Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

A I	For the	e 2021 calendar year, or tax year beginning and	ending				
	Check if applicab	C Name of organization		D Employer identific	cation number		
	Addre	SS PROJECT LIVING HOPE					
	Name			46-52685	93		
	Initial return Final return	Number and street or P.O. box if mail is not delivered to street address)	Room/suite				
	termir ated			G Gross receipts \$	504,029.		
	Amen	ded CMAVMON OD 07202		H(a) Is this a group re			
	Applic			for subordinates			
	pendi			H(b) Are all subordinates in	·····- —		
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
		te: ► WWW.PLHOPE.ORG		H(c) Group exemptio			
K	orm o	organization: X Corporation Trust Association Other	L Year		A State of legal domicile: OR		
Pi	art I	Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O			
na L	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.		
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9		
8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	3		
Vitie	6	Total number of volunteers (estimate if necessary)		6	80		
Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			479.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		325,881.	480,326.		
Revenue	9	Program service revenue (Part VIII, line 2g)		40,742.	17,740.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5.	479.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,506.	5,484.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		364,122.	504,029.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		51,249.	87,960.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă X	_b	Total fundraising expenses (Part IX, column (D), line 25)		120 626	260 106		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,636. 181,885.	260,106. 348,066.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,237.	155,963.		
0	19	Revenue less expenses. Subtract line 18 from line 12					
Net Assets or	200	Total acceta (Part V. line 16)		ginning of Current Year 661,722.	End of Year 821,478.		
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		7,374.	11,167.		
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20		654,348.	810,311.		
P	art II	Signature Block		034,340.	010,311.		
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	Knowledge and Boller, it is		
	,	L	non proparo				
Sig	n	Signature of officer		Date			
Her		GUESLY DESSIEUX, EXECUTIVE DIRECTOR					
	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	d	BENJAMIN M. WILSON, CPA		if self-employ	P00274951		
	parer	Firm's name DOTY PRUETT WILSON PC			93-0792674		
	Only	Firm's address 447 STATE STREET					
	-	SALEM, OR 97301		Phone no. (5	03) 362-9152		
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Form	990 (2021) PROJECT LIVING HOPE	46-5268593	Page 2
Par	t 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:		
•	WE EXIST TO EMPOWER HAITIANS TO BUILD A STRONGER HAITI.		
	WE COMBAT POVERTY BY EMPOWERING INDIVIDUALS THROUGH CHRIS	CM T A M	
	DISCIPLESHIP IN FOUR KEY AREAS: ATHLETICS, JOB SKILLS TRA	AINING,	
	DISASTER PREPAREDNESS AND COMMUNITY DEVELOPMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s 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?	Vec	X No
•	If "Yes," describe these changes on Schedule O.		
	· · · · · · · · · · · · · · · · · · ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	* *	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 55 , 766 • including grants of \$) (Revenue	ue\$15,	,317 .)
	YOUTH SOCCER ACADEMY: WITH HAITIAN GOVERNMENT COVID MANDA	ATES	
	RESTRICTING PROGRAMS IN THE SPRING AND SUMMER OF 2020, TI		IR.
	PROGRAM HAD TO TAKE AN UNEXPECTED BREAK. PRACTICES RESTAI		
			7747
	SUMMER, AND IN NOVEMBER, WE LAUNCHED THE PLH SOCCER ACADI		- W
	STRUCTURE ALLOWED FOR MORE DISCIPLESHIP, MORE FOCUSED AT		
	, ,	OF HAITI HA	<u>VE</u>
	FEW OPTIONS FOR SAFE PLAY AND FEW OPPORTUNITIES TO GROW A	AND LEARN	
	WITHIN POSITIVE ENVIRONMENTS. AT THE SAME TIME, THEY FACT	E MANY	
	TEMPTATIONS TO TURN TO UNHEALTHY OR CRIMINAL LIFESTYLES.	THE PLH SOC	CER
	PROGRAM AND ACADEMY PROVIDES KIDS WITH A SAFE PLACE TO PI		
	STAFF THAT CARES ABOUT THEM, AND AN OPPORTUNITY TO GROW	•	
	SPORT AND THEIR LIFE. CONTINUED IN SCHEDULE O.	IN DOIN INDI	
			100
4b	(Code:) (Expenses \$		<u>423.</u>)
	ENGLISH INSTITUTE: THE PLH ENGLISH INSTITUTE CONSISTS OF		5
	RANGING IN FOUR LEVELS AND SERVED 120 STUDENTS. IN 2021,	WE OFFERED	
	THREE SPECIALIZED COURSES FOR THE HIGHEST LEVEL STUDENTS	, THOSE COUR	RSES
	BEING MEDICAL ENGLISH, TEACHING ENGLISH AS A FOREIGN LANG	GUAUGE, AND	Α
	SURVEY OF THE BIBLE. THE INSTITUTE EMPLOYS TWO HATIAN II	NSTRUCTORS.	
4c	(Code:) (Expenses \$ 73,052 • including grants of \$) (Revenue	ue \$	
	EMPLOYMENT AND JOB SKILLS TRAINING: PLH PROVIDES SCHOLARS		
	TRAINING OPPORUNITIES TO SELECTED MEMBERS OF THE COMMUNITY		
	THESE TRAINEES AND OTHER PROFESSIONALS FROM THE AREA TO V		
	CONSTRUCTION PROJECTS ON THE CAMPUS. IN 2021, PLH SENT TI		
	FROM THE COMMUNITY TO BEGIN A 3-YEAR TRAINING IN AUTO ME		<u> </u>
	YOUNG MAN WAS ALSO SENT TO ATTEND A 2-WEEK ELECTRICAL TRA	AINING	
	WORKSHOP. IN 2021, A BATHROOM FACILITY, BASKETBALL COURT	, KITCHEN, A	ND
	WATER PURIFICATION CENTER WERE ALL CONSTRUCTED. THESE PRO		
	DONE BY LOCAL HAITIAN WORKERS.		
	DOLL DI DOCID INITITIN NOMBINO		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses ► 175,860.		

