PROJECT HOSPITALITY INC. FORM 990 TAX YEAR 2021

Department	90 of the Treasury enue Service		-	venue Code (exce form as it may be n	pt private nade publi	foundation c.	(s) 2021 Open to Public Inspection
		lar year, or tax year beginning		and ending			6/30/2022
		of organization	0,,01,202		D Emp		fication number
B Check if ap	PRO	JECT HOSPITALITY INC.					
Addre	ess Doing	Business As			13	-323444	11
		er and street (or P.O. box if mail is not deliver	red to street address)	Room/suite		phone numb	
Initial	return 100	PARK AVENUE			(7	18)448	-1544
Termi	City a	town, state or province, country, and ZIP or	foreign postal code				
Amen		TEN ISLAND, NY 10302			G Gros	ss receipts	48,269,2
	cation F Name		RRY TROIA			this a group re	
pendi	-	PARK AVENUE, STATEN ISLA	AND, NY 10302			oordinates? all subordinate	s included? Yes
Tax-ex	empt status:	∑ 501(c)(3) ∑ 501(c) ()	(insert no.) 4947(a)(1	1) or 527	If	'No," attach a	list. (see instructions)
Websi	ite: 🕨 WWW.	PROJECTHOSPITALITY.ORG			H(c) Gro	oup exemption	number 🕨
C Form	of organization:	Corporation Trust Associatio	on Other ►	L Year of form	nation: 19	84 M Sta	te of legal domicile:
Part I	Summary						
nance	ARE HUNG						
5 2 0 3		ng members of the governing body (Pa					1
	Number of inc	ependent voting members of the gover	rning body (Part)/L line 1b)		• • • • •	3	
		of individuals employed in calendar yea					
6 ti							
U V		of volunteers (estimate if necessary) business revenue from Part VIII, colum	(C) line 12	• • • • • • • • •	• • • • •	· · · 0 7a	
		pusiness taxable income from Form 990					
	Net unrelated			<u></u>	Prior `		Current Year
. 8	Contributions	nd grants (Part VIII, line 1h)				19,218.	
enu 9		e revenue (Part VIII, line 2g)		PY FOR		00,670.	
0		ome (Part VIII, column (A), lines 3, 4, a				06,557.	
2 11		(Part VIII, column (A), lines 5, 6d, 8c, 9		J		42,142	
		add lines 8 through 11 (must equal Pa				68,587.	
13		nilar amounts paid (Part IX, column (A),			11,5	NON:	
		o or for members (Part IX, column (A), li				NON	
15		compensation, employee benefits (Part			21.4	31,221.	
		indraising fees (Part IX, column (A), line			,_	NON	
e b		ng expenses (Part IX, column (D), line 2					
^{ພິ} 17		s (Part IX, column (A), lines 11a-11d, 1			19,9	54,979.	. 21,651,3
		. Add lines 13-17 (must equal Part IX,				86,200.	
		expenses. Subtract line 18 from line 12				82,387	
5 8			<u> </u>			Current Year	
	Total assets (F	art X, line 16)			24,2	65,282.	23,090,2
		(Part X, line 26)				82,476.	
22 I		und balances. Subtract line 21 from line				, 82,806	
Part II Under per true, corre	Signature nalties of perjury, ect, and complete	Block I declare that I have examined this return, Declaration of preparer (other than officer) is	including accompanying sche	edules and statements	/ knowledge		
Sign Iere	Signature	of officer			[Date	
	Print/Type prep		r's signature	Date	0	eck if	PTIN
Paid		APIRO	<u>-</u>			f-employed	P01333816
Preparer	Firm's name	FORVIS, LLP			Firm's E		44-0160260
Jse Only	Firm's name	· · · · · · · · · · · · · · · · · · ·	#1200 NEW YORK NY 10	0.2.6	Phone r		212-867-4000
Jae Only		- III INDINUD OF IND AMERICAS				N	
		return with the preparer shown above?					

	PROJECT HOSPITALITY INC. 13-323	4441	
Fo	orm 990 (2021)		Page 2
Ρ	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:		
	TO REACH OUT TO THE COMMUNITY MEMBERS WHO ARE HUNGRY, HOMELESS OR		
	OTHERWISE IN NEED IN ORDER TO WORK WITH THEM TO ACHIEVE THEIR SELF		
	SUFFICIENCY - THEREBY ENHANCING THE QUALITY OF LIFE FOR OUR STATEN		
	ISLAND COMMUNITY.		
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No

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

a (Code:) (Expenses \$	15,081,879. including grants of \$) (Revenue \$	5,958,632.)
HOMELES	S CARE AND PREVE	NTION SERVICES: PROJECT	HOSPITALITY INC.	
(PHI) P	ROVIDES HOUSING,	SHELTER, AND PLACEMENT	SERVICES TO HOMELESS	
STATEN	ISLAND RESIDENTS	. IN FY 2022, PHI PLACED	157 HOMELESS	
INDIVID	UALS INTO EMERGE	NCY AND PERMANENT HOUSIN	G. THE AGENCY HOUSED	
98 YOUT	H THROUGH OUR TR	ANSITIONAL INDEPENDENT L	IVING PROGRAMS AND	
PROVIDE	D CASE MANAGEMEN	T SERVICES TO 231 YOUTH.	PHI'S PREVENTION	
PROGRAM	S INCLUDE SITE-E	BASED AND MOBILE FOOD PAN	TRIES, WHO THIS YEAR	
ALONE S	ERVED OVER 5 MIL	LION MEALS AND A HELP CE	NTER PROGRAM THAT	
ASSISTS	CLIENTS IN ACCE	SSING PUBLIC BENEFITS AN	D OTHER COMMUNITY	
BASED S	ERVICES.			

4b	(Code:) (Expense	\$\$ 12,353,123.	including grants of \$) (Revenue \$	1,766,707.)	
	RE-HOUSING	S SERVICES:	PROJECT HOSI	PITALITY OPERATES	OVER 385 UNITS OF		
	PERMANENT	SUPPORTIVE	HOUSING FOR	FORMERLY HOMELESS	INDIVIDUALS AND		
	FAMILIES A	ALLOWING TH	EM TO ACHIEVI	E STABILITY AND WO	RK TOWARDS THEIR		
	INDEPENDE	NCE. PHI AL	SO HAS LONG-	TERM TRANSITIONAL	HOUSING PROGRAMS		
	FOR HOMELI	ESS INDIVID	UALS WITH HIV	//AIDS, A DIAGNOSE	D SUBSTANCE ABUSE		
	DISORDER,	AND/OR A S	ERIOUS MENTA	L ILLNESS.			
	DISORDER,	AND/OR A S	ERIOUS MENTA	L ILLNESS.			

4c	(Code:) (Expenses \$13,042,214. including grants of \$) (Revenue \$)
	SUPPORT AND TREATMENT SERVICES: PHI PROVIDES A COMPREHENSIV	JE SET OF	_
	TREATMENT SERVICES TO HOMELESS AND LOW-INCOME STATEN ISLAN)	
	RESIDENTS. THROUGH OUR HEALTH HOME, PHI PROVIDES HEALTH CAN	RE	
	COORDINATION TO OVER 1,200 ADULTS WITH COMPLEX CHRONIC HEAD	LTH	
	AND/OR BEHAVIORAL HEALTH NEEDS WHO, WITHOUT THESE SERVICES,	, RECEIVE	
	CARE THAT IS FRAGMENTED, UNCOORDINATED, AND DUPLICATE. IN H	FY 2022	
	PHI PROVIDED 603 ADULTS WITH SERVICES THROUGH OUR OUTPATIEN	NT MENTAL	
	HEALTH AND SUBSTANCE ABUSE TREATMENT PROGRAMS AND OUR RESIL	DENTIAL	
	REHABILITATION PROGRAM.		
4d	Other program services (Describe on Schedule O.)		

