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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

November 21, 2024

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

Project 150:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 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 is 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, 2024

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

Please sign and return Form 8879 immediately via client portal or email to [efile@rubinbrown.com](mailto:efile@rubinbrown.com). 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 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**PROJECT 150**

EIN or SSN

**45-6645161**

Name and title of officer or person subject to tax **GINO WIDEEN  
PRESIDENT**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

|                                    |                                     |   |                             |
|------------------------------------|-------------------------------------|---|-----------------------------|
| <b>1a</b> Form 990 check here      | <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)    | <b>1b</b> <u>2,639,135.</u> |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b Total revenue</b> , if any (Form 990-EZ, line 9)                         | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b Total tax</b> (Form 1120-POL, line 22)                                   | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)         | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b Balance due</b> (Form 8868, line 3c)                                     | <b>5b</b> _____             |
| <b>6a</b> Form 990-T check here    | <input type="checkbox"/>            | <b>b Total tax</b> (Form 990-T, Part III, line 4)                             | <b>6b</b> _____             |
| <b>7a</b> Form 4720 check here     | <input type="checkbox"/>            | <b>b Total tax</b> (Form 4720, Part III, line 1)                              | <b>7b</b> _____             |
| <b>8a</b> Form 5227 check here     | <input type="checkbox"/>            | <b>b FMV of assets at end of tax year</b> (Form 5227, Item D)                 | <b>8b</b> _____             |
| <b>9a</b> Form 5330 check here     | <input type="checkbox"/>            | <b>b Tax due</b> (Form 5330, Part II, line 19)                                | <b>9b</b> _____             |
| <b>10a</b> Form 8038-CP check here | <input type="checkbox"/>            | <b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) | <b>10b</b> _____            |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize RUBINBROWN LLP to enter my PIN 45161  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date November 26, 2024

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43945750455

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature RUBINBROWN LLP

Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization: PROJECT 150
D Employer identification number: 45-6645161
E Telephone number: 702-721-7150
G Gross receipts \$: 3,809,844.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.PROJECT150.ORG
K Form of organization:
L Year of formation: 2011
M State of legal domicile: NV

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: Signature of officer GINO WIDEEN, PRESIDENT, Date: November 26, 2024
Paid: Print/Type preparer's name KIMBERLY WOODS, Preparer's signature, Date, Check if self-employed, PTIN P01306614
Preparer Use Only: Firm's name RUBINBROWN LLP, Firm's EIN 43-0765316, Firm's address 10801 W CHARLESTON BLVD. STE 300 LAS VEGAS, NV 89135, Phone no. (702) 415-2112

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ 332,250. ) (Revenue \$ 397,014. ) AWARDED 97 STUDENTS WITH COLLEGE SCHOLARSHIP FUNDING WORTH OVER \$330,000. PROJECT 150 PROVIDES COLLEGE/TRADE SCHOOL SCHOLARSHIPS TO STUDENTS WHO ARE INTERESTED IN MOVING ON TO HIGHER EDUCATION. AWARDS ARE DISTRIBUTED DIRECTLY TO THE IN-STATE COLLEGES/TRADE SCHOOLS AND ARE ANNOUNCED ANNUALLY AT OUR SCHOLARSHIP AWARD LUNCHEON IN JUNE.

4b (Code: ) (Expenses \$ 165,412. including grants of \$ ) (Revenue \$ 102,119. ) FOOD AND SUPPLY DISTRIBUTION PROGRAM: PROVIDED 5,593 FAMILY MEAL BAGS AND 7,031 FAMILY MEAL BOXES TO HIGH SCHOOL STUDENTS AND THEIR FAMILIES. PROJECT 150 PROVIDES WEEKLY FOOD, HYGIENE, AND SCHOOL SUPPLY DELIVERIES TO 75 LOCAL HIGH SCHOOLS CLARK COUNTY HIGH SCHOOLS. FAMILY MEAL BAGS PROVIDE FOOD FOR A FAMILY OF FOUR.