Form **990** (2021)

Form 990 (2021)

PROJECT LIVING HOPE

46-5268593

Page 3

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

FOIIII	990 (2021) 1 TOO BET 11 THE HOTE	0373		age -
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		X
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			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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			l
	"Yes," complete Schedule L, Part IV	28a		X
b	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? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
-		34		X
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		17	
Da-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
	1 1	_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u>)</u>		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	↓ 12-09-21	Form	990	(2021)

Form 990 (2021) PROJECT LIVING HOPE

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

46-5268593

Page 5

	continued)		1						
			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 3								
		01		v					
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X					
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2-		х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u> </u>					
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30							
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х						
h	If "Yes," enter the name of the foreign country HAITI	Tu							
-	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		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
	16 10 6 11 11 11 11 11 11 11 11 11 11 11 11 1								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c							
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	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 required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	Gross income from members or shareholders								
h	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	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								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	ls the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	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.								

PROJECT LIVING HOPE 46-5268593 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶OR

exempt status with respect to such arrangements?

- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website X Another's website X Upon request Other (explain on Schedule O)

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20	State the name	address	and tele	hone number of the	erson who possesses the organization's books and records	Þ
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	$\overline{}$	$\wedge \wedge \wedge$	$\wedge \wedge \wedge \wedge \wedge \wedge$		-

Form **990** (2021)

16h

Form 990 (2021) PROJECT LIVING HOPE

46-5268593

<u> Page</u> **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

V Observation of the state of t

X Check this box if neither the organization (A)	(B)				C)	•		(D)	(E)	(F)
Name and title	Average	l		Pos	itior	1		Reportable	Reportable	Estimated
riamo ano imo	hours per	box	, unle	ss pei	rson	than	n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste		a.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	E 8		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH COMSTOCK	9.00							_	_	
BOARD CHAIR		Х		Х				0.	0.	0
(2) GUESLY DESSIEUX	20.00									
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0
(3) SARA DESSIEUX	2.00									
SECRETARY		Х		X				0.	0.	0
(4) NICOLE LEBLOND	2.00									
TREASURER		Х		X				0.	0.	0
(5) COLLIN BOX	2.00									
BOARD MEMBER		Х						0.	0.	0
(6) PIERRE DESCIEUX	2.00									
BOARD MEMBER		Х						0.	0.	0
(7) BOB THATCHER	2.00								_	_
BOARD MEMBER		Х						0.	0.	0 .
		-								
		-								
		┨								
						_				
		-								
			-			-				
		1								
						1	1			