 (Expenses \$ including grants of \$) (Revenue \$

 4e Total program service expenses ▶ 40,477,216.

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 Form 990 (2021) Part IV

PROJECT HOSPITALITY INC.

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11d

11e

11f

12a

12b

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14a

14b

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rm 9	90 (2021)		F	age 3
art	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			

	"Yes," complete Schedule D, Part I
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"

b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17

18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
	If "Yes," complete Schedule G, Part III	19
20 a		20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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PROJECT HOSPITALITY INC.

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	v	
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Х	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ŭ	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•••	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 230			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X aan	(2021)
1E1030	1.000	⊢orm	330	(2021)

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Form 990 (2021)

PROJECT HOSPITALITY INC.

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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 491			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		37
	and services provided to the payor?	7a 7b		_X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 45		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form §	90 (2021) PROJECT HOSPITALITY INC. 13-3234	441	F	Page 6
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.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v
-	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>NY</u> , Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-		tion F	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec		01(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10		f into:	oct -	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	i iiitel	esi p	oncy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record			
20	JO REYES 100 PARK AVENUE STATEN ISLAND, NY 10302	J 📂		
	718-448-1544	Form	990	(2021)
JSA				,

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Form 990 (20	D21) PROJECT HOSPITALITY INC.	13-3234441 Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Higher	st Compensated Employees, and					
	Independent Contractors						
	Check if Schedule O contains a response or note to any line in this Part VII						
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Comple	ete this table for all persons required to be listed. Report compensation for the ca	alendar year ending with or within the					

organization's tax year.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than c is both cor/trust employee d	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JO REYES	32.00									
CHIEF FINANCIAL OFFICER	3.00			Х				188,294.	NONE	10,262.
(2) EMMANUEL AHIPUE	35.00									
NURSE PRACTITIONER PSYCHIATRY	NONE					X		194,945.	NONE	2,814.
(3) JACLYN STOLL	35.00									
EXECUTIVE DIRECTOR	NONE					Х		185,754.	NONE	3,419.
(4) TERRY TROIA	32.00									
CHIEF EXECUTIVE OFFICER	3.00			Х				109,050.	NONE	63,684.
(5) AYO ODEYALE	32.00									
DEPUTY CHIEF PROGRAM OFFICER	3.00					Х		111,650.	9,437.	29,231.
(6) MUFTAU BELLO	35.00									
NURSE PRACTITIONER PSYCHIATRY	NONE					X		140,013.	NONE	NONE
(7) JOSHUA KELLER	35.00									
DIRECTOR OF AGENCY ADVANCEMENT	NONE					X		110,728.	NONE	2,341.
(8) REVEREND JANET JONES	1.00									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(9) TIMOTHY C. HARRISON, ESQ	1.00									
FIRST VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(10) PETER TESORIERO, CPA	1.00									
TREASURER	3.00	Х		Х				NONE	NONE	NONE
(11) JOHN VINCENT SCALIA, SR.	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(12) DR. RUTA SHAH-GORDON	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(13) MARY BRYANT	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(14) JAMES CHIN	1.00									
MEMBER	NONE	Х						NONE	NONE	

PROJECT HOSPITALITY INC.

13-3234441

(A)	(B)			(C	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box, office	unles	ss pei	more	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) AURELIA CURTIS	1.00										
MEMBER	3.00	X		$\left - \right $	<u> </u>	<u> '</u>	<u> </u>	NONE	NONE	NONE	
16) STEVE DE COSTA, JD MEMBER	1.00	x						NONE	NONE	NONE	
17) JOSEPH DELANEY	1.00										
MEMBER (THROUGH 4/21)	NONE	х						NONE	NONE	NONE	
18) BRIAN FARLEY MEMBER	1.00	x						NONE	NONE	NONE	
					<u> </u>		+				

· · · · · · · · · · · · · · · · · · ·										
MEMBER	NONE	Х						NONE	NONE	NONE
(19) BRYAN HARKINS	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(20) CHRISTINE MARRA	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(21) WENDY KELLEHER	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(22) JHONG UHK KIM	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(23) DIANE LOUARD-MICHEL	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(24) GARY MALANDRO	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(25) JOHN MCBETH	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
1b Sub-total ▶ 1,040,434. 9,437. 111,751.								111,751.		
c Total from continuation sheets to Part VII, Section A NONE NONE NONE NONE										
d Total (add lines 1b and 1c)	d Total (add lines 1b and 1c)									
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **>** 10

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Yes No

3

4

5

PROJECT HOSPITALITY INC.

13-3234441

Part VII Section A. Officers, Directors, T		≂y ∟⊓	ipioj			iu i iii					
	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per	(do i		Positi eck n		nan one	Reportable compensation	Reportable compensation fr		Estimated mount o	
	week (list any	box,	unless	s pers	son is l	both an	from	related		other	
	hours for					(trustee)		organizations		mpensati	
	related organizations	Individual or director	nsti	Officer	(ey inp	Highes	organization	(W-2/1099-MIS		from the ganizatic	
	below dotted	idua	tutio	Ψ,	emp	est i	(W-2/1099-MISC)			nd relate	
	line)	or tr	nal		employee Key employee	, ow			or	ganizatio	ns
		Individual trustee or director	Institutional trustee		ö	pen					
			lee			Highest compensated					
26) DR. BRIDGET K. MCCABE	1 00			_	_	<u>a</u>					
MEMBER	<u>1.00</u> NONE	x					NONE		DNE		NON
27) JOHN E. REILLY	1.00			-			INCINE		11112		110111
MEMBER	NONE	x					NONE		DNE		NON
28) MARIBEL SANSONE	1.00			-			INOINE				INUM
MEMBER	NONE	x					NONE		DNE		NON
29) CARMEN SERRANO-SHERLOCK	1.00			-	-		INOINE				NON
MEMBER	$-1 - 1 \cdot 0 0$ NONE	x					NONE		DNE		NON
30) HELEN S. SETTLES	1.00			-	-		INOINE				NON
MEMBER	NONE	x					NONE		DNE		NON
31) JOSEPH SICILIAN	1.00			-			INOINE				INOIN.
MEMBER	NONE	x					NONE		DNE		NON
32) JAVAID SYED	1.00			-			INOINE				INUM
MEMBER	NONE	x					NONE		DNE		NON
33) PAM ADAMO	1.00			-					11112		110111
MEMBER	NONE	x					NONE	NC	DNE		NON
34) JOSEPH TORRES	1.00			-							110111
MEMBER	3.00	x					NONE	NC	DNE		NON
	-+	1									
	-+	1									
1b Sub-total						•	•				
c Total from continuation sheets to Part VII,	Section A			•••			•			-	
d Total (add lines 1b and 1c)	-						•				
2 Total number of individuals (including but no	t limited to t	hose	listed	lab	ove)	who i	eceived more than	\$100,000 of			
reportable compensation from the organizati	on 🕨				-						
										Yes	No
3 Did the organization list any former off	icer, directo	or, or	trus	stee	, ke	y em	ployee, or highes	t compensated	1		
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	lividu	al .					. 3		X
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole co	amc	ensa	ation a	and other compens	sation from the	3		
organization and related organizations g	reater than	\$15	50,00	0?	If '	"Yes,"	complete Schedu	ile J for such	1		
individual									. 4	X	
5 Did any person listed on line 1a receive o	r accrue co	mpen	satio	n fr	om a	any u	nrelated organizati	on or individua			
for services rendered to the organization? If "	Yes," comple	te Scl	hedul	e J i	for sı	uch pe	erson	<u></u>	. 5		X
Section B. Independent Contractors											
1 Complete this table for your five highest con											
compensation from the organization. Report	compensati	on foi	r the	cale	endar	r year	ending with or with	hin the organiza	ation's tax	(
year.											
(A)							(B)	.	(C		
SEE SCHEDULE O Name and business a	ddress						Description of se	ervices	Comper	sation	

Total number of independent contractors (including but not limited to those listed above) who received 2 more than \$100,000 in compensation from the organization **>** 27

Part VIII Statement of Revenue

Form 990 (2021) PROJECT HOSPITALITY INC.

