECT 150

45	5-6	56	45	16	1	Page	2
----	-----	----	----	----	---	------	---

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

000							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
•	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	American Kana A		(b) 2018	(C) 2019	(d) 2020		(I) Iotai
	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi				i01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2020. If the o	•					
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact		-	•		VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 202

132022 01-04-22

Schedule A (Form 990) 2021

PROJECT 150

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) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 656,709 791,782. 1245257. 1363278. 1960109. 6017135. 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 791,782. 1245257. 1363278. 656,709. 1960109. 6017135. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 450,000. 337,547. 311,480 487,399 1586426. c Add lines 7a and 7b 450,000. 337,547. 311,480 487,399. 1586426. 4430709. Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2017 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) 🕨 (b) 2018 (c) 2019 9 Amounts from line 6 656,709. 791,782. 1245257. 1363278 6017135. 1960109. 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 on 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.) 656,709. 791,782. 1245257. 1363278. 1960109. 6017135. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 73.63 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 80.70 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. 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 ► X 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 - 2020. 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 gualifies 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 Schedule A (Form 990) 2021 132023 01-04-22 15

13590301 132842 54327.0000

2021.05050 PROJECT 150

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

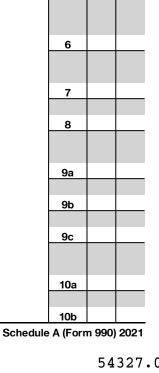
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21



16 2021.05050 PROJECT 150

	Supporting Org	anizations (contin	ued)
Schedule A	(Form 990) 2021	PROJECT	15(

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oncers,	I.
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	l
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	I
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	l

supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sec	tion D. All Type III Supporting Organizations	

		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	v you supported a governmental entity (see instruction <u>s).</u>).
---	--	---	-------------------------	---	----

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a _____ 2b _____ 3a _____ 3b _____

Yes No

132025 01-04-22

17 2021.05050 PROJECT 150

54327.02

Sche	dule A (Form 990) 2021 PROJECT 150			45-6645161 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrat	ed Type III supporting or	ganization (see

45-6645161 Page 6

132026 01-04-22

Schedule A (Form 990) 2021

instructions).

d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D,		
	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
C	Excess from 2019		
d	Excess from 2020		
е	Excess from 2021		

(i)

Excess Distributions

PROJECT 150

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

45-6645161 Page 7

1

2

3

4

5

6 7

8 9

10

(ii)

Underdistributions

Pre-2021

Current Year

(iii)

Distributable

Amount for 2021

Section D - Distributions

3

7

8

9

a From 2016 **b** From 2017 c From 2018

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

6 Other distributions (describe in Part VI). See instructions.

Distributable amount for 2021 from Section C, line 6

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

3 Excess distributions carryover, if any, to 2021

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

4 Amounts paid to acquire exempt-use assets

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PROJECT			45	-6645161	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 90 rt IV, Section E, li	ns required by Part II, line 10; Pa c, 11a, 11b, and 11c; Part IV, S nes 1c, 2a, 2b, 3a, and 3b; Part , and 6. Also complete this part	art II, line 17a or 17b; F ection B, lines 1 and 2 V, line 1; Part V, Secti	Part III, line 12; Part IV, Section on B, line 1e; Par	C.
132028 01-04-2	2			20	Sch	edule A (Form 9	90) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

PROJECT 150	45-6645161
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
PROJE	CT 150		45-6645161
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	

123453 11-11-21

33 2021.05050 PROJECT 150

 $13590301 \ 132842 \ 54327.0000$

lame of or	ganization		Employer identification number					
ROJEC	T 150		45-6645161					
Part III) through (e) and the following line entropy of the charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye try. For organizations					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift	t					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer of gift	er of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
3454 11-11-	21		Schedule B (Form 990) (20					

34 2021.05050 PROJECT 150

SCHEDULE [)
------------	---

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 **Open to Public** Inspection