Form **990** (2021)

PROJECT LIVING HOPE

Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B) (C)					(D)			(F)					
	Name and title Average		(do not check more than one					one	Reportable	Reportable				d
		hours per week	box	, unles	ss per	rson i	s both	n an	compensation	compensatio		l	ount o	of
		(list any	tor						from the	from related organization		l	other oensat	tion
		hours for	r director				- - - -		organization	(W-2/1099-MIS			om the	
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
		organizations below	Individual trustee or	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			l	relate	
		line)	dividu	stituti	Officer	y emp	ghest	Former				orga	nizatio	ns
			드	드	JO.	ᇂ	물 등	요						
1b	Subtotal		•		•	•			0.		0.			0.
	Total from continuation sheets to Part VII							•	0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			^
	compensation from the organization												Vaa	0 N o
•	Did the organization list any former officer,	director transfer	aa 1			0.10		hia	boot componented amp	lavos en			Yes	NO
3	line 1a? If "Yes," complete Schedule J for si	•	,	•	•	,	,	·		•		3		Х
4	For any individual listed on line 1a, is the su								ner compensation from t					
	and related organizations greater than \$150	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	J f	or su	ıch <u>ı</u>	oers	on .					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest con	•	•								oensa [•]	tion fro	m	
	the organization. Report compensation for t (A)	irie caleridar ye	ai e	HUII	ig w	IUI C	ועע וכ	111111	(B)	ear.		(C	2)	
	Name and business	address	NO	ONE	C				Description of s	ervices	C	comper		1
											1			
											ı			
								1						
2	Total number of independent contractors (in	· ·	ot lin	nited	to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				(200 (c	2004)

Form **990** (2021)

Page 9

ı u	rt VI				5			
		Check if Schedule O contains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Sra	k	b Membership dues	1b	DE 564				
s, (Am	C	c Fundraising events	1c	75,564.				
Giff lar	C	d Related organizations	1d					
S. jini	6	e Government grants (contributions)	1e					
tio S	f	f All other contributions, gifts, grants, and						
ig (similar amounts not included above \dots	1f	404,762.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g Noncash contributions included in lines 1a-1f	1g \$		400 006			
<u>2 p</u>	ŀ	h Total. Add lines 1a-1f			480,326.			
				Business Code	1 - 41 -	1 - 41 -		
e	2 8	a MISSION EXPERIENCE		611710	15,317.	15,317.		
Program Service Revenue	k	b ENGLISH COURSE STU	DENT	611710	2,423.	2,423.		
Scon	C	c						
ran Sev	C	d						
og F	•	e						
<u>-</u>	f	f All other program service revenue .			1 = = 1.0			
	Ç	g Total. Add lines 2a-2f			17,740.			
	3	Investment income (including divide	,	*	4-0		4=0	
		other similar amounts)			479.		479.	
	4	Income from investment of tax-exer						
	5	Royalties						
			i) Real	(ii) Personal				
		a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
	7 a		Securities	(ii) Other				
		assets other than inventory 7a						
_	k	b Less: cost or other basis						
nue		and sales expenses 7b						
Revenue	C	c Gain or (loss) 7c						
		d Net gain or (loss)		D				
Other	8 8	a Gross income from fundraising events (
0		including \$ 75,564.	_					
		contributions reported on line 1c). S		0				
		Part IV, line 18		_				
		b Less: direct expenses		<u> </u>	0.			
		c Net income or (loss) from fundraisin		>	0.			
	9 8	a Gross income from gaming activitie						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming ac						
	10 a	a Gross sales of inventory, less return						
	L	and allowances						
	b Less: cost of goods sold 10b							
_		c Net income or (loss) from sales of in	veniory	Business Code				
ns	44 -	a SALES		448000	5,484.	5,484.		
Jeo Ue	116			440000	J, ±0±•	J, ±0±•		
Miscellaneous Revenue	,	b						
Sce		d All other revenue						
Ξ		e Total. Add lines 11a-11d		>	5,484.			
	12	Total revenue. See instructions			504,029.	23,224.	479.	0.