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
D C	с	Fundraising events	298,861.				
ifts ar ∕	d	Related organizations					
nils G	е	Government grants (contributions) 1e	37,087,074.				
Sir	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above . 1f	2,156,558.				
oth	g	Noncash contributions included in					
ont		lines 1a-1f	\$ 601,305.				
a C	h	Total. Add lines 1a-1f		39,542,493.			
			Business Code				
ice	2a	MEDICAID REIMBURSEMENT	624100	5,958,632.	5,958,632.		
Program Service Revenue	b	HOUSING PROGRAM	531390	1,766,707.	1,766,707.		
n S	с						
ran tev	d						
о Во	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> </u>	7,725,339.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	•	62,633.			62,633.
	4	Income from investment of tax-exempt bon		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	-				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 466,136	•				
evenue	b	Less: cost or other basis					
vel		and sales expenses 7b 421,561	-				
2	C L	Gain or (loss) 7c 44,575		44 575			44 575
Other	d	Net gain or (loss)	· · · · · · · •	44,575.			44,575.
đ	8a	Gross income from fundraising					
		of contributions reported on line 1c). See Part IV line 18	NONE				
			4,455.				
	b C	Less: direct expenses		-4,455.			-4,455.
	9a	Gross income from gaming		,			
	94	activities. See Part IV, line 19	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		NONE			
s			Business Code				
eon	11a	OTHER	900099	472,632.			472,632.
anu	b						
Sell	с						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	►	472,632.			
	12	Total revenue. See instructions	🕨	47,843,217.	7,725,339.		575,385.

Form 990 (2021) PROJECT HOSPITALITY INC.

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 (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 414,126. 310,985. 103,141. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 18,276,045. 15,777,948. 2,209,752. 288,345. 188,472. 23,007. 3,022. 162,443. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,333,406. 2,854,293. 427,132 51,981. 1,368,343. 1,173,017. 174,170. 21,156. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 95,368 95,368. **b** Legal 193,593 193,593. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONF f Investment management fees SEE SCHE O g Other. (If line 11g amount exceeds 10% of line 25, column 4,528,173. 4,241,396. 264,462. 22,315. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 51,673 27,635 18,284. 5,754. 1,513,435. 1,358,987. 122,151. 32,297. 13 Office expenses 14 Information technology NONE NONE 15 Royalties Occupancy 2,237,300. 1,911,932. 325,368. 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest 141 141. 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 290,158 171,189 118,969 22 237,404. 193,516. 43,888. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a CLIENT COSTS 11,232,582. 11,222,209. 10,300. 73. 441,446 17,028. **b** AUTO 458,474 218,603. 18,265. c EQUIPMENT LEASE & PURCHASE 301,214 64,346. d STAFF RELATED EXPENSES 130,555 90,321. 40,114. 120. 381,327 321,296 60,031. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 45,231,789. 40,477,216. 4,311,245. 443,328. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form **990** (2021)

PROJECT HOSPITALITY INC.

Page	1	1	
raye			

	Check if Schedule O contains a response or note to any line in this Pa		-	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,260,262.	1	1,047,448
2	Savings and temporary cash investments.	NONE	2	1,000,287
3	Pledges and grants receivable, net	12,166,793.	3	12,587,764
4	Accounts receivable, net	5,595.	4	561,786
5	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	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NOI
7	Notes and loans receivable, net	NONE	7	NOI
8	Inventories for sale or use	NONE	8	NOI
9	Prepaid expenses and deferred charges	72,825.	9	71,83
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 7,189,675.			
	b Less: accumulated depreciation 10b 4,551,799.	1,882,547.1	10c	2,637,876
11	Investments - publicly traded securities.		11	2,194,443
12	Investments - other securities. See Part IV, line 11	NONE		NO
13	Investments - program-related. See Part IV, line 11	NONE		NO
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11		15	2,988,77
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	23,090,21
17	Accounts payable and accrued expenses		17	3,134,37
18	Grants payable	NONE		
19	Deferred revenue		19	NO
20	Tax-exempt bond liabilities	NONE	-	NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NO
	Loans and other payables to any current or former officer, director,	NONE	21	NO
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NO
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
23	Unsecured notes and loans payable to unrelated third parties		23 24	NO
24	Other liabilities (including federal income tax, payables to related third	5,552,075.	24	NO
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	1 625 240	25	2 162 00
26			25	2,163,09
26	Total liabilities. Add lines 17 through 25.	8,682,476.	26	5,297,46
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	14 262 445	07	16 402 01
27	Net assets with donor restrictions.		27	16,493,91
20		1,220,361.	28	1,298,83
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	15,582,806.	32	17,792,74
33	Total liabilities and net assets/fund balances		33	23,090,21

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Sign E	nvelope ID: D60456F3-3F98-47A8-A2C3-8ADC5290833D					
	PROJECT HOSPITALITY INC.	13-323	84441	-		
Form 99	90 (2021)				Pa	ge 12
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	47,8	343,	217.
2	Total expenses (must equal Part IX, column (A), line 25)		2	45,2	231,	789.
3	Revenue less expenses. Subtract line 2 from line 1		3			428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	ſ	4	15,5		
5	Net unrealized gains (losses) on investments		5			489.
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments	ſ	8			
9	Other changes in net assets or fund balances (explain on Schedule O).		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part 2					
	32, column (B))		10	17,7	/92.	745.
Part						<u> </u>
	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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "C	ther," exp	olain or	- 1		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account	intant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year w					
	reviewed on a separate basis, consolidated basis, or both:		pilou o			
	Separate basis Consolidated basis Both consolidated and separate b	asis				
h	Were the organization's financial statements audited by an independent accountant?			2b	X	
U U	If "Yes," check a box below to indicate whether the financial statements for the year w			•		
	separate basis, consolidated basis, or both:			^		
	Separate basis X Consolidated basis Both consolidated and separate b	asis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibili		rciaht o	¢		
L	the audit, review, or compilation of its financial statements and selection of an independent	-	-		X	
	If the organization changed either its oversight process or selection process during the ta			•		
	Schedule O.	n year, ex				
2-	As a result of a federal award, was the organization required to undergo an audit or audits	oo oot for	h in the			
38		as set ion	un nn nne	3a	x	
h	Single Audit Act and OMB Circular A-133?	not unde	argo the	•		
a	required audit or audits, explain why on Schedule O and describe any steps taken to underg		•		x	
	required addit of addits, explain why on ochedule o and describe any steps taken to underg	Juon au			<u> </u>	L

Public Charity	Status and Public	Support
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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.