Name	of	the	organizatio

Nam	e of the organization		Er	nployer identification number
Dec	PROJECT 150			45-6645161
Par			or Accol	JINTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		<u> </u>	
	-	(a) Donor advised funds	(b) ⊦i	unds 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 v	riting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors 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	
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, I	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historical	lly important land area
	Protection of natural habitat	Preservation of	f a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, rele			
Ū	year	ased, exanguished, or terminated by the	organizatio	
4	Number of states where property subject to conservation eas	ement is located		
- 5	Does the organization have a written policy regarding the peri			
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
0	Stan and volunteer nours devoted to monitoring, inspecting, i	and ing of violations, and enforcing cons	Servation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing concerned	tion occome	ante during the year
7		ing of violations, and enforcing conservat	lion easeme	ents during the year
•	\$			
8				
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	······		
9		•		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that de	scribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simil	ar Assets
1 41	Complete if the organization answered "Yes" on Form			
4.				ala a truculua
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of p	DUDIIC SERVICE,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			· \$
				\$
2	If the organization received or held works of art, historical trea		l gain, provi	de
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			· \$
b	Assets included in Form 990, Part X			· \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

35 2021.05050 PROJECT 150

Sche	dule D (Form 990) 2021 PROJECT							45-66			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		•	-			se in Part	XIII.		
5	During the year, did the organization solicit o				-				٦		1
Dor	to be sold to raise funds rather than to be ma								Yes		No
Far	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
						+ +					
1a	Is the organization an agent, trustee, custodi		•						Yes		No
Ь	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟			NO
D		and complete the loi	iowing t	able.					Amount		
~	Reginning balance						1c		7 4110 4110		
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										-
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •				
Par											
		(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1ç	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
с		%									
	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administe	red for th	ie organiza	ation	Г	Yes	No
	by:									res	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		
4	Describe in Part XIII the intended uses of the								3b		
_	t VI Land, Buildings, and Equipm		WITTELL	unus.							
	Complete if the organization answered), Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn	ther	(b) Cost	t or other (other)	(c) A	ccumulate	ed	(d) Book	value	,
1a	Land	`	7		. /						
	Buildings			74	7,095.		111,52	27.	635	5,56	58.
	Leasehold improvements			· -	,		,3.			,	
	Equipment			10	3,271.		103,18	34.		8	37.
	Other				3,855.		32,70		1	.,09	
-	. Add lines 1a through 1e. (Column (d) must e		X. colun	•	-					5,74	
-											-

Schedule D (Form 990) 2021

13590301 132842 54327.0000

PROJECT 150

(-) De	Complete if the organization answered "Yes" of			- f
	Scription of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	ancial derivatives			
	sely held equity interests			
(3) Oth	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. ((Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(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)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part			11 d. O. a. Farm 000, David V. Para 45	
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	(a) (Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities.	15.)		
Fait	Complete if the organization answered "Yes" of	n Form 000 Dort IV line	11. or 11f Cap Form 000 Dart V line 25	
	(a) Description of liability	on Form 990, Fart IV, line	The of This See Form 990, Part A, line 25.	
<u>1.</u>				(b) Book value
	Federal income taxes	000		
(2)	OTHER LIABILITIES(DETAIL) -	990-		15 500
(3)	CHASE CREDIT CARD			15,599.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				15 500
Total. (<u>Column (b) must equal Form 990, Part X, col. (B) line</u>	<u>25.)</u>		15,599.

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 PROJECT 150		45-6645161 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. 2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	_ 2 b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

13590301 132842 54327.0000

SCHEDUL (Form 990)			arants and Oth vernments, an					OMB No. 1545-0047
	,		ete if the organization					2021
Department of	the Treasury	P		Attach to For				Open to Public
Internal Revenu	ue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inforn	nation.		Inspection
Name of th	e organization PROJECT 1	50						Employer identification number $45-6645161$
Part I	General Information on Grants a							
	the organization maintain records t							
	ria used to award the grants or assis							Yes X No
	ribe in Part IV the organization's pro							
Part II	Grants and Other Assistance to I recipient that received more than S					anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
1 (a) N	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter	r total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				>
	r total number of other organizations							

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

Schedule I (Form 990) 2021

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
0	0.	979,494.	THRIFT SHOP VALUE	
	recipients	recipients cash grant	recipients cash grant cash assistance	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

Name of the organization	

Attach to Form 990.		
Go to www.irs.gov/Form990 fo	or instructions and	the latest information.