4c (Code: ) (Expenses \$ 143,382. including grants of \$ ) (Revenue \$ 57,534. ) HOLIDAY MEAL DISTRIBUTION: PROJECT 150 DISTRIBUTED 5,388 FULL HOLIDAY MEALS FOR THANKSGIVING AND CHRISTMAS TO LOCAL LAS VEGAS STUDENTS AND THEIR FAMILIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,346,164. including grants of \$ 1,234,412. ) (Revenue \$ 2,073,734. )

4e Total program service expenses 2,654,958.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f. 'X' marks indicate 'Yes' responses for questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | X   |    |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | X   |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   |     | X  |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   |     | X  |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KELLI KRISTO - (702) 721-7150**  
**3600 N RANCHO AVENUE, LAS VEGAS, NV 89130**

**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 2,565,407.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 1,120,826.  |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      | 2,565,407.     |                                    |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> _____  | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |                      |                |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 117,577.       | 117,577.                           |                            |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>            | (i) Securities | 1,120,860.                         | 6,000.                     |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 1,170,709.     | 0.                                 |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | -49,849.       | 6,000.                             |                            |  |  |
|   | <b>d</b> Net gain or (loss) .....   |                      | -43,849.       | -43,849.                           |                            |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> _____   | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |                      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 2,639,135.     | 73,728.                            | 0.                         | 0.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 1,566,662.            | 1,566,662.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 140,000.              |                                 | 140,000.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 287,973.              |                                 | 287,973.                               |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....  | 131,311.              |                                 | 131,311.                               |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   |                       |                                 |  |                             |
| <b>c</b> Accounting .....  | 39,932.               |                                 | 39,932.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 14,387.               | 11,021.                         | 3,366.                                 |                             |
| <b>12</b> Advertising and promotion .....  | 70,700.               | 69,830.                         | 870.                                   |                             |
| <b>13</b> Office expenses .....  | 123,472.              |                                 | 123,472.                               |                             |
| <b>14</b> Information technology .....   | 510.                  | 510.                            |  |                             |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  |                       |                                 |  |                             |
| <b>17</b> Travel .....   | 14,368.               | 14,368.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   |                       |                                 |  |                             |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 363,301.              | 363,301.                        |  |                             |
| <b>23</b> Insurance .....  | 124,780.              | 71,272.                         | 53,508.                                |                             |
| <b>24</b> 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 O.)                                    |                       |                                 |  |                             |
| <b>a</b> PROGRAM EXPENSES  | 370,304.              | 370,304.                        |  |                             |
| <b>b</b> BETTY'S BOUTIQUE  | 60,226.               | 60,226.                         |  |                             |
| <b>c</b> EVENT EXPENSE   | 53,909.               | 53,909.                         |  |                             |
| <b>d</b> STORAGE RENTAL  | 14,323.               | 14,323.                         |  |                             |
| <b>e</b> All other expenses  | 59,232.               | 59,232.                         |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 3,435,390.            | 2,654,958.                      | 780,432.                               | 0.                          |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 3,242,661.               | <b>1</b>   | 2,280,631.         |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net .....  | 2,461.                   | <b>4</b>   | 2,461.             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   | 356,243.                 | <b>8</b>   | 406,386.           |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | <b>9</b>   |                    |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 2,851,560.    |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 836,630.      | <b>10c</b> | 2,014,930.         |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 10,788.                  | <b>15</b>  | 12,143.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 5,528,986.   | <b>16</b>                | 4,716,551. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  |                          | <b>17</b>  |                    |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 11,104.                  | <b>25</b>  | 3,659.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 11,104.                  | <b>26</b>  | 3,659.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  |                          | <b>27</b>  |                    |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>  |                    |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   | 0.                       | <b>29</b>  | 0.                 |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   | 0.                       | <b>30</b>  | 0.                 |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   | 5,517,882.               | <b>31</b>  | 4,712,892.         |
|   | <b>32</b> Total net assets or fund balances .....  | 5,517,882.               | <b>32</b>  | 4,712,892.         |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 5,528,986.   | <b>33</b>                | 4,716,551. |                    |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 2,639,135. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 3,435,390. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -796,255.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 5,517,882. |
| 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  | -8,735.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,712,892. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| b   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| c   | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |     | X  |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

|   |  |
|---|--|
| <b>Name of the organization</b><br><p style="text-align: center;">PROJECT 150</p> | <b>Employer identification number</b><br><p style="text-align: center;">45-6645161</p> |
|---|--|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 1245257. | 1363278. | 1960109. | 4180522. | 1449581. | 10198747. |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 1245257. | 1363278. | 1960109. | 4180522. | 1449581. | 10198747. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....     | 337,547. | 311,480. | 487,399. | 2787026. | 379,373. | 4302825.  |
| <b>c</b> Add lines 7a and 7b .....  | 337,547. | 311,480. | 487,399. | 2787026. | 379,373. | 4302825.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 5895922.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 1245257. | 1363278. | 1960109. | 4180522. | 1449581. | 10198747. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 1245257. | 1363278. | 1960109. | 4180522. | 1449581. | 10198747. |