SCHEDULE A (Form 990)

OMB No. 1545-0047 Open to Public

	artment of the Treasury nal Revenue Service		 ► Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. 						
	e of the organization		,				Employer identif	•	
	OJECT HOSPITA							234441	
			arity Status. (All	organizations must	complet	te this p			
				t is: (For lines 1 through			,		
1		•		tion of churches desc	•	•	,		
2				. (Attach Schedule E					
3				organization described	-		(1)(A)(iii).		
4		-		conjunction with a host				(iii). Enter the	
	hospital's nan	ne, city, and s	tate:	-					
5	U			a college or universi	ty owned	d or ope	erated by a governme	ental unit described in	
_	`		Complete Part II.)						
6			•	rnmental unit describe					
7			-		ipport fro	om a go	vernmental unit or fr	om the general public	
~)(1)(A)(vi). (Comp						
8			-	b)(1)(A)(vi). (Complete	-		Line and the state of the state	1	
9			-	ed in section 170(b)(1		-			
	university:	n a non-ianu-	grant college of ac	griculture (see instruc	10115). EI	iter the	name, city, and state o	T the college of	
10		on that norma	ully receives (1) m	ore than 331/3 % of its	support	from cou	atributions mombarsh	in foos and gross	
10	receipts from support from	activities rela gross investr	ated to its exempt f nent income and u	functions, subject to c inrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more that s section 511 tax) from	n 331/3 % of its	
11	An organizatio	on organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).		
12		-		-	-			ry out the purposes of	
			-					ction 509(a)(3). Check	
	the box on line	es 12a throug	gh 12d that describ	pes the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.	
а	Type I. A su	upporting org	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
	the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the	
		-	-	te Part IV, Sections A					
b				ed or controlled in co					
		-		organization vested in	the sam	e persor	ns that control or mar	age the supported	
		. ,	•	, Sections A and C.					
С		-		ing organization opera				lly integrated with,	
		•	. , .	ns). You must comple					
d		-		porting organization o					
		-		nization generally mus omplete Part IV, Sect	-			a an allentiveness	
е				a written determination					
C		-		tionally integrated sup				п, туре п	
f						ngamza			
g				orted organization(s).					
	(i) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No	matructionay	matractionay	
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								
-									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

PROJECT HOSPITALITY INC.

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,608,023.	29,111,109.	31,372,770.	33,219,218.	39,542,493.	159,853,613.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	26,608,023.	29,111,109.	31,372,770.	33,219,218.	39,542,493.	159,853,613.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						159,853,613.
Sec	tion B. Total Support		I				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	26,608,023.	29,111,109.	31,372,770.	33,219,218.	39,542,493.	159,853,613.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54,605.	75,398.	101,515.	64,249.	62,633.	358,400.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	126,857.	93,823.	148,470.	142,142.	472,632.	983,924.
11	Total support. Add lines 7 through 10						161,195,937.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	37,882,973.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organizatio	on's first, second	, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2021 (lir	ne 6, column (f)	, divided by line	11, column (f))		14	99.17 %
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	99.43 %
16a	331/3% support test - 2021. If the org	anization did n	ot check the bo	x on line 13, an	d line 14 is 33	1/3 % or more, c	heck this
	box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			► X
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	ı 		▶□
17a	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumst	ances test, che	ck this box ar	id stop here. E	xplain in
	Part VI how the organization meets t	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2	020. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets	the facts-and-	circumstances t	est. The organi	zation qualifies	as a publicly s	upported
	organization						
18	Private foundation. If the organizatio						
	instructions						<u>▶∟</u>

Schedule A (Form 990) 2021

Page 2

PROJECT HOSPITALITY INC.

Page 3

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support		r				r
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(4) 2011	(6) 2010	(0) 2010	(4) 2020	(0) 2021	(i) i otai
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or	ganization did n	not check the be	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga	anization did not	check a box or	n line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and st	top here. The o	ganization qualifie	es as a publicly	supported organ	ization
20	Private foundation. If the organization of	did not check a	a box on line	14, 19a, or 19b,	, check this bo		
JSA 1E122	1 1.000					Schedule	A (Form 990) 2021
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PROJECT HOSPITALITY INC.

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

PROJECT HOSPITALITY INC.

Schedule A (Form 990) 2021

Schedule A (F	orm 990) 2021	F	age C
Part IV	Supporting Organizations (continued)		
		Yes	No

- Has the organization accepted a gift or contribution from any of the following persons?
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
с		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	ictions	:).
			[Yes	No
2	Activ	vities Test Answer lines 2a and 2b below			

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

Schedule A (Form 990) 2021

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Yes No

11b

11c

2

13-3234441

PROJECT HOSPITALITY INC.

13-3234441

Schedule A	(Form	990)	2021	
	(1 01111	550)	2021	

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.

Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
_	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

PROJECT HOSPITALITY INC.

Dogo	7
Page	1

-	le A (Form 990) 2021				Page I
Part		Supporting Organizat	ions (continued)		
Secti	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
a b	Excess from 2018				
 С	Excess from 2019				
 d	Excess from 2020				
e	Excess from 2021				
					Schedule A (Form 990) 2021

J) (

PROJECT HOSPITALITY INC.

Schedule A (Form 990 or 990-EZ) 2021

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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.)

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER	126,857.	93,823.	148,470.	142,142.	472,632.	983,924.
TOTALS	126,857.	93,823.			472,632.	983,924.
===						

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047
Name of the organization		Employe	r identification number
PROJECT HOSPITA	LITY INC.	13-3	234441
Organization type (ch	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

	3 (Form 990) (2021)	1	P
me of c	organization PROJECT HOSPITALITY INC.		Employer identification number 13-3234441
art I	Contributors (see instructions). Use duplicate co	bies of Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$2,083,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
3	<u>N/A</u>	\$3,137,245.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$1,290,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$2,398,919.	Person X Payroll Noncash (Complete Part II for

		noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,128,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a) No.

б

N/A

ne of c	PROJECT HOSPITALITY INC.		Employer identification numb 13-3234441
irt I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space	•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
7	<u>N/A</u>	\$3,111,3	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
8	<u>N/A</u>	\$3,262,6	598. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
9	<u>N/A</u>	\$1,359,0	D82. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
10	N/A	\$1,180,1	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
11	N/A	\$3,512,8	Person X Payroll 975. Noncash

		\$3,512,675.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$1,103,861.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	(Form 990) (2021)		Page
Name of or	•		entification number 3234441
Part II	PROJECT HOSPITALITY INC. Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	FOOD		
		\$601,305	06/30/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Page 4 Schedule B (Form 990) (2021) Name of organization Employer identification number PROJECT HOSPITALITY INC. 13-3234441 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 information once. See instructions.) ► \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Schedule B (Form 990) (2021)