Form 990 (2021)

PROJECT LIVING HOPE

46-5268593

Page **10**

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	87,960.		16,259.	71,701.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	11,569.		3,850.	7,719.
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
·	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	6,074.			6,074.
13	Office expenses	8,522.		531.	6,074. 7,991.
14	Information technology	-			-
15	Royalties				
16	Occupancy				
17	Travel	1,134.			1,134.
18	Payments of travel or entertainment expenses	,			•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13.		13.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,507.		23,507.	
23	Insurance	,		·	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ATHLETICS	55,766.	55,766.		
b	JOB SKILLS TRAINING	47,042.	47,042.		
C	COMMUNITY DEVELOPMENT	36,201.	36,201.		
d	MISSION EXPERIENCE	31,842.	31,842.		
e	All other expenses SEE SCH O	38,436.	5,009.	5,607.	27,820.
25	Total functional expenses. Add lines 1 through 24e	348,066.	175,860.	49,767.	122,439.
26	Joint costs. Complete this line only if the organization		•	·	•
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
-					E 000 (2224)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

PROJECT LIVING HOPE

46-5268593 Page **11**

<u>Pa</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			79,968.	1	121,639
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in secti	on 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B ''				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	258,832.			
	b	Less: accumulated depreciation	10b	56,119.	193,538.	10c	202,713
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		388,216.	15	497,126	
	16	Total assets. Add lines 1 through 15 (must equ			661,722.	16	821,478
	17	Accounts payable and accrued expenses			7,374.	17	11,167
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV o	Schedule D		21	
S	22	Loans and other payables to any current or form	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
ap		controlled entity or family member of any of the	se persoi	ns		22	
_	23	Secured mortgages and notes payable to unrel	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	44 46
	26	Total liabilities. Add lines 17 through 25			7,374.	26	11,167
"		Organizations that follow FASB ASC 958, che	eck here	► X			
če		and complete lines 27, 28, 32, and 33.			654 240		E02 040
ılan	27	Net assets without donor restrictions			654,348.	27	793,940
Be	28	Net assets with donor restrictions				28	16,371
un		Organizations that do not follow FASB ASC 9	958, chec	k here 🕨 📖			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			CE4 242	31	010 011
Se	32	Total net assets or fund balances			654,348.	32	810,311
	33	Total liabilities and net assets/fund balances			661,722.	33	821,478 Form 990 (202

Form	1 990 (2021) PROJECT LIVING HOPE	46-526	8593	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,029.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,066.
3	Revenue less expenses. Subtract line 2 from line 1	3		,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	654	,348.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	810	<u>,311.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>
			\	res 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 "Other," explain on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	
			Form 9	90 (2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization PROJECT LIVING HOPE 46-5268593 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

PROJECT LIVING HOPE

46-5268593 Page 2

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

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

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(3) = 2 · · 2	(5) = 5 · 5	(,	(5) = 5 = 5	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	145,285.	344,029.	229,440.	325,882.	322,872.	1367508.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	145 005	244 222	000 440	205 200	200 000	1265500
	Total. Add lines 1 through 3	145,285.	344,029.	229,440.	325,882.	322,872.	1367508.
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)						298,081.
6	Public support. Subtract line 5 from line 4.						1069427.
	etion B. Total Support						10054276
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	145,285.	344,029.	229,440.	325,882.	322,872.	1367508.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	41.	29.	14.	5.	479.	568.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			580.			580.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1260656
	Total support. Add lines 7 through 10		,			40	1368656. 139,512.
	Gross receipts from related activities,	,	,	Contract Contract		12	139,312.
13	First 5 years. If the Form 990 is for the	· ·	st, second, tnira, i	ourth, or fifth tax y	ear as a section 5	UT(C)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	•••••		
	Public support percentage for 2021 (I			olumn (f))		14	78.14 %
	Public support percentage from 2020					15	72.08 %
	33 1/3% support test - 2021. If the o					ore, check this box	
	stop here. The organization qualifies						. 37
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
40	organization meets the facts-and-circu						>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box a	na see instructions	·