**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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 57.81 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | 54.16 % |

**Section D. Computation of Investment Income Percentage**

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .00 % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | %     |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2023 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2023</b> | <b>(iii)<br/>Distributable<br/>Amount for 2023</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                                     |   |  |
| <b>a</b> From 2018   |                                     |   |  |
| <b>b</b> From 2019   |                                     |   |  |
| <b>c</b> From 2020   |                                     |   |  |
| <b>d</b> From 2021   |                                     |   |  |
| <b>e</b> From 2022   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2019  |                                     |   |  |
| <b>b</b> Excess from 2020  |                                     |   |  |
| <b>c</b> Excess from 2021  |                                     |   |  |
| <b>d</b> Excess from 2022  |                                     |   |  |
| <b>e</b> Excess from 2023  |                                     |   |  |

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

|  |   |
|--|---|
| Name of organization<br><br><b>PROJECT 150</b> | Employer identification number<br><br><b>45-6645161</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>PROJECT 150</b> | Employer identification number<br><br><b>45-6645161</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PROJECT 150 Employer identification number 45-6645161

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|---|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land   |                                      | 628,701.                        |                              | 628,701.          |
| b Buildings   |                                      | 1,921,987.                      | 556,468.                     | 1,365,519.        |
| c Leasehold improvements  |                                      |                                 |                              |                   |
| d Equipment   |                                      | 267,017.                        | 246,307.                     | 20,710.           |
| e Other   |                                      | 33,855.                         | 33,855.                      | 0.                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | <b>2,014,930.</b> |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OTHER LIABILITIES (DETAIL) - 990-                                     |                |
| (3) CHASE CREDIT CARD   | 3,659.         |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 3,659.         |

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c.

Part 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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PROJECT 150

Employer identification number

45-6645161

**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name 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 total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**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.

| (a) Type of grant or assistance | (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| CLOTHING AND FOOD               | 0                        | 0.                       | 1,566,662.                        | THRIFT SHOP VALUE                                     |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **PROJECT 150** Employer identification number: **45-6645161**

| <b>Part I</b> | <b>Types of Property</b>                                  | <b>(a)</b><br>Check if applicable | <b>(b)</b><br>Number of contributions or items contributed | <b>(c)</b><br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of determining noncash contribution amounts |
|---------------|---|-----------------------------------|--|---|--|
| 1             | Art - Works of art  |                                   |  |   |  |
| 2             | Art - Historical treasures                                |                                   |  |   |  |
| 3             | Art - Fractional interests                                |                                   |  |   |  |
| 4             | Books and publications                                    |                                   |  |   |  |
| 5             | Clothing and household goods                              | <b>X</b>                          |  |   | <b>THRIFT SHOP VALUE</b>   |
| 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               |                                   |  |   |  |
| 15            | Real estate - Residential                                 |                                   |  |   |  |
| 16            | Real estate - Commercial                                  |                                   |  |   |  |
| 17            | Real estate - Other                                       |                                   |  |   |  |
| 18            | Collectibles  |                                   |  |   |  |
| 19            | Food inventory  |                                   |  |   |  |
| 20            | Drugs and medical supplies                                |                                   |  |   |  |
| 21            | Taxidermy   |                                   |  |   |  |
| 22            | Historical artifacts                                      |                                   |  |   |  |
| 23            | Scientific specimens                                      |                                   |  |   |  |
| 24            | Archeological artifacts                                   |                                   |  |   |  |
| 25            | Other ( _____ )   |                                   |  |   |  |
| 26            | Other ( _____ )   |                                   |  |   |  |
| 27            | Other ( _____ )   |                                   |  |   |  |
| 28            | Other ( _____ )   |                                   |  |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

|   | Yes | No       |
|---|-----|----------|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ..... |     | <b>X</b> |
| b If "Yes," describe the arrangement in Part II.  |     |          |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....   |     | <b>X</b> |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | <b>X</b> |
| b If "Yes," describe in Part II.  |     |          |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |          |

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

Schedule M (Form 990) 2023

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PROJECT 150

Employer identification number

45-6645161

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 THOSE 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



|   |  |
|---|--|
| Name of the organization<br>PROJECT 150 | Employer identification number<br>45-6645161 |
|---|--|