Employer	identification number
4	5-6645161

PROJECT 150

Pa	rt I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method o noncash con	of determin	•	~
		applicable		Form 990, Part VIII, line 1g	noncash con	indution ar	nounts	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X			THRIFT SH	OP VAI	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \ldots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts							
25 26	Other ()							
20 27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co					
20	for which the organization completed Form 82	-						
		oo, i ait i, b	inter interaction				Yes	No
30a	During the year, did the organization receive by	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties							
	contributions?		-	··· ·				Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	ked,			

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

Schedule M (Form 990) 2021

132141 11-17-21

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

132142 11-17-21	Schedule M (Form 990) 2021

13590301 132842 54327.0000 2

42 2021.05050 PROJECT 150 SCHEDULE O (Form 990)

(1 0111 000)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

45-6645161

PROJECT 150

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

THROUGH A PUBLIC OUTREACH AND GRASSROOTS EFFORT THAT ASSISTS ALL HIGH

SCHOOLS IN THE AREA. OUR EFFORTS WILL BE TO RAISE AWARENESS OF THESE

STUDENTS AND TO PROVIDE SUPPORT TO MEET THOSES NEEDS. THIS WILL BE

ACCOMPLISHED THROUGH DIRECT INTERACTION WITH THE SCHOOL ADMINISTRATORS,

LOCAL BUSINESS, CIVIC, AND GOVERNMENT LEADERS.

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

ALL BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 REPORT FOR APPROVAL BEFORE FILING.

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

EACH PRINCIPAL OFFICER AND MEMBER OF THE BOARD MUST SIGN A STATEMENT WHICH

AFFIRMS SUCH PERSON:

HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND

UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND

UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

ACCOMPLISH ONE OR MORE OF IT TAX-EXEMPT PURPOSES.

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

AVAILABLE UPON REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DONALD PURDUE - 10017 CRESCENT MESA LANE, LAS VEGAS, NV 89145

PATRICK SPARGUR - 8768 ANCHOR POINT CIRCLE, LAS VEGAS, NV 89117

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Schedule O (Form 990) 2021 Name of the organization PROJECT 150	Employer identification num 45-6645161
ROBERT B. MCBEATH - 3600 N. RANCHO DR., LAS VEGAS, NV 89	130
GINO WIDEEN - 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
PASTOR RONALD THOMAS - 3600 N. RANCHO DR., LAS VEGAS, NV	89130
HARPER KO – 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
KATE WHITE - 3600 N. RANCHO DR., LAS VEGAS, NV 89130	
STACEY MILLER EISENBERG - 3600 N. RANCHO DR., LAS VEGAS,	NV 89130
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BOOK/TAX DIFFERENCE IN DONATED STOCK BASIS	-34,019
	Schedule O (Form 990)

SCHEDULE R
(Ferm 000)

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

45-6645161

Department of the Treasury Internal Revenue Service Name of the organization

PROJECT 150

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PROJECT 150-RENO - 45-6645161	TO HELP SERVE THE HIGH				
3600 N RANCHO AVENUE	SCHOOL HOMELESS OF RENO,				
LAS VEGAS, NV 89130	NEVADA WITH PUBLIC OUTREACH	NEVADA			PROJECT 150

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	foreign country) section status (if section entity		Primary activity Legal domicile (state or foreign country) Exempt Code Public charity Direct controlling section status (if section entity			g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	-						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 PROJECT 150

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizatione treated as a pa												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ther?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											\vdash	
	-											
	-											
	-											
											+	
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	tion b)(13) rolled tity?
		country)		01 11001				Yes	No

Schedule R (Form 990) 2021 PROJECT 150

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 PROJECT 150

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

Schedule R (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C L o r v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
9	3600 NORTH RANCHO LAND	07/01/15	L				201,523.				201,523.			٥.	
10	3600 NORTH RANCHO BUILDING	07/01/15	SL	39.00	MM1	L7	524,736.				524,736.	80,169.		13,455.	93,624.
11	BUILDING SIGNS	07/01/15	SL	39.00	MM1	L7	3,573.				3,573.	548.		92.	640.
12	WAREHOUSE SHELVING/STORAGE	07/01/15	200DB	5.00	HY1	L7	4,844.			2,422.	2,422.	2,422.		0.	2,422.
15	SONITROL ALARM SYSTEM * 990 PAGE 10 TOTAL	09/13/16	200DB	5.00	HY1	L7	12,419.			6,210.	6,209.	6,050.		159.	6,209.
	BUILDINGS						747,095.			8,632.	738,463.	89,189.		13,706.	102,895.
	FURNITURE & FIXTURES														
3	NVIZION IT	05/04/15	200DB	5.00	ну1	L7	1,865.			933.	932.	932.		0.	932.
13	PACVAN SHIPPING CONTAINER	03/31/16	200DB	5.00	HY1	L7	1,700.			850.	850.	850.		0.	850.
19	FOLDING CHAIRS	02/06/17	200DB	7.00	HY1	L7	1,459.			730.	729.	534.		78.	612.
20	BUILT-IN COOLER	05/08/19	200DB	5.00	MQ1	L7	9,031.			4,516.	4,515.	2,890.		650.	3,540.
21	BUILT-IN COOLER	02/17/21	200DB	5.00	MQ1	L7	9,588.			9,588.				٥.	
22	BUILT-IN COOLER * 990 PAGE 10 TOTAL	05/03/21	200DB	5.00	MQ1	L7	10,212.			10,212.				0.	
	FURNITURE & FIXTURES						33,855.			26,829.	7,026.	5,206.		728.	5,934.
	MACHINERY & EQUIPMENT														
4	NVIZION IT	05/04/15	200DB	5.00	НУ1	L7	2,846.			1,423.	1,423.	1,423.		0.	1,423.
5	NVIZION IT	05/04/15	200DB	5.00	HY1	L7	861.			431.	430.	430.		0.	430.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	PHONE SYSTEM NVIZION	06/30/15	200DB	5.00	ну	17	600.			300.	300.	300.		0.	300.
7	SPEAKERS CISKO SOUND	06/30/15	200DB	5.00	НУ	17	500.			250.	250.	250.		0.	250.
8	NVIZION IT	12/07/15	200DB	5.00	НҮ	17	1,778.			889.	889.	889.		0.	889.
17	18 IPADS	08/21/17	200DB	5.00	НУ	17	3,757.			1,879.	1,878.	1,618.		173.	1,791.
24	AIR CONDITIONER (HVAC)	07/29/21	150DB	15.00	НУ	19E	18,486.			18,486.				18,486.	
25	OFFICE EQUIPMENT- DONATION BIN	06/14/22	200DB	5.00	НҮ	19B	2,847.			2,847.				2,847.	
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						31,675.			26,505.	5,170.	4,910.		21,506.	5,083.
	TRANSPORTATION EQUIPMENT														
1	TRUCK	06/13/13	200DB	5.00	НУ	17	20,782.				20,782.	20,782.		0.	20,782.
2	DODGE VAN	06/18/13	200DB	5.00	НҮ	17	1,092.				1,092.	1,092.		0.	1,092.
18	BOX TRUCK	02/27/17	200DB	5.00	НУ	17	47,000.				47,000.	43,390.		3,610.	47,000.
23	DODGE DAKOTA	12/16/20	200DB	5.00	MQ	17	2,722.			2,722.				0.	
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						71,596.			2,722.	68,874.	65,264.		3,610.	68,874.
	* GRAND TOTAL 990 PAGE 10 DEPR						884,221.			64,688.	819,533.	164,569.		39,550.	182,786.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						862,888.			43,355.	819,533.	164,569.			182,786.
	ACQUISITIONS						21,333.			21,333.	0.	0.			0.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS/RETIRED						٥.			0.	0.	0.			0.
	ENDING BALANCE						884,221.			64,688.	819,533.	164,569.			182,786.
	ENDING ACCUM DEPR											247,474.			
	ENDING BOOK VALUE											636,747.			

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172 ſ

ZUZ

Identifying number

Attachment Sequence No. **179**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

4 14	Election To Expense Certain Property of the second se	-				1	1,050,0
	aximum amount (see instructions)		inatru (atiana)				1,050,0
	tal cost of section 179 property place reshold cost of section 179 property	•	,				2,620,0
	duction in limitation. Subtract line 3					4	2702070
	lar limitation for tax year. Subtract line 4 from line		,	instructions		5	
6	(a) Description of p	roperty	(b) Cost (busi	iness use only)	(c) Elected of	cost	
	ted property. Enter the amount from		in a large (a) line of 0 and			-	
	tal elected cost of section 179 prop						
	ntative deduction. Enter the smalle rryover of disallowed deduction fror						
	siness income limitation. Enter the					44	
	ction 179 expense deduction. Add		,	,		12	
	rryover of disallowed deduction to 2			▶ 13			
	Don't use Part II or Part III below for		1				
Part	II Special Depreciation Allows	ance and Other D	epreciation (Don't inclue	de listed property	/.)		
14 Sp	ecial depreciation allowance for qua	alified property (oth	er than listed property) p	laced in service of	during		
the	e tax year				-	14	21,3
15 Pro	operty subject to section 168(f)(1) el	ection					
16 Otl	her depreciation (including ACRS)					16	
Part	III MACRS Depreciation (Don'	t include listed pro	perty. See instructions.)				
			Section A				10.0
17 MA	ACRS deductions for assets placed	in service in tax ye		1		17	18,2
	ou are electing to group any assets placed in ser	vice during the tax year in	ars beginning before 202 to one or more general asset acco	ounts, check here	►]	
	ou are electing to group any assets placed in ser	vice during the tax year in s Placed in Servic	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year	Using the Gene	►]	
	ou are electing to group any assets placed in ser	vice during the tax year in	ars beginning before 202 to one or more general asset acco	ounts, check here	►	tion Syste	m
	ou are electing to group any assets placed in ser Section B - Asset	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	► ral Depreciat	tion Syste	m
18 If yo	ou are electing to group any assets placed in ser Section B - Asset: (a) Classification of property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	► ral Depreciat	tion Syste	m
18 If yc	ou are electing to group any assets placed in ser Section B - Asset: (a) Classification of property 3-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	► ral Depreciat	tion Syste	m
18 If yo 19a b	are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	► ral Depreciat	tion Syste	m
18 If yc 19a b c d e	are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Using the Gene	► ral Depreciat	tion Syste	m
18 If yc 19a b c d	are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	Dunts, check here Using the Gene (d) Recovery period	► ral Depreciat	(f) Method	m
18 If yc 19a b c d e	are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	25 yrs.	(e) Convention	(f) Method	m
18 If yc 19a b c d e f	are electing to group any assets placed in ser Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs.	(e) Convention	(f) Method S/L S/L	m
IS If your second secon	A constraints of the section of property and the section of	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	(f) Method S/L S/L S/L	m
IS If your second secon	A constraints of the section of property and the section of	vice during the tax year in s Placed in Servic (b) Month and year placed	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L	m
18 If yc 19a b c d e f g h	A constraint of the section of property and the section of the sec	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
IS if your second secon	A constraint of the section of property and electing to group any assets placed in series of the section of property and constraint of property and constraint of property and constraint of the section of the se	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore During 2021 Tax Year (c) Basis for depreciation (business/investment use	25 yrs. 27.5 yrs. 39 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L ation Syst	m (g) Depreciation deduc
18 If yc 19a b c d f g h i 20a	A section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Residential rental property Section C - Assets Class life	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yc 19a b c d f g f i 20a b	A section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs.	ral Depreciation (e) Convention (e) Convention (m)	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yc 19a b c d f g f i 20a b c	A constraint of the section of property and electing to group any assets placed in sert section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property 25-yea	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs. 30 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yc 19a b c d f g f i 20a b c d	A constraint of the section of property and the section of the section	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs.	ral Depreciation (e) Convention (e) Convention (m)	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yo 19a b c d e f g h i 20a b c d Part	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year IV Summary (See instructions.)	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2021 Tax Year U	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs. 30 yrs. 40 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yo 19a b c d e f g h i 20a b c d Part 21 Lis	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 25-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year IV Summary (See instructions.) sted property. Enter amount from lim	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / Placed in Service / / Placed in Service / / / e 28	ars beginning before 202 to one or more general asset acco e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2021 Tax Year U	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs. 30 yrs. 40 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yc 19a b c d e f g h i 20a b c d Part 21 Lis 22 To	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property Section C - Assets Class life 12-year 30-year 40-year V Summary (See instructions.) sted property. Enter amount from line tal. Add amounts from line 12, lines	vice during the tax year in s Placed in Servic (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ars beginning before 202 to one or more general asset accor e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2021 Tax Year U business and 20 in column (s	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs. 30 yrs. 40 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc
18 If yc 19a b c d e f g h i 20a b c d Part 21 Lis 22 To En	Section B - Assets Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property 25-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year IV Summary (See instructions.) sted property. Enter amount from lim	vice during the tax year in s Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / /	ars beginning before 202 to one or more general asset accore e During 2021 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2021 Tax Year U During 2021 Tax Year U es 19 and 20 in column (cartnerships and S corpora	Using the Gene (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Alterna 12 yrs. 30 yrs. 40 yrs.	In the second se	(f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	m (g) Depreciation deduc

For	m 4562 (2021)	PRO	JECT 150)								45-	6645	161	Page 2
	art V Listed Proper	ty (Include a	utomobiles, cer		ner vehic	les, cert	ain aircr	aft, an	d property	used for	r	_			
	entertainment, Note: For any	vehicle for w	hich you are us	ing the	standar	d mileag	e rate o	r dedu	cting lease	e expens	e, comp	olete on	ly 24a,		
) of Section A, a							-					
		-	on and Other In		•			_							
<u>24a</u>	Do you have evidence to s	1.1		t use cla	limed?	<u> </u>	es 🔄	No	24b If "Y	es," is th	e evide	nce writt	en?	_ Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	ot	(d) Cost or her basis	(bus	(e) is for depresiness/invention use only	stment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) ciation iction	Elec sectio cc	n 179
25	Special depreciation allo	owance for q	ualified listed p	roperty	placed	in servic	e during	the ta	x year and	3					
	used more than 50% in	a qualified bu	usiness use				-				25				
	Property used more tha														
		: :	%												
		: :	%												
		: :	%												
27	Property used 50% or le	ess in a qualif	ied business us	se:		•			•						
			%							S/L -					
			%							S/L -					
		: :	%							S/L -					
28	Add amounts in column				and on	line 21	page 1				28				
	Add amounts in column										-		29		
		(),			B - Infor										
to y	our employees, first ans	wer the ques	tions in Section		a)		n excep [.]	tion to	completin		ction fo	<u> </u>	ehicles.	(f)
	Total business/investment		* F	Vel	nicle	Veh	nicle	V	/ehicle	Veh	icle	Veh	icle	Veh	cle
	year (don't include commu														
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting) miles												
	driven														
33	Total miles driven during	g the year.													
	Add lines 30 through 32	<u>.</u>			_				_						
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
			- Questions fo	r Empl	oyers W	ho Prov	vide Veh	icles f	for Use by	/ Their E	mploye	es			
Ans	wer these questions to o			-	-				-				en't		
	e than 5% owners or rel			•		C									
37	Do you maintain a writte	en policv stat	ement that pro	nibits a	ll persor	al use o	f vehicle	s. inclu	udina com	nmutina.	bv vour			Yes	No
	employees?		-		-				-						
	Do you maintain a writte														
	employees? See the ins			•				•							
	Do you treat all use of v				-										1
	Do you provide more th	-													
-	, ,		,	, ·,					1					1	1

 41 Do you meet the requirements concerning qualified automobile demonstration use?

 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	Date amortization begins	(C) Amortizable amount	(C) Code section	(e) Amortizat period or perc		(1) Amortization for this year
42 Amortization of costs that begins during your 2	2021 tax yea	r:				
	: :					
	: :					
43 Amortization of costs that began before your 2	021 tax year				43	
44 Total. Add amounts in column (f). See the inst	ructions for v	vhere to report			44	
116252 12-21-21						Form 4562 (2021)

the use of the vehicles, and retain the information received?