46-5268593 Page 3

Schedule A (Form 990) 2021 PROJECT LIVING HOPE

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 Par	† II)

Sec	ction A. Public Support	now, please comp	Diete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1	1	
	Amounts included on lines 1, 2, and					1	
ıa	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						l
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2011	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
U	(less section 511 taxes) from businesses						
	anguired ofter June 20 1075						
_	Add lines 10a and 10b						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's fi	ivet econd third	formath, or fifth town	Lacres a section	[E01(a)(2) arganization	<u></u>
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	
Sec	check this box and stop hereetion C. Computation of Public					•••••	
	Public support percentage for 2021 (lii			column (fl)		15	9
						16	9
	Public support percentage from 2020 etion D. Computation of Investigation					10	7
	Investment income percentage for 20			ine 13 column (f)		17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2021. If the						
138							, 13 110t
L	more than 33 1/3%, check this box an						L
O	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
Z U	riivate iouiiuatioii. Il tile organizatioi	i uiu noi check a	DUX UIT III IC 14. 19	ם. טו וטט. נוופנול נו	113 DUX ALIU SEE III	อเเนปเบเอ	

132023 01-04-22

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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
20		
3a		
3b		
0 -		
3c		
4a		
4.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		<u> </u>
ile A (Forn	n 990)	2021

132024 01-04-21

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2021

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

За

3b

46-5268593 Page 6 PROJECT LIVING HOPE Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations □ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section 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) Enter greater of line 2 or line 3. 4

Schedule A (Form 990) 2021

5

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

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

10 Line 8 amount divided by line 9 amount

2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). 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			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

10

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number PROJECT LIVING HOPE 46-5268593

Par	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
Par	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial stateme	nts that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı aı	Complete if the organization answered "Yes" on Form 9		iei Oililliai Assets.
	If the organization elected, as permitted under FASB ASC 958		ad balance about works
ıa	, ,	, ,	
	of art, historical treasures, or other similar assets held for publi	, ,	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	earmonion, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treas	·	gain, provide
_	the following amounts required to be reported under FASB AS	-	▶ •
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Sche		LIVING HO								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Treas	sures, or	Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the foll	owing that r	nake sig	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	(d 🗌 Lo	oan or excha	nge progran	n				
b	Scholarly research	•	e 🗌 O	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they	y further the	organization	ı's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, histo	orical treasur	es, or other	similar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	lete if the o	organization a	answered "Y	es" on f	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ntributions o	or other asse	ets not in	cluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	ole:						
									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 amount on Fo	orm 990, Part X, line	21, for es	crow or cust	odial accour	nt liabilit	y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in								_	
		(a) Current year	(b) Pri	or year	(c) Two years	back (d) Three y	ears back	(e) Four	years 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	Provide the estimated percentage of the curr		e (line 1g,	column (a)) h	neld as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held and	administere	d for the	organiza	ation	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fur	nds.						
Par	t VI Land, Buildings, and Equipm				_					
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, I	line 11a. See	Form 990, I	Part X, li	ne 10.			
	Description of property	(a) Cost or o		(b) Cost or	I .	٠,	cumulate	ed	(d) Book	value
		basis (investi	ment)	basis (of	-	dep	reciation			
1a	Land			84	,228.				84	<u>,228.</u>
	Buildings									
С	Leasehold improvements									
d	Equipment				,453.		36,2			,233.
e	Other			76	,151.		19,8	99.		<u>,252.</u>
Total	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. column	(B). line 10c	.)				202	,713.

Schedule D (Form 990) 2021 PROJECT LIV	ING HOPE	46-	-5268593 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Fotal. (Col. (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, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	# N D
	Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			497,126.
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	n 15)	•	497,126.
Part X Other Liabilities.			137,1200
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro-	vided in Part XIII

132053 10-28-21

	dule D (Form 990) 2021 PROJECT LIVING HOPE		46-526859	3 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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:	1 1		
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.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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			
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	otomonto With Expon	5	
Pai	t XII Reconciliation of Expenses per Audited Financial St	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li		<u> </u>	
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:	1 1		
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			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)	5	
Pai	t XIII Supplemental Information.	•		
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public

ivam	le of the organization					Employer identi	ncation number
PRO	OJECT LIVING	HOPE				46-526859	93
			ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
	United States.						
3				n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			<u> </u>		ATHLETICS,	JOB SKILLS	
				PROGRAM SERVICES, CAMPUS	TRAINING, C	OMMUNITY	
				CONSTRUCTION AND	DEVELOPMENT	, DISASTER	
HAI	ri	1	12	DEVELOPMENT	PREPAREDNES	S.	348,066.
3 a	Subtotal	1	12				348,066.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	1	12				348,066.