ROBERT B. MCBEATH - 3600 N. RANCHO DR., LAS VEGAS, NV 89130

GINO WIDEEN - 3600 N. RANCHO DR., LAS VEGAS, NV 89130

KATE WHITE - 3600 N. RANCHO DR., LAS VEGAS, NV 89130

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                                     |         |
|-------------------------------------|---------|
| BOOK/TAX DIFFERENCE UNREALIZED LOSS | -8,735. |
|-------------------------------------|---------|

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **PROJECT 150** Employer identification number **45-6645161**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity       | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|---|---|---------------------|---------------------------|-------------------------------------|
| PROJECT 150-RENO - 45-6645161<br>3600 N RANCHO AVENUE<br>LAS VEGAS, NV 89130 | TO HELP SERVE THE HIGH<br>SCHOOL HOMELESS OF RENO,<br>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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
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|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2023

**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.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

|  | Yes       | No |
|--|-----------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) .....  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) .....   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) .....   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) .....   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   | <b>1s</b> |    |

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



**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                    | Date Acquired | Method | Life  | Conv<br>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 |
|-----------|--------------------------------|---------------|--------|-------|------------------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | BUILDINGS                      |               |        |       |                  |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 10        | 3600 NORTH RANCHO BUILDING     | 07/01/15      | SL     | 39.00 | MM17             | 524,736.                 |            |                     |                      | 524,736.               | 107,079.                           |                         | 13,455.                | 120,534.                        |
| 11        | BUILDING SIGNS                 | 07/01/15      | SL     | 39.00 | MM17             | 3,573.                   |            |                     |                      | 3,573.                 | 732.                               |                         | 92.                    | 824.                            |
| 12        | WAREHOUSE SHELVING/STORAGE     | 07/01/15      | 200DB  | 5.00  | HY17             | 4,844.                   |            |                     | 2,422.               | 2,422.                 | 2,422.                             |                         | 0.                     | 2,422.                          |
| 15        | SONITROL ALARM SYSTEM          | 09/13/16      | 200DB  | 5.00  | HY17             | 12,419.                  |            |                     | 6,210.               | 6,209.                 | 6,209.                             |                         | 0.                     | 6,209.                          |
| 27        | 2605 E FLAMINGO- BUILDING      | 01/20/23      | SL     | 39.00 | MM17             | 829,399.                 |            |                     |                      | 829,399.               | 9,747.                             |                         | 21,267.                | 31,014.                         |
| 29        | 2605 E FLAMINGO- IMPROVEMENTS  | 06/30/23      | 150DB  | 15.00 | MC17             | 240,446.                 |            |                     | 192,357.             | 48,089.                | 601.                               |                         | 4,749.                 | 5,350.                          |
| 34        | 3600 NORTH RANCHO IMPROVEMENTS | 08/04/23      | 150DB  | 15.00 | MC19E            | 5,501.                   |            |                     | 4,401.               | 1,100.                 |                                    |                         | 4,497.                 | 96.                             |
| 35        | HEAT PUMP                      | 08/14/23      | 150DB  | 15.00 | MC19E            | 11,685.                  |            |                     | 9,348.               | 2,337.                 |                                    |                         | 9,552.                 | 204.                            |
| 36        | 2605 E FLAMINGO- IMPROVEMENTS  | 04/01/24      | 150DB  | 15.00 | MC19E            | 289,384.                 |            |                     | 173,630.             | 115,754.               |                                    |                         | 175,077.               | 1,447.                          |
|           | * 990 PAGE 10 TOTAL BUILDINGS  |               |        |       |                  | 1,921,987.               |            |                     | 388,368.             | 1,533,619.             | 126,790.                           |                         | 228,689.               | 168,100.                        |
|           | FURNITURE & FIXTURES           |               |        |       |                  |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 3         | NVIZION IT                     | 05/04/15      | 200DB  | 5.00  | HY17             | 1,865.                   |            |                     | 933.                 | 932.                   | 932.                               |                         | 0.                     | 932.                            |
| 13        | PACVAN SHIPPING CONTAINER      | 03/31/16      | 200DB  | 5.00  | HY17             | 1,700.                   |            |                     | 850.                 | 850.                   | 850.                               |                         | 0.                     | 850.                            |
| 19        | FOLDING CHAIRS                 | 02/06/17      | 200DB  | 7.00  | HY17             | 1,459.                   |            |                     | 730.                 | 729.                   | 690.                               |                         | 39.                    | 729.                            |
| 20        | BUILT-IN COOLER                | 05/08/19      | 200DB  | 5.00  | MC17             | 9,031.                   |            |                     | 4,516.               | 4,515.                 | 4,060.                             |                         | 455.                   | 4,515.                          |
| 21        | BUILT-IN COOLER                | 02/17/21      | 200DB  | 5.00  | MC17             | 9,588.                   |            |                     | 9,588.               |                        |                                    |                         | 0.                     |                                 |
| 22        | BUILT-IN COOLER                | 05/03/21      | 200DB  | 5.00  | MC17             | 10,212.                  |            |                     | 10,212.              |                        |                                    |                         | 0.                     |                                 |

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description                               | Date Acquired | Method | Life  | Conv | 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 |
|-----------|---|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES  |               |        |       |      |          | 33,855.                  |            |                     | 26,829.              | 7,026.                 | 6,532.                             |                         | 494.                   | 7,026.                          |
|           | MACHINERY & EQUIPMENT                     |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 4         | NVIZION IT                                | 05/04/15      | 200DB  | 5.00  |      | HY17     | 2,846.                   |            |                     | 1,423.               | 1,423.                 | 1,423.                             |                         | 0.                     | 1,423.                          |
| 5         | NVIZION IT                                | 05/04/15      | 200DB  | 5.00  |      | HY17     | 861.                     |            |                     | 431.                 | 430.                   | 430.                               |                         | 0.                     | 430.                            |
| 6         | PHONE SYSTEM NVIZION                      | 06/30/15      | 200DB  | 5.00  |      | HY17     | 600.                     |            |                     | 300.                 | 300.                   | 300.                               |                         | 0.                     | 300.                            |
| 7         | SPEAKERS CISKO SOUND                      | 06/30/15      | 200DB  | 5.00  |      | HY17     | 500.                     |            |                     | 250.                 | 250.                   | 250.                               |                         | 0.                     | 250.                            |
| 8         | NVIZION IT                                | 12/07/15      | 200DB  | 5.00  |      | HY17     | 1,778.                   |            |                     | 889.                 | 889.                   | 889.                               |                         | 0.                     | 889.                            |
| 17        | 18 IPADS                                  | 08/21/17      | 200DB  | 5.00  |      | HY17     | 3,757.                   |            |                     | 1,879.               | 1,878.                 | 1,878.                             |                         | 0.                     | 1,878.                          |
| 24        | AIR CONDITIONER (HVAC)                    | 07/29/21      | 150DB  | 15.00 |      | HY17     | 18,486.                  |            |                     | 18,486.              |                        |                                    |                         | 0.                     |                                 |
| 25        | OFFICE EQUIPMENT- DONATION BIN            | 06/14/22      | 200DB  | 5.00  |      | HY17     | 2,847.                   |            |                     | 2,847.               |                        |                                    |                         | 0.                     |                                 |
| 26        | AIR CONDITIONER (HVAC)                    | 09/16/22      | 150DB  | 15.00 |      | MC17     | 11,640.                  |            |                     | 11,640.              |                        |                                    |                         | 0.                     |                                 |
| 30        | COMPUTER                                  | 01/18/24      | 200DB  | 5.00  |      | MC19B    | 2,775.                   |            |                     | 1,665.               | 1,110.                 |                                    |                         | 1,832.                 | 167.                            |
| 33        | AV EQUIPMENT                              | 07/05/23      | 200DB  | 5.00  |      | MC19B    | 6,714.                   |            |                     | 5,371.               | 1,343.                 |                                    |                         | 5,841.                 | 470.                            |
|           | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT |               |        |       |      |          | 52,804.                  |            |                     | 45,181.              | 7,623.                 | 5,170.                             |                         | 7,673.                 | 5,807.                          |
|           | TRANSPORTATION EQUIPMENT                  |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | TRUCK                                     | 06/13/13      | 200DB  | 5.00  |      | HY17     | 20,782.                  |            |                     |                      | 20,782.                | 20,782.                            |                         | 0.                     | 20,782.                         |
| 2         | DODGE VAN                                 | 06/18/13      | 200DB  | 5.00  |      | HY17     | 1,092.                   |            |                     |                      | 1,092.                 | 1,092.                             |                         | 0.                     | 1,092.                          |
| 18        | BOX TRUCK                                 | 02/27/17      | 200DB  | 5.00  |      | HY17     | 47,000.                  |            |                     |                      | 47,000.                | 47,000.                            |                         | 0.                     | 47,000.                         |



2023 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description                                  | Date Acquired | Method | Life | Conv | 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 |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 23        | (D)DODGE DAKOTA                              | 12/16/20      | 200DB  | 5.00 |      | MC17     | 2,722.                   |            |                     | 2,722.               |                        |                                    |                         | 0.                     |                                 |
| 31        | FORD TRANSIT 250                             | 08/30/23      | 200DB  | 5.00 |      | MC19B    | 72,577.                  |            |                     | 58,062.              | 14,515.                |                                    |                         | 63,142.                | 5,080.                          |
| 32        | FORD TRANSIT 250 #2                          | 08/30/23      | 200DB  | 5.00 |      | MC19B    | 72,762.                  |            |                     | 58,210.              | 14,552.                |                                    |                         | 63,303.                | 5,093.                          |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT |               |        |      |      |          | 216,935.                 |            |                     | 118,994.             | 97,941.                | 68,874.                            |                         | 126,445.               | 79,047.                         |
|           | LAND   |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 9         | 3600 NORTH RANCHO LAND                       | 07/01/15      | L      |      |      |          | 201,523.                 |            |                     |                      | 201,523.               |                                    |                         | 0.                     |                                 |
| 28        | 2605 E FLAMINGO- LAND                        | 01/20/23      | L      |      |      |          | 427,178.                 |            |                     |                      | 427,178.               |                                    |                         | 0.                     |                                 |
|           | * 990 PAGE 10 TOTAL LAND                     |               |        |      |      |          | 628,701.                 |            |                     |                      | 628,701.               | 0.                                 |                         | 0.                     | 0.                              |
|           | * GRAND TOTAL 990 PAGE 10 DEPR               |               |        |      |      |          | 2,854,282.               |            |                     | 579,372.             | 2,274,910.             | 207,366.                           |                         | 363,301.               | 259,980.                        |
|           | CURRENT YEAR ACTIVITY                        |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           | BEGINNING BALANCE                            |               |        |      |      |          | 2,392,884.               |            |                     | 268,685.             | 2,124,199.             | 207,366.                           |                         |                        | 247,423.                        |
|           | ACQUISITIONS                                 |               |        |      |      |          | 461,398.                 |            |                     | 310,687.             | 150,711.               | 0.                                 |                         |                        | 12,557.                         |
|           | DISPOSITIONS/RETIRED                         |               |        |      |      |          | 2,722.                   |            |                     | 2,722.               | 0.                     | 0.                                 |                         |                        | 0.                              |
|           | ENDING BALANCE                               |               |        |      |      |          | 2,851,560.               |            |                     | 576,650.             | 2,274,910.             | 207,366.                           |                         |                        | 259,980.                        |
|           | ENDING ACCUM DEPR LESS DISPOSITIONS          |               |        |      |      |          |                          |            |                     |                      |                        | 836,630.                           |                         |                        |                                 |
|           | ENDING BOOK VALUE                            |               |        |      |      |          |                          |            |                     |                      | 2,014,930.             |                                    |                         |                        |                                 |

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

PROJECT 150

FORM 990 PAGE 10

45-6645161

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election. Line 1: 1,160,000. Line 2: Total cost. Line 3: 2,890,000. Line 4: Reduction in limitation. Line 5: Dollar limitation. Line 6-7: Description and cost of property. Line 8: Total elected cost. Line 9: Tentative deduction. Line 10: Carryover. Line 11: Business income limitation. Line 12: Section 179 expense deduction. Line 13: Carryover to 2024.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 14: 310,687. Line 15: Property subject to election. Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS Deductions. Line 17: 40,057. Line 18: Grouping election checkbox.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: Listed property amount. Line 22: Total depreciation: 363,301. Line 23: Portion of basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 regarding policy statements and requirements for vehicle 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

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2023 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2023 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                      |   |   |
|----------------------|---|---|
| <b>Type or Print</b> | Name of exempt organization, employer, or other filer, see instructions.<br><b>PROJECT 150</b>                              | Taxpayer identification number (TIN)<br><b>45-6645161</b> |
|                      | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>3600 N RANCHO DR</b>                           |   |
|                      | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LAS VEGAS, NV 89130-3149</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **KELLI KRISTO**  
**3600 N RANCHO AVENUE - LAS VEGAS, NV 89130**

Telephone No. **(702) 721-7150** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |           |
|---|-----------|----|-----------|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | <b>0.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>0.</b> |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - PROJECT 150

| Asset No. | Description                    | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | BUILDINGS                      |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 10        | 3600 NORTH RANCHO BUILDING     | 070115        | SL     | 39.00 | 17       | 524,736.                 |            |                      | 524,736.               | 107,079.                 |                 | 13,455.                |
| 11        | BUILDING SIGNS                 | 070115        | SL     | 39.00 | 17       | 3,573.                   |            |                      | 3,573.                 | 732.                     |                 | 92.                    |
| 12        | WAREHOUSE SHELVING/STORAGE     | 070115        | 200DB  | 5.00  | 17       | 4,844.                   |            | 2,422.               | 2,422.                 | 2,422.                   |                 | 0.                     |
| 15        | SONITROL ALARM SYSTEM          | 091316        | 200DB  | 5.00  | 17       | 12,419.                  |            | 6,210.               | 6,209.                 | 6,209.                   |                 | 0.                     |
| 27        | 2605 E FLAMINGO-BUILDING       | 012023        | SL     | 39.00 | 17       | 829,399.                 |            |                      | 829,399.               | 9,747.                   |                 | 21,267.                |
| 29        | 2605 E FLAMINGO-IMPROVEMENTS   | 063023        | 150DB  | 15.00 | 17       | 240,446.                 |            | 192,357.             | 48,089.                | 601.                     |                 | 4,749.                 |
| 34        | 3600 NORTH RANCHO IMPROVEMENTS | 080423        | 150DB  | 15.00 | 19E      | 5,501.                   |            | 4,401.               | 1,100.                 |                          |                 | 4,497.                 |
| 35        | HEAT PUMP                      | 081423        | 150DB  | 15.00 | 19E      | 11,685.                  |            | 9,348.               | 2,337.                 |                          |                 | 9,552.                 |
| 36        | 2605 E FLAMINGO-IMPROVEMENTS   | 040124        | 150DB  | 15.00 | 19E      | 289,384.                 |            | 173,630.             | 115,754.               |                          |                 | 175,077.               |
|           | * 990 PAGE 10 TOTAL BUILDINGS  |               |        |       |          | 1921987.                 |            | 388,368.             | 1533619.               | 126,790.                 |                 | 228,689.               |
|           | FURNITURE & FIXTURES           |               |        |       |          |                          |            |                      |                        |                          |                 |                        |
| 3         | INVIZION IT                    | 050415        | 200DB  | 5.00  | 17       | 1,865.                   |            | 933.                 | 932.                   | 932.                     |                 | 0.                     |
| 13        | PACVAN SHIPPING CONTAINER      | 033116        | 200DB  | 5.00  | 17       | 1,700.                   |            | 850.                 | 850.                   | 850.                     |                 | 0.                     |
| 19        | FOLDING CHAIRS                 | 020617        | 200DB  | 7.00  | 17       | 1,459.                   |            | 730.                 | 729.                   | 690.                     |                 | 39.                    |
| 20        | BUILT-IN COOLER                | 050819        | 200DB  | 5.00  | 17       | 9,031.                   |            | 4,516.               | 4,515.                 | 4,060.                   |                 | 455.                   |
| 21        | BUILT-IN COOLER                | 021721        | 200DB  | 5.00  | 17       | 9,588.                   |            | 9,588.               |                        |                          |                 | 0.                     |
| 22        | BUILT-IN COOLER                | 050321        | 200DB  | 5.00  | 17       | 10,212.                  |            | 10,212.              |                        |                          |                 | 0.                     |

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - PROJECT 150

| Asset No. | Description                             | Date Acquired | Method | Life  | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|-------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
|           | * 990 PAGE 10 TOTAL FURNITURE & FIXTURE |               |        |       |          | 33,855.                  |            | 26,829.            | 7,026.                 | 6,532.                   |                 | 494.                   |
|           | MACHINERY & EQUIPMENT                   |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 4         | INVIZION IT                             | 050415        | 200DB  | 5.00  | 17       | 2,846.                   |            | 1,423.             | 1,423.                 | 1,423.                   |                 | 0.                     |
| 5         | INVIZION IT                             | 050415        | 200DB  | 5.00  | 17       | 861.                     |            | 431.               | 430.                   | 430.                     |                 | 0.                     |
|           | PHONE SYSTEM                            |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 6         | INVIZION                                | 063015        | 200DB  | 5.00  | 17       | 600.                     |            | 300.               | 300.                   | 300.                     |                 | 0.                     |
|           | SPEAKERS CISKO                          |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 7         | SOUND                                   | 063015        | 200DB  | 5.00  | 17       | 500.                     |            | 250.               | 250.                   | 250.                     |                 | 0.                     |
| 8         | INVIZION IT                             | 120715        | 200DB  | 5.00  | 17       | 1,778.                   |            | 889.               | 889.                   | 889.                     |                 | 0.                     |
| 17        | 18 IPADS                                | 082117        | 200DB  | 5.00  | 17       | 3,757.                   |            | 1,879.             | 1,878.                 | 1,878.                   |                 | 0.                     |
|           | AIR CONDITIONER                         |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 24        | (HVAC)                                  | 072921        | 150DB  | 15.00 | 17       | 18,486.                  |            | 18,486.            |                        |                          |                 | 0.                     |
|           | OFFICE EQUIPMENT-                       |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 25        | DONATION BIN                            | 061422        | 200DB  | 5.00  | 17       | 2,847.                   |            | 2,847.             |                        |                          |                 | 0.                     |
|           | AIR CONDITIONER                         |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 26        | (HVAC)                                  | 091622        | 150DB  | 15.00 | 17       | 11,640.                  |            | 11,640.            |                        |                          |                 | 0.                     |
| 30        | COMPUTER                                | 011824        | 200DB  | 5.00  | 19B      | 2,775.                   |            | 1,665.             | 1,110.                 |                          |                 | 1,832.                 |
| 33        | AV EQUIPMENT                            | 070523        | 200DB  | 5.00  | 19B      | 6,714.                   |            | 5,371.             | 1,343.                 |                          |                 | 5,841.                 |
|           | * 990 PAGE 10 TOTAL MACHINERY & EQUIPME |               |        |       |          | 52,804.                  |            | 45,181.            | 7,623.                 | 5,170.                   |                 | 7,673.                 |
|           | TRANSPORTATION EQUIPMENT                |               |        |       |          |                          |            |                    |                        |                          |                 |                        |
| 1         | TRUCK                                   | 061313        | 200DB  | 5.00  | 17       | 20,782.                  |            |                    | 20,782.                | 20,782.                  |                 | 0.                     |
| 2         | DODGE VAN                               | 061813        | 200DB  | 5.00  | 17       | 1,092.                   |            |                    | 1,092.                 | 1,092.                   |                 | 0.                     |
| 18        | BOX TRUCK                               | 022717        | 200DB  | 5.00  | 17       | 47,000.                  |            |                    | 47,000.                | 47,000.                  |                 | 0.                     |

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - PROJECT 150

| Asset No. | Description                             | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|---|---------------|--------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 23        | (D)DODGE DAKOTA                         | 121620        | 200DB  | 5.00 | 17       | 2,722.                   |            | 2,722.             |                        |                          |                 | 0.                     |
| 31        | FORD TRANSIT 250                        | 083023        | 200DB  | 5.00 | 19B      | 72,577.                  |            | 58,062.            | 14,515.                |                          |                 | 63,142.                |
| 32        | FORD TRANSIT 250 #2                     | 083023        | 200DB  | 5.00 | 19B      | 72,762.                  |            | 58,210.            | 14,552.                |                          |                 | 63,303.                |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQUI |               |        |      |          | 216,935.                 |            | 118,994.           | 97,941.                | 68,874.                  |                 | 126,445.               |
|           | LAND                                    |               |        |      |          |                          |            |                    |                        |                          |                 |                        |
| 9         | 3600 NORTH RANCHO LAND                  | 070115        | L      |      |          | 201,523.                 |            |                    | 201,523.               |                          |                 | 0.                     |
| 28        | 2605 E FLAMINGO- LAND                   | 012023        | L      |      |          | 427,178.                 |            |                    | 427,178.               |                          |                 | 0.                     |
|           | * 990 PAGE 10 TOTAL LAND                |               |        |      |          | 628,701.                 |            | 0.                 | 628,701.               | 0.                       |                 | 0.                     |
|           | * GRAND TOTAL 990 PAGE 10 DEPR          |               |        |      |          | 2854282.                 |            | 579,372.           | 2274910.               | 207,366.                 |                 | 363,301.               |
|           | CURRENT YEAR ACTIVITY                   |               |        |      |          |                          |            |                    |                        |                          |                 |                        |
|           | BEGINNING BALANCE                       |               |        |      |          | 2392884.                 |            | 268,685.           | 2124199.               | 207,366.                 |                 |                        |
|           | ACQUISITIONS                            |               |        |      |          | 461,398.                 |            | 310,687.           | 150,711.               | 0.                       |                 |                        |
|           | DISPOSITIONS                            |               |        |      |          | 2,722.                   |            | 2,722.             | 0.                     | 0.                       |                 |                        |
|           | ENDING BALANCE                          |               |        |      |          | 2851560.                 |            | 576,650.           | 2274910.               | 207,366.                 |                 |                        |