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	IEDULE D rm 990)	Supplem	ental Financial Statements	ON	MB No. 1545-0047
	11 330)	-	he organization answered "Yes" on Form 990,	0 4	2021
_		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1: ► Attach to Form 990.		pen to Public
	rtment of the Treasury al Revenue Service	► Go to www.irs.gov	Form990 for instructions and the latest information		spection
Name	e of the organization	•		Employer identification r	number
	JECT HOSPITAL			13-3234441	
Pa		-	ised Funds or Other Similar Funds or	Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and othe	raccounts
1		nd of year			
2 3		of contributions to (during year) of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held in	n donor advised	
	-		e organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant fur	nds can be used	
			fit of the donor or donor advisor, or for an		
				<u></u>	Yes No
Ра		tion Easements.	"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
•		n of land for public use (for example		f a historically importa	ant land area
		of natural habitat		f a certified historic st	
	Preservatio	n of open space			
2			eld a qualified conservation contribution in t		
		ast day of the tax year.	_	Held at the End	of the Tax Year
а			••••••	2a	
b	-	-		2b	
с d			historic structure included in (a)	2c	
u				2d	
3		-	nsferred, released, extinguished, or termin		ation during the
	tax year 🕨			, ,	0
4	Number of states	where property subject to conse	rvation easement is located ►		
5	-		parding the periodic monitoring, inspection	-	1 []
-			sements it holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing c	onservation easements	during the year
7	Amount of expense	as incurred in monitoring inspec	ting, handling of violations, and enforcing co	nsorvation assomants	during the year
'	►s		ing, nationing of violations, and enforcing co		during the year
8			2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)	
			• • • • • • • • • • • • • • • • • • • •		Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenue and	expense statement an	
		• •	of the footnote to the organization's financia	I statements that desc	ribes the
Da		ounting for conservation easeme	o of Art, Historical Treasures, or Other	Similar Assots	
1 0			"Yes" on Form 990, Part IV, line 8.	Ommai Assets.	
1a				statement and balar	
.u	of art, historical t	treasures, or other similar asse	SB ASC 958, not to report in its revenue ts held for public exhibition, education, o to its financial statements that describes the	or research in furthe	rance of public
b			ASB ASC 958, to report in its revenue sta		sheet works of
D			Id for public exhibition, education, or rese		
	provide the follow	ing amounts relating to these iter	ns:		•
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶ \$	
2			t bistoriael tracerrae or other similar o		
2	•		rt, historical treasures, or other similar a ASB ASC 958 relating to these items:	ssets for financial ga	an, provide the
а			ASD ASC 956 relating to these items.	▶ \$	
b	Assets included in	Form 990, Part X		▶ š	
		Act Notice, see the Instructions for			e D (Form 990) 2021
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Schee	dule D (Form 990) 2021 PRO	JECT H	OSPITALI	ITY INC.						13-3	3234441	Page 2
Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	easures	s, or	Other	Similar A	Assets (d	continued)
3	Using the organization's acquisition collection items (check all that app		sion, and c	other recor	ds, checl	k any o	of the	follow	ing that n	nake sigr	nificant use	e of its
а	Public exhibition	.,		d	Loan	or excha	ange	prograr	n			
b	Scholarly research			e	Other							
с	Preservation for future gene	rations										
4	Provide a description of the organ XIII.		collections	and expla	ain how t	they fui	rther	the org	ganization'	s exemp	t purpose	in Part
5	During the year, did the organization	on solicit d	or receive d	onations o	of art, histo	orical tr	easur	es, or o	other simil	ar		
•	assets to be sold to raise funds rath										Yes	No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza 990, Part X, line 21.	-		es" on For	m 990, F	Part IV,	line	9, or re	eported a	n amoui	nt on Forr	n
1a	Is the organization an agent, trus	tee, cust	odian or o	ther interm	nediary fo	or cont	ributic	ons or	other ass	ets not		
	included on Form 990, Part X?				-					[Yes	No
b	If "Yes," explain the arrangement i											
					Ū.					Amount		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am										Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I. Check he	ere if the e	xplanation	has be	en pro	ovided o	on Part XII			
Pa	rt V Endowment Funds.											
	Complete if the organiza											
		(a) Cur	rent year	(b) Prio	r year	(c) Tw	o years	back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2 a	Provide the estimated percentage Board designated or quasi-endown		rrent year e	end balanc _%	e (line 1g,	columr	n (a)) ł	neld as:				
b	Permanent endowment											
С	Term endowment	%										
	The percentages on lines 2a, 2b, a		•									
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are hel	d and	admin	istered for	the		
	organization by:										Ye	s No
	(i) Unrelated organizations										3a(i)	_
	(ii) Related organizations										3a(ii)	
	If "Yes" on line 3a(ii), are the relate	0		•			(?				3b	
4 	Describe in Part XIII the intended unter the intended unter the second s			tion's endo	wment für	nas.						
Гd	rt VI Land, Buildings, and Equ Complete if the organize	ation and	swered "Ye	es" on Foi	rm 990, l	Part IV	, line	11a. S	See Form	990, Pa	art X, line	10.
	Description of property		(a) Cost or (invest		· · ·	ther)			umulated eciation	(c	l) Book value	
1a	Land	1				47,14						,147.
b	Buildings	1				68,72			56,295.			,434.
С	Leasehold improvements	1				61,65			92,214.			<u>,439.</u>
d	Equipment	1				47,83			31,552.			,282.
e	Other		0000-15-	m 000 D= 1		64,31			51,738.		1,202	
ı ota	I. Add lines 1a through 1e. (Column	i (a) must	equal Forn	n 990, Part	х, columi	н (<i>В), Ш</i>	ne 100	<i></i>)	▶	<u> </u>	2,637	
										Sched	ule D (Form	990) 2021

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Schedule D (Form 990) 2021 PROJECT HOSPIT	ALITY INC.	13-	3234441 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatior Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990). Part IV. line 11c. See Form 990. F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Description of investment	(b) BOOK value	Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered), Part IV, line 11d. See Form 990, F	
	scription		(b) Book value
(1)DUE FROM RELATED ENTITIES			2,807,229.
(2)SECURITY DEPOSITS			181,547.
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15)		2,988,776.
Part X Other Liabilities.		•••••	2,900,770.
Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form	990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			(~) Book value
(2)DUE TO RELATED ORGANIZATIONS			1,918,344.
(3)DEFERRED RENT			244,751.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.),			2,163,095.

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.

Schedu	ILE D (Form 990) 2021 PROJECT HOSPITALITY INC.	13-	3234441	Page 4
Part		n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	-		
С	Recoveries of prior year grants	-		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part		ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
C	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5		
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.

SEE SUPPLEMENTAL PAGE

 Schedule D (Form 990) 2021
 PROJECT HOSPITALITY INC.

 Part XIII
 Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspect arme of the organization Employer identification number of the organization answered "Yes" on Form 990, Part IV, line 17. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d In-person solicitations g 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yee b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundra compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (ii) Did fundraiser have (iv) Gross receipts for activity fo	No. 1545-004	-	-				Supplemental I	EDULE G	
Perturnal Revenue Service Yes Normal Service Yes Yes Normal Service	2021	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							
PROJECT HOSPITALITY INC. 13-3234441 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g Solicitation of government grants d In-person solicitations g Special fundraising events restores, directors, trustees, or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services? restores, or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services? restore which the fundrais or entities (fundraisers) pursuant to agreements under which the fundra compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraiser have controi of or entity (fundraiser) (m) Activity (m) Did fundraiser have controi of or entity (fundraiser) (m) Activity (i) Name and address of individual or entities (fundraiser have controi of or entity (fundraiser) (m) Activity (m) Conserveeipts for entities (fundraiser have controi of con	n to Public ection						Go		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ye b f"(%) Name and address of individual or entities (fundraiser have custody or control of contributions? f(%) Amount paid to (or relained by) (or entity (fundraiser) pursuant to agreements under which the fundra contributions? f(%) Amount paid to (or relained by) (or entity (fundraiser) f(%) Activity f(%) Gross receipts from activity control of c	nber	Employer identification						of the organization	ame o
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations f d Internet and email solicitations f d Internet and email solicitations g Special fundraising events Internet and email solicitations g d Internet and email solicitations g Special fundraising events d Internet and email solicitations g Special fundraising events records (records (recor									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yee 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yee b If 'Yees,' list the 10 highest paid individuals or entities (fundraiser have custody or control of correlamed by) fundraiser listed in context or control of correlamed by) fundraiser listed in col. (i) (ii) Activity (iii) Did fundraiser have custody or control of correlamed by) fundraiser listed in col. (i) (iv) Amount paid to (or control of correlamed by) fundraiser listed in col. (i) (iv) Activity (iv) Activity (iv) Grees receipts from activity control of correlamed by) fundraiser (v) Amount paid to (or control of correlamed by) fundraiser (v) Amount paid to (or control of correlamed by) fundraiser (v) Amount paid to (or control of		0, Part IV, line 17	Yes" on Form 99			•			Part
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ve b If "Yes," list the 10 highest paid individuals or entities (fundraiser have compensated at least \$5,000 by the organization. (i) Anount paid to (or retained by) fundraiser listed in (or retained by) fundraiser) (ii) Anount paid to (or or ontrol of control control control control of control contr		Il that apply.	activities. Check a			• •			1
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Solicitation of government grants 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yee bit H corganization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yee b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraic ompensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity (iii) Did fundraiser have customer or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have customer or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have customer or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have customer or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have customer or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have control or or entity (fundraiser) (iv) Amount paid to (or retained by) fundraiser have control or or entity (fundraiser) (iv) Amount paid to (or fundraiser) (iv) Amount paid to (or retained by) fundraiser have control or or entity (fundraiser) (iv) Amount paid to (or fundraiser) (iv) Amount paid t				•		Ū.	•		
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ye b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundra compensated at least \$5,000 by the organization. (ii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Anoment paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi)			• •			f	email solicitations	Internet and	b
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Control of the text of the text of the text of text of text of text or text			sing events	ial fundrai	Spec	g	tations	Phone solici	С
Yes isted in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundra compensated at least \$5,000 by the organization. (ii) Did fundraiser) pursuant to agreements under which the fundra compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (iii) Activity (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) And the paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or control of contributions? (v) Amount paid to (or control of contributions? (v) Amount paid to (or control of contributions? (vi) Amount paid to (or control of cont							olicitations	In-person sc	d
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity '(or retained by) fundraiser listed in col. (j) (iv) (or 1	Yes N raiser is to	ising services?	rofessional fundrai	tion with p	in connec	Part VII) or entity viduals or entities	s listed in Form 990, 10 highest paid indiv	or key employee If "Yes," list the	b
1 1 1 1 1 1 1 2 2 1 <	Amount paid to or retained by) organization	(or retained by) fundraiser listed in		r control of	custody o	(ii) Activity			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				No	Yes				
3									1
4									2
5 6 1 1 1 1 7 1 1 1 1 1 8 1 1 1 1 1 9 1 1 1 1 1									3
6									4
6									_
7 8 9 1 1 1									5
8									6
9									7
									8
0									Э
									0
					<u> </u>				
otal	exempt fre	has been notified i	contributions or	►	r licensed	ion is registered o	which the organizat	list all states in	

			T HOSPITALITY INC			3-3234441 Page 2			
Ра	rt								
		than \$15,000 of fundraising ever gross receipts greater than \$5,000		gross income on Form	990-EZ, lines 1 and	1 6D. LIST EVENTS WITH			
		gross receipts greater than \$0,000	(a) Event #1	(b) Event #2	(c) Other events				
			FALL DINNER	POOR DINNER	(c) Other events	(d) Total events (add col. (a) through			
е			(event type)	(event type)	2 (total number)	col. (c))			
Revenue	1	Gross receipts	203,605.	63,645.	31,611.	298,861.			
R	2	Less: Contributions	203,605.	63,645.	31 611	298,861.			
	3	Gross income (line 1 minus	20370031	00,010.	51/011.	27070011			
		line 2)							
	4	Cash prizes							
s	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Expe	7	Food and beverages							
irect	8	Entertainment							
		Other direct expenses			4,455.	4 455			
	10	Direct expense summary. Add lin	es 4 through 9 in colu	imn (d)		4,455.			
		Net income summary. Subtract li				-4,455.			
Ра	rι	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered	Yes" on Form 990, F	Part IV, line 19, or	reported more than			
						(d) Total gaming (add			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
eve									
Ŗ	1	Gross revenue							
enses	2	Cash prizes							
xpen	3	Noncash prizes							
Direct Expe									
irec	4	Rent/facility costs							
Δ	5	Other direct evenence							
		Other direct expenses	Yes %	í Yes %	Yes %				
	6	Volunteer labor		% Yes% No	Yes%				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Su	abtract line 7 from line	1, column (d)	<u></u>				
9		Enter the state(s) in which the orga	onization conducte da						
9 a		Is the organization licensed to con	duct daming activities	in each of these state	262	Yes No			
a b		Is the organization licensed to conduct gaming activities in each of these states? Yes Yes If "No," explain:							
10a b		Were any of the organization's gaming	Yes No						
		If "Yes," explain:							

JSA 1E1282 1.000

Sched	ule G (Form 990 or 990-EZ) 2021 PROJECT HOSPITALITY INC.	13-3234441	Page 3			
11	Does the organization conduct gaming activities with nonmembers?		No			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent	·				
4.0	formed to administer charitable gaming?	Yes	No			
13	Indicate the percentage of gaming activity conducted in:	120	0/			
a b	The organization's facilityAn outside facility		<u>%</u> %			
14	Enter the name and address of the person who prepares the organization's gaming/special events bool		/0			
17	records:					
	Name					
	Address					
45.	Development of the basis of the fill of the distribution of the second state of the se					
15 a	Does the organization have a contract with a third party from whom the organization receives		No			
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the				
b	amount of gaming revenue retained by the third party \triangleright \$					
с	If "Yes," enter name and address of the third party:					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	Description of services provided					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to				
	retain the state gaming license?					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations					
	or spent in the organization's own exempt activities during the tax year s	/				
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition					
	(see instructions).					

SCHEDULE J (Form 990)		Compensation Information				OMB No. 1545-0047			
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23					<u> </u>		
Department of the Treasury		Attach to Form 990.				Open to			
Internal Revenue Service Name of the organization		Go to www.irs.gov/Forms	99010	or instructions and the latest information	Employer identificat		ectio	n	
		FALITY INC.			13-32344	41			
Part		is Regarding Compensation			10 02011				
							Yes	No	
1a		propriate box(es) if the organization pro				m			
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regardin	g these items.				
		ss or charter travel	X	Housing allowance or residence for	•				
		or companions		Payments for business use of perso					
		mnification and gross-up payments		Health or social club dues or initiati					
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)				
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to								
2	explain	anization require substantiation prior				. 1b	X		
2	•	stees, and officers, including the CEC		•	•				
						2	x		
2							A		
3		n, if any, of the following the organization CEO/Executive Director. Check all that							
		ization to establish compensation of the							
	Comper	sation committee		Written employment contract					
	Indepen	dent compensation consultant		Compensation survey or study					
	X Form 99	0 of other organizations	Х	Approval by the board or compense	ation committee				
4		ar, did any person listed on Form 990,	, Par	t VII, Section A, line 1a, with respect t	o the filing				
а		or a related organization:	avm	ant?		. 4a		x	
b	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?							X	
								X	
·	Participate in or receive payment from an equity-based compensation arrangement?								
	Only contion	501(c)(3), 501(c)(4), and 501(c)(29) or	raan	izations must complete lines 5.0					
5	•	listed on Form 990, Part VII, Secti	-	-	av or accrue ar	21			
5		incontingent on the revenues of:		A, line ra, did the organization po	ay of accide a	'y			
а	The organization?				. 5a		х		
	Any related organization?						X		
	If "Yes" on line 5a or 5b, describe in Part III.								
6		listed on Form 990, Part VII, Secti	ion /	A, line 1a, did the organization pa	ay or accrue ar	лу			
	compensation contingent on the net earnings of:								
а	The organizat	ion?				. 6a		Х	
b		rganization?				. 6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.							
7		listed on Form 990, Part VII, Sectio							
~		described on lines 5 and 6? If "Yes," d				. 7	X		
8		ounts reported on Form 990, Part VII,							
		contract exception described in I	-						
9		ine 8, did the organization also foll						X	
3		ection 53.4958-6(c)?							
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 9	990.		edule J (Fo	orm 99	0) 2021	

Schedule J	(Form 990) 2021	PROJECT HOSPITALI	TY INC.	13-3234441	Page 2
Part II	Officers, Directors, Trustees, Key	Employees, and Highes	t Compensated Emplo	yees. Use duplicate copies if additional space is needed.	

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JO REYES	(i)	182,407.	5,887.	NONE	NONE	10,262.	198,556.	
1 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
TERRY TROIA	(i)	109,050.	NONE	NONE	1,745.	61,939.	172,734.	
2 CHIEF EXECUTIVE OFFICER	(ii)		NONE	NONE	NONE	NONE	NONE	
EMMANUEL AHIPUE	(i)	194,945.	NONE	NONE	2,814.	NONE	197,759.	
3 NURSE PRACTITIONER PSYCHIATRY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JACLYN STOLL	(i)	185,754.	NONE	NONE	3,419.	NONE	189,173.	
4 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
AYO ODEYALE	(i)	111,650.	NONE	NONE	2,550.	26,681.	140,881.	
5 DEPUTY CHIEF PROGRAM OFFICER	(ii)	9,437.	NONE	NONE	NONE	NONE	9,437.	
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021	PROJECT HOSPITALITY INC.	13-3234441	Page 3
Part III Supplemental Information			

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

SCHEDULE J, PART I, LINE 1A

THE CHIEF EXECUTIVE OFFICER RECEIVED PARSONAGE VALUED AT \$50,000.08

DURING CALENDAR YEAR 2021. THE AMOUNT IS INCLUDED ON FORM 990, PART VII,

SECTION A, COLUMN (F).

SCHEDULE J, PART I, LINE 7

JO REYES RECEIVED A 3% BONUS WHICH WAS APPROVED BY THE BOARD.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

PROJECT HOSPITALITY INC.

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 for instructions and the latest information.

2021 **Open to Public** Inspection

Name of the organization

Employer identification	number
13-3234441	

Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
•	goods						
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						
10	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		1	601,305.	FAIR MARKET V	/ALUE	3
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 ora	anization during the tax v	ear for contributions for			
-	which the organization completed I				29		
		,	,			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the				-		
	to be used for exempt purposes for	•					Х
b	If "Yes," describe the arrangement i		01				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?					Х	
32a	Does the organization hire or use						
	contributions?		-				Х
b	If "Yes," describe in Part II.	• •					
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked.		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Fo	orm 990) 2021

Schedule M (Form 990) (2021)

PROJECT HOSPITALITY INC.

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.

SCHEDULE M, PART I, COLUMN (B):

THIS REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization PROJECT HOSPITALITY INC. Employer identification number

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

THE FORM 990 IS REVIEWED WITH THE AUDIT COMMITTEE AND DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING. IF THERE ARE ANY QUESTIONS THEY ARE DISCUSSED WITH THE TAX PREPARER.

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

ANY CONFLICT OF INTEREST, POTENTIAL CONFLICT OF INTEREST OR APPEARANCE OF A CONFLICT OF INTEREST SHOULD BE IMMEDIATELY REPORTED IN WRITING BY AN EMPLOYEE WITH KNOWLEDGE OF THE CONFLICT TO THE DIRECTOR OF HUMAN RESOURCES AND VERBALLY TO HIS/HER IMMEDIATE SUPERVISOR. THE DIRECTOR OF HUMAN RESOURCES ALONG WITH THE EXECUTIVE DIRECTOR OR CHIEF OPERATING OFFICER WILL DETERMINE AN APPROPRIATE RESPONSE TO THE REPORT. STEPS TO BE FOLLOWED TO MAKING SUCH A DETERMINATION INCLUDE:

1) A COMPLETE AND THOROUGH INVESTIGATION OF THE ACTUAL OR POTENTIAL

CONFLICT OF INTEREST

2) ELIMINATION OF ANY PROHIBITED CONFLICT OF INTEREST AND ALLEVIATION OF ANY HARM FROM THE CONFLICT OF INTEREST TO THE AGENCY, ITS CLIENTS, AND OTHERS WHENEVER PRACTICAL

3) ASSESSMENT AND IMPOSITION OF APPROPRIATE GUIDANCE PROCESS ACTION
4) DEPENDING ON THE SEVERITY OF THE CONFLICT OF INTEREST, THE HUMAN
RESOURCES DIRECTOR AND THE EXECUTIVE DIRECTOR OR CHIEF OPERATING OFFICER
MAY CONSULT WITH THE EXECUTIVE DIRECTOR REGARDING ACTION(S) TO BE TAKEN
5) ANNUAL REVIEW OF EMPLOYEE HANDBOOK AND CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15

PROJECT HOSPITALITY MAINTAINS A WRITTEN COMPENSATION POLICY APPROVED BY THE BOARD OF DIRECTORS OF THE AGENCY. THE COMPENSATION SYSTEM USES

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

	Iganization	
PROJECT	HOSPITALITY	INC

COMPARABLE DATA ON POSITIONS IN THE MARKET TO SET SALARIES AND COMPENSATION PACKAGES. THE BOARD OF DIRECTORS REVIEWS AND APPROVES EXECUTIVE MANAGEMENT COMPENSATION PROPOSALS ON A YEARLY BASIS. THROUGH THE MARKET ANALYSIS PROCESS THE EXECUTIVE DIRECTOR, AND/OR HER DESIGNEES, APPROVES COMPENSATION FOR ALL OTHER STAFF WHILE BEING AWARE OF CONSTRAINTS AND BEING IN RECEIPT OF FUNDING SOURCE/GOVERNMENTAL APPROVAL TO CHANGE COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19

THE FORM 990 IS AVAILABLE FROM THE ORGANIZATION'S OFFICE UPON REQUEST AND ON OUR WEBSITE WWW.PROJECTHOSPITALITY.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION IN THE ORGANIZATION'S OFFICE UPON REQUEST. DocuSign Envelope ID: D60456F3-3F98-47A8-A2C3-8ADC5290833D

Schedule O (Form 990 or 990-EZ) 2021		Page 2
Name of the organization	Employer identification number	
PROJECT HOSPITALITY INC.	13-3234441	

Form $990\,, \text{part vii-compensation}$ of the 5 highest paid ind. contractors

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION				
SECURITY USA INC						
336 WEST 37TH ST SUITE #450						
NEW YORK, NY 10018	CLIENT SECURITY	1,576,085.				
	0	2,0,0,000				
WEST SHORE MOTOR LODGE						
260 VETERANS ROAD WEST						
STATEN ISLAND, NY 10309	TEMPORARY HOUSING	895,994.				
388 RICHMOND TERRACE LLC						
20 OCEAN COURT						
BROOKLYN, NY 11223	REAL ESTATE LEASING	727,807.				
GRINBERG MANAGEMENT						
31 PORT RICHMOND AVENUE						
STATEN ISLAND, NY 10302	REAL ESTATE LEASING	590,459.				
MAMMOTH, INC.						
166 INDUSTRIAL LOOP, 1ST FLOOR	CONSERVICETON	(10,00)				
STATEN ISLAND, NY 10309	CONSTRUCTION	612,836.				

Name of the organization	Name of the organization						
PROJECT HOSPITALITY I	INC.		13-3234441	<u>L</u>			
FORM 990, PART IX - OTHER FI	7F.S						
	===						
	(A)	(B)	(C)	(D)			
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING			
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES			
OTHER PROFESSIONAL FEES	4,225,016.	4,099,172.	103,529.	22,315.			
PER DIEM CONTRACTORS	303,157.	142,224.	160,933.				
TOTALS							
	4,528,173.	4,241,396.	264,462.	22,315.			
	==============	=============					

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Public Inspection
Name of the organization		Employer identification number
PROJECT HOSPIT	13-3234441	

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	
							Yes	No
(1) PROJECT HOSPITALITY 385 HDFC	06-1599105							
100 PARK AVENUE	STATEN ISLAND, NY 10302	SEE PART VII	NY	501(C)(3)	LINE 7	PHI INC	х	
(2) NEW VISION HDFC	45-3834408							
100 PARK AVENUE	STATEN ISLAND, NY 10302	SEE PART VII	NY	501(C)(4)		PHI INC	х	
(3) WATERSHED ASSOCIATES INC	33-1070623							
100 PARK AVENUE	STATEN ISLAND, NY 10302	SEE PART VII	NY	501(C)(2)		PHI INC	х	
(4) CASTLETON HDFC	83-2700400							
100 PARK AVENUE	STATEN ISLAND, NY 10302	SEE PART VII	NY	501(C)(4)		PHI INC	х	
(5)								
(6)								
(7)								

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

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Part III Identification of Rela because it had one or	ted Organization	s Taxable anizatior	e as a Partners as treated as a p	hip. Complete if the partnership during th	e organization a e tax year.	answered "Yes'	' on l	Forn	n 990, Part IV,	line	34,									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Of- Disprop		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		(k) Percentage ownership
							Yes	No		Yes	No									
(1)	_																			
(2)	-																			
(3)																				
(4)	-																			
(5)	-																			
(6)	-																			
(7)	-																			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(h) Percentage ownership	controlled entity?
							Yes No
(1) PH CASTLETON INC. 83-2038778							
100 PARK AVENUE STATEN ISLAND, NY 10302	HOUSING	NY	PHI INC	C CORP		100.0000	х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2021

Part V	Transactions With Relate						
Note: Con		ed Organizations. Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
	mplete line 1 if any entity is lis	ted in Parts II, III, or IV of this schedule.				Y	es No
1 Durin	ng the tax year, did the organi	zation engage in any of the following transactions with one or n	nore related organizations lis	sted in Parts II-IV?			
a Rece	eipt of (i) interest, (ii) annuities	(iii) royalties, or (iv) rent from a controlled entity			1	a	X
b Gift, (grant, or capital contribution	o related organization(s)				b	X
c Gift,	grant, or capital contribution	rom related organization(s)			· · · · · ⊢	lc	X
d Loan	ns or loan guarantees to or fo	related organization(s)				d	X
e Loan	ns or loan guarantees by relate	ed organization(s)				e	X
f Divid	lends from related organizatio	n(s)			1	1f	x
		on(s)				g	X
h Purch	hase of assets from related or	ganization(s)			· · · · · ⊢	h	X
i Exch	nange of assets with related of	ganization(s)			· · · · · ⊢	1i	X
j Leas	se of facilities, equipment, or o	other assets to related organization(s)				1j :	x
k Leas	se of facilities, equipment, or o	other assets from related organization(s)			· · · · · ⊢		x
I Perfc	ormance of services or memb	ership or fundraising solicitations for related organization(s)				11	X
m Perfo	ormance of services or memb	ership or fundraising solicitations by related organization(s)			1	m	X
n Shari	ing of facilities, equipment, m	ailing lists, or other assets with related organization(s)			1		X
 Shari 	ing of paid employees with re	lated organization(s)			1	0	x
p Reim	nbursement paid to related or	ganization(s) for expenses.			1	р	X
q Reim	nbursement paid by related or	ganization(s) for expenses			1	q	x
r Othe	er transfer of cash or property	to related organization(s)			1	1r	X
s Othe	er transfer of cash or property	from related organization(s).	<u> </u>		<u></u> 1	s	X
2 If the	e answer to any of the above i	s "Yes," see the instructions for information on who must comp	lete this line, including cove	ered relationships and trans	action thresh	olds.	
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(c Method of amount		
(1) PRO	JECT HOSPITALITY 385	HDFC	D	462,795.	BOOK VAI	LUE	
(2) NEW	VISION HDFC		D	280,939.	BOOK VAI	LUE	
(3) WAT	ERSHED ASSOCIATES, I	NC.	D	145,596.	BOOK VAI	LUE	
(4) PRO	JECT HOSPITALITY 385	HDFC	J	124,857.	BOOK VAI	LUE	
(5)							
(6)							

JSA

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PROJECT HOSPITALITY INC.

13-3234441

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ted, section uded 501(c)(3) ter organization		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 PROJECT HOSPITALITY INC. 13-3234441 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. PART II IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS PROJECT HOSPITALITY 385 HDFC - 06-1599105 100 PARK AVENUE, STATEN ISLAND, NY 10302 PRIMARY ACTIVITY: TO PROVIDE COUNSELING, FOOD, AND SHELTER TO HOMELESS INDIVIDUALS DIRECT CONTROLLING ENTITY: PROJECT HOSPITALITY NEW VISION HDFC - 45-3834408 100 PARK AVENUE, STATEN ISLAND, NY 10302 PRIMARY ACTIVITY: TO PROVIDE COUNSELING, FOOD, AND SHELTER TO HOMELESS INDIVIDUALS DIRECT CONTROLLING ENTITY: PROJECT HOSPITALITY

100 PARK AVENUE, STATEN ISLAND, NY 10302

WATERSHED ASSOCIATES INC - 13-3234441

PRIMARY ACTIVITY: TO PROVIDE COUNSELING, FOOD, AND SHELTER TO HOMELESS

INDIVIDUALS

DIRECT CONTROLLING ENTITY: PROJECT HOSPITALITY

CASTLETON HDFC - 83-2700400

100 PARK AVENUE, STATEN ISLAND, NY 10302

PRIMARY ACTIVITY: TO PROVIDE COUNSELING, FOOD, AND SHELTER TO HOMELESS

INDIVIDUALS

DIRECT CONTROLLING ENTITY: PROJECT HOSPITALITY