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	inization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sect			\		

Schedule F (Form 990) 2021 PROJECT LIVING HOPE 46-5268593 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

rait	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes."		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes." the organization may be required to separately file Form 5713. International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Form	n 990) 2021

132074 12-20-21

Schedule F (Form 990) 2021 PROJECT LIVING HOPE	46-5268593	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); (estimated number of recipients), as applicable. Also complete this part to provide any additional informat		
PART I, LINE 2:		
ALL EXPENSES ARE ENTERED INTO THE BOOKS AND RECEIPT DOCUMENT	TATION IS	
FILED. THE EXECUTIVE DIRECTOR OVERSEES ALL SPENDING AND REV	IEWS THE	
BOOKS. THE BOARD OVERSEES AND APPROVES THROUGH A VOTE THE US	SE OF LARGE	
FUNDS. THE BOOKS ARE REVIEWED QUARTERLY BY THE TREASURER.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

PROJECT LIVING HOPE

Employer identification number 46-5268593

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE EXIST TO EMPOWER HAITIANS TO BUILD A STRONGER HAITI. COMBAT POVERTY BY EMPOWERING INDIVIDUALS THROUGH CHRISTIAN DISCIPLESHIP IN FOUR KEY AREAS: ATHLETICS, JOB SKILLS TRAINING DISASTER PREPAREDNESS AND COMMUNITY DEVELOPMENT. PART VI, FORM 990, SECTION A, LINE 2: THE EXECUTIVE DIRECTOR'S WIFE SERVES ON THE BOARD AS SECRETARY. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY EACH YEAR. BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD AND DIRECTOR. CURRENTLY, THE EXECUTIVE DIRECTOR DOES NOT TAKE A SALARY. COMPENSATION OF EMPLOYEES IS REVIEWED ANNUALLY THROUGH AN ANNUAL EMPLOYEE EVALUATION CONDUCTED BY THE EXECUTIVE DIRECTOR AND ONE BOARD MEMBER.

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

THE CONFLICT OF INTEREST POLICY AND ALL GOVERNING DOCUMENTS ARE AVAILABLE

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

Schedule 0 (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Name of the organization PROJECT LIVING HOPE	Employer identification number $46-5268593$
UPON REQUEST.	10 3200333
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTION	NAL EXPENSES:
VENUE EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	8,850.
TOTAL EXPENSES	8,850.
FOOD:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	185.
FUNDRAISING EXPENSES	6,373.
TOTAL EXPENSES	6,558.
DISTASTER PREPAREDNESS:	
PROGRAM SERVICE EXPENSES	5,009.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,009.
DONOR MANAGEMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,898.
TOTAL EXPENSES	3,898.
POSTAGE:	
132212 11-11-21 3.7	Schedule O (Form 990) 202

09391006 150325 11270.00

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
PROJECT LIVING HOPE	46-5268593
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,017.
FUNDRAISING EXPENSES	2,739.
TOTAL EXPENSES	3,756.
INVENTORY PURCHASES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,172.
TOTAL EXPENSES	3,172.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,586.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,586.
RENTALS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,167.
TOTAL EXPENSES	1,167.
STORAGE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	975.
TOTAL EXPENSES	975 . Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Employer identification number
PROJECT LIVING HOPE	46-5268593
OTHER OPERATIONAL EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	746.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	746.
SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	682.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	682.
DECORATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	646.
TOTAL EXPENSES	646.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	341.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	341.
TAXES AND LICENSES:	
	n
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES 132212 11-11-21	5 0 . Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization PROJECT LIVING HOPE	Employer identification number 46-5268593
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	38,436.
	_

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	70 TAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
21	OFFICE TABLES AND CHAIRS	02/07/20	SL	5.00		16	1,000.				1,000.	183.		200.	383.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,000.				1,000.	183.		200.	383.
	MACHINERY & EQUIPMENT														
9	CONTAINER	12/04/18	SL	7.00		16	2,120.				2,120.	631.		303.	934.
10	GENERATOR	01/15/19	SL	7.00		16	1,949.				1,949.	556.		278.	834.
11	LAWN MOWER	01/15/19	SL	7.00		16	380.				380.	108.		54.	162.
12	BACKHOE	11/05/19	SL	7.00		16	31,000.				31,000.	5,167.		4,429.	9,596.
19	MACHINES AND TOOLS	06/13/20	SL	5.00		16	5,694.				5,694.	664.		1,139.	1,803.
20	CEMENT MIXER	11/12/20	SL	5.00		16	3,470.				3,470.	116.		694.	810.
28	TOOLS * 990 PAGE 10 TOTAL	04/23/21	SL	5.00		16	13,287.				13,287.			1,772.	1,772.
	MACHINERY & EQUIPMENT						57,900.				57,900.	7,242.		8,669.	15,911.
	TRANSPORTATION EQUIPMENT														
2	1998 CHEVY SUBURBAN	12/26/17	SL	5.00		16	3,297.				3,297.	2,034.		659.	2,693.
3	2003 FORD E350 BLUE	12/26/17	SL	5.00		16	7,500.				7,500.	4,765.		1,500.	6,265.
4	2003 FORD E350 WHITE	11/17/17	SL	5.00		16	8,201.				8,201.	5,053.		1,640.	6,693.
7	CUSTOM WORKS FOR BLUE VAN	03/15/18	SL	5.00		16	2,160.				2,160.	1,224.		432.	1,656.
25	2003 FORD E350	02/19/21	SL	5.00		16	5,052.				5,052.			842.	842.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	7 11102 17														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	DUMP TRUCK	04/15/21	SL	5.00	:	16	13,820.				13,820.			2,073.	2,073.
27	WHITE TRAILER	03/05/21	SL	5.00	:	16	523.				523.			87.	87.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						40,553.				40,553.	13,076.		7,233.	20,309.
	LAND														
1	LAND - CAMP MARIE	12/15/17	L				78,020.				78,020.			0.	
13	LAND DEED	06/30/19	L				6,208.				6,208.			0.	
	* 990 PAGE 10 TOTAL LAND						84,228.				84,228.	0.		0.	0.
	OTHER														
5	LAND IMPROVEMENTS	09/30/18	SL	10.00	:	16	20,287.				20,287.	4,058.		2,029.	6,087.
6	FENCING	11/05/18	SL	10.00		16	2,675.				2,675.	536.		268.	804.
14	WELL	01/22/19	SL	15.00	:	16	18,495.				18,495.	2,466.		1,233.	3,699.
15	TANK FOUNDATION	03/31/19	NC	.000	НХ		978.				978.			0.	
16	2019 ROAD IMPROVEMENT	05/22/19	SL	10.00	:	16	1,200.				1,200.	200.		120.	320.
17	FENCE ADDITIONS	05/31/19	SL	10.00		16	23,745.				23,745.	3,958.		2,375.	6,333.
18	LANDSCAPING	05/31/19	SL	10.00	:	16	1,740.				1,740.	290.		174.	464.
22	WELL IMPROVEMENT	06/30/20	SL	5.00		16	2,602.				2,602.	260.		520.	780.
23	FENCE IMPROVEMENT	06/30/20	SL	5.00	:	16	2,429.				2,429.	243.		486.	729.
24	LANDSCAPING IMPROVEMENT	06/30/20	SL	5.00		16	1,000.				1,000.	100.		200.	300.

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER * GRAND TOTAL 990 PAGE 10						75,151.				75,151.	12,111.		7,405.	19,516.
	DEPR						258,832.				258,832.	32,612.		23,507.	56,119.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						226,150.			0.	226,150.	32,612.			51,345.
	ACQUISITIONS						32,682.			0.	32,682.	0.			4,774.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						258,832.			0.	258,832.	32,612.			56,119.
	ENDING ACCUM DEPR											56,119.			
	ENDING BOOK VALUE											202,713.			

128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone