PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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シリシュ
Open to Public
Inspection

AH	or the	\mathbf{P} 2021 calendar year, or tax year beginning \mathbf{J} \mathbf{U} \mathbf{L} 1, 2021 and	ending Ju	JN 30, 2022	
B c	heck if	e: C Name of organization		D Employer identifi	cation number
	Addres	e PROJECT SENTINEL, INC			
	Name Chang	e Doing business as		77-0266612	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final	1490 EL CAMINO REAL	408-720-9888		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,146,797.
	Ameno	SANIA CLARA, CA 95050		H(a) Is this a group r	eturn
	Applic tion pendir	F Name and address of principal officer: CAROLE CONN		for subordinates	s? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 527	If "No," attach a	list. See instructions
		te: WWW.HOUSING.ORG		H(c) Group exemption	
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1990	VI State of legal domicile: CA
Pa	art I	Summary			
Ð		Briefly describe the organization's mission or most significant activities: <u>TO PRO</u>		R HOUSING, RENTA	L
anc.		HOUSING COUNSELING, DISPUTE RESOLUTION AND MORTGAGE COUNSELI	NG.		
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	1
Š				<u>3</u>	10
کہ ص		Number of independent voting members of the governing body (Part VI, line 1b)			10
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		59	
iviti	6	Total number of volunteers (estimate if necessary)		45	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
		- · · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		3,350,808.	4,021,013.
Revenue		Program service revenue (Part VIII, line 2g)		145,051.	112,564.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,547.	882.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,027.	12,338.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,502,433.	4,146,797.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,161.	12,212.
		Benefits paid to or for members (Part IX, column (A), line 4)		2,614,120.	3,200,231.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,014,120.	5,200,231.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	245.	••	••
ă				631,757.	651,262.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,266,038.	3,863,705.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		236,395.	283,092.
or		Revenue less expenses. Subtract line 18 from line 12		,	,
its o	20	Total assets (Part X, line 16)		ginning of Current Year 2,042,849.	End of Year 2,458,032.
Assets (Balanc	20			270,214.	402,305.
Net /		Iotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,772,635.	2,055,727.
	art II	Signature Block		_,,,2,000.	1 2,000,727.
		v i i i i i i i i i i			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Da	ate					
Here	CAROLE CONN, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	04/13/23	self-employed P00853132					
Preparer	Firm's name 🕒 ARMANINO LLP		Fi	rm's EIN 🕨 94-6214841					
Use Only	Firm's address 🖕 50 W. SAN FERNANDO ST, S	TE 500							
	hone no.408-200-6400								
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	J2001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

		7-0266612	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		X
1	Briefly describe the organization's mission:		
	TO DEVELOP AND PROMOTE FAIRNESS AND EQUALITY OF HOUSING OPPORTUNITY		
	FOR ALL PROTECTED PERSONS AND TO ADVOCATE PEACEFUL RESOLUTION OF		
	DISPUTES FOR COMMUNITY WELFARE AND HARMONY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		Yes X No
	If "Yes." describe these new services on Schedule O.	∟	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
5	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 measured and the service accomplishments for each of its three largest program services.	sured by exp	ansas
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th		
	revenue, if any, for each program service reported.		000, 414
4a	(Code:) (Expenses \$ 1,246,270. including grants of \$ 12,212.) (Revenue \$		6,239.
	FAIR HOUSING - THE FAIR HOUSING CENTER INVESTIGATED 385 COMPLAINTS OF		· · · ·
	DISCRIMINATION IN THE YEAR ENDED JUNE 30, 2022. 894 PEOPLE BENEFITED		
	FROM THOSE INVESTIGATIONS, AND THE STAFF PROVIDED INFORMATION,		
	EDUCATION, AND REFERRALS ON 1,296 CALLS. THE ORGANIZATION SETTLED TWO		
	FAIR HOUSING CASES DURING THE YEAR. THE LITIGATED SETTLEMENT AMOUNTS		
	FOR THESE CASES RESULTED IN A RECOVERY OF FEES FOR PROJECT SENTINEL,		
	INC.'S STAFF TIME AND DISPERSED RESOURCES TOTALING \$26,966. MANY OTHER		
	FAIR HOUSING CASES WERE RESOLVED WITH A CHANGE IN RENTAL POLICIES AND		
	PRACTICES, REASONABLE ACCOMMODATIONS GRANTED AND EVICTIONS WITHDRAWN.		
	THE ORGANIZATION CONDUCTED 101 FORMAL OUTREACH ACTIVITIES WITH		
	COMMUNITY MEMBERS FROM TARGETED POPULATIONS AND ORGANIZATIONS WHO SERVE		
	THEM WITH FAIR HOUSING EDUCATION, AS WELL AS HOUSING PROVIDERS, AN		
4b	(Code:) (Expenses \$1,582,210. including grants of \$) (Revenue \$)		37,756.
	TENANT/LANDLORD MEDIATION SERVICES - STAFF PROVIDED INFORMATION ON		
	RENTAL RIGHTS AND RESPONSIBILITIES TO 9,754 TENANTS, OWNERS AND		
	MANAGERS OF RENTAL HOUSING BY WAY OF WORKSHOPS, SEMINARS, ONE ON ONE		
	COUNSELING AND PHONE COUNSELING SO THAT INFORMED DECISIONS COULD BE		
	MADE. 986 TENANTS, OWNERS AND MANAGERS OF RENTAL HOUSING ATTENDED		
	WORKSHOPS AND WEBINARS. 1,752 CASES WERE OPENED FOR HOUSEHOLDS NEEDING		
	ADDITIONAL ASSISTANCE OF EXTENSIVE COUNSELING AND DISPUTE RESOLUTION		
	AND RENTAL ASSISTANCE. PANELS OF VOLUNTEER AND PAID MEDIATORS ALONG		
	WITH SALARIED STAFF RESOLVED RENTAL DISPUTES WITH MEDIATION AND		
	CONCILIATION.		
40	(Code:) (Expenses \$581,807. including grants of \$) (Revenue \$)		68 569.
10	HUD HOUSING COUNSELING - HUD HOUSING COUNSELING PROVIDES NEEDED AND		/
	SOMETIMES REQUIRED COUNSELING TO HOMEOWNERS AND FUTURE HOMEOWNERS. MOST		
	FIRST TIME HOMEBUYER ASSISTANCE PROGRAMS REQUIRE A CERTIFICATE OF		
	EITHER COUNSELING OR AN EDUCATIONAL WORKSHOP. OTHER GOVERNMENT PROGRAMS		
	ALSO REQUIRE COUNSELING FOR HOUSING PROGRAMS SUCH AS APPLYING FOR A		
	REVERSE MORTGAGE. THE ORGANIZATION ALSO USES FUNDS FROM NATIONAL		
	MORTGAGE SETTLEMENT FUNDS ("NMSF"), WHICH IS BEING ADMINISTERED BY THE		
	CALIFORNIA HOUSING FINANCE AGENCY ("CALHFA"). DURING THE YEAR ENDED		
	JUNE 30, 2022, THE ORGANIZATION ASSISTED 1,310 FIRST TIME HOME BUYERS		
	TO PREPARE FOR HOME OWNERSHIP THROUGH HOMEBUYER EDUCATIONAL WORKSHOPS		
	AND AN ADDITIONAL 595 HOUSEHOLDS WITH INDIVIDUAL ONE-ON-ONE		

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

PRE-PURCHASE COUNSELING. THE ORGANIZATION ASSISTED 114 HOMEOWNERS WITH

	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	► 3,410,287.		
				Form 990 (2021)
132002	2 12-09-21	SEE SCHEDULE O FOR	CONTINUATION(S)	
		3		
113804	13 701245 0505083.	т 2021	.05070 PROJECT SENTIN	EL, INC 05050831

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<u> </u>
U		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
h	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			<u> </u>
a		444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
	Schedule D, Parts XI and XII	12a	~	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i>.</i> -	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1.
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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2021.05070 PROJECT SENTINEL, INC

05050831

PROJECT SENTINEL, INC Part IV Checklist of Required Schedules

Form 990 (2021)

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Form	990	(2021)

PROJECT SENTINEL, INC

Pa	t IV Checklist of Required Schedules (continued)			<u>-90 -</u>
	- loonandody		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			
20	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			
214	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
U		24c		
Ь	any tax-exempt bonds? 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	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	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		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X 000	
132004	- 12-09-21 5	Form	990	(2021)

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	990 (2021) PROJECT SENTINEL, INC	7	7-0266612	2	Pa	age 🤇
ar	V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Г		Yes	No
	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	59			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction			2.5		
				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		I			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR)				
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization s	solicit			
	any contributions that were not tax deductible as charitable contributions?		·····	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		·····	6b		
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to	the payor?	7a		X
			·····	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?	1 1	·····	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization during the year, pay premiume directly or indirectly, on a personal benefit control.		·····	7e 74		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual preparty, did the organization file Fe			7f 7a		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	-	F	7g 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		1090-01	711		
		-		8		
	Sponsoring organization have excess business notalings at any time during the year?			0		
				9a		
			Г	9b		
	Section 501(c)(7) organizations. Enter:			0.0		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
la.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		F	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?		·····	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	·····	16		X
	If "Yes," complete Form 4720, Schedule O.					
-	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? If "Yes," complete Form 6069.		·····	17		

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Form	990 (2021) PROJECT SENTINEL, INC			266612			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and	d for a "	No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				
	The governing body?			-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			····· -	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
0.00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>	<u></u>		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				Г		Yes	No X
	Did the organization have local chapters, branches, or affiliates?			ŀ	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				101		
				····· -	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belon	e ming the for		11a	А	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "y			····· -	120		
C		, -			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			····· F	13	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			Г	14	х	
15	Did the process for determining compensation of the following persons include a review and approva			·····			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		opendent				
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	Х	
~	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 arrangen	nent wi	th a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed CA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501	l (c)(3)s d	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest polic	y, and f	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records 🕨				
	FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - 408-513-8700						
	1631 WILLOW STREET, SUITE 200, SAN JOSE, CA 95125						
132006	- 12-09-21				Form	990	(2021)
<u> </u>		o				<u> </u>	<u> </u>
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Form 990 (2021) PROJECT SENTINEL, INC	77-0266612	Page 7						
Part VII	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization	's tax year.						
• List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), r	egardless of amount of compens	sation.						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average	(do		Pos	C) itior more	I than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson i	s both r/trus	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANN MARQUART	40.00									
EXECUTIVE DIRECTOR				Х				135,000.	٥.	٥.
(2) REBECCA PICKART	1.00									
BOARD CHAIR		Х		Х				٥.	٥.	0.
(3) ALLEAN RICHTER	1.00									
BOARD SECRETARY		Х		х				0.	0.	0.
(4) GARY MAGGARD	1.00									
BOARD TREASURER		Х		х				0.	٥.	0.
(5) KAY KIRKLAND	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(6) CLAUDE NAHUM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ERWIN ORDONEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DOROTHY POLASH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) FRAN WAGSTAFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MIKE ZUKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BERNARD COLEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
		-								
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

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2021.05070 PROJECT SENTINEL, INC

	00 (2021) PROJECT SENT	INEL, INC								77-026	5661	2	Р	age 8
Part \	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	, unle	Pos check ess pe	more rson i	1 than o is both pr/trus	an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		other		of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS) 1099-NEC)		fr org an	rom th anizat d relat anizati	e ion ed
			-											
	ubtotal								135,000.		0.			0.
	otal from continuation sheets to Part VI otal (add lines 1b and 1c)	I, Section A							135,000.		0.			0. 0.
2 To	otal number of individuals (including but nonpensation from the organization						e) wh	o re	eceived more than \$100,	000 of reportable				1
													Yes	No
	id the organization list any former officer,				•	-						•		v
ارا 4 Fo	ne 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the su	uch individual	 A co	mne	 onca		and	oth	per compensation from t			3		X
	nd related organizations greater than \$150											4		х
	id any person listed on line 1a receive or a													
	ndered to the organization? If "Yes." con	nplete Schedule	e J f	or si	uch į	oers	on .					5		X
	n B. Independent Contractors	managed inc	1000	nda			- oto		act reactived mare than f	100,000 of comp		tion fr		
	omplete this table for your five highest co e organization. Report compensation for	-	-								FISA			
	(A) Name and business				<u>.</u> g				(B) Description of s		с		C) nsatio	n
FINANC	IAL ADMINISTRATIVE SUPPORT SER	VICES,												
1631 W	1631 WILLOW STREET, SUITE 200, SAN JOSE, CA							_	ACCOUNTING SERVICE	S		123,750.		
								_						
	otal number of independent contractors (i 100,000 of compensation from the organi	•	ot lir	niteo	d to		se lis 1	ted	above) who received mo	ore than				
φ	roo,ooo or compensation nom the organi						-				_	F		0004

	t VIII									-
		Check if Schedule O	<u>conta</u>	ins a respo	onse o	r note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 3
n	1 a	Federated campaigns		1a						
	b	Membership dues		1b						
	с	Fundraising events		1c						
		Related organizations								
		Government grants (contr				3,824,303.				
ō		All other contributions, gifts,								
e		similar amounts not included				196,710.				
2	g	Noncash contributions included in			\$					
anc	h	Total. Add lines 1a-1f				►	4,021,013.			
						Business Code				
	2 a	TRAINING FEES			_ [812900	85,609.	85,609.		
Revenue	b	SETTLEMENT FUNDS				812900	26,955.	26,955.		
nue	c						•			
eve eve	d									
Ē	e									
		All other program service	reven	ue						
	g					►	112,564.			
	3	Investment income (includ					•			
		other similar amounts)	•			· .	882.			8
	4	Income from investment of								
	5	Royalties			•	· · · ·				
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		5	6c							
		Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	.,						
	b	Less: cost or other basis								
		and sales expenses	7b							
	c	Gain or (loss)	70							
		Net gain or (loss)								
		Gross income from fundraisi				F				
	• •	including \$								
		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin								
		Part IV, line 19	-							
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, I				F				
		and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from								
\dagger	<u> </u>		54105		· j	Business Code				
	11 a	MISCELLANEOUS REVEN	UE		-	900099	12,338.			12,3
Hevenue	b				—					,•
Nel	c b				—					
ц Ц		All other revenue			—					
		Total. Add lines 11a-11d					12,338.			
1							4,146,797.	112,564.	0.	13,2
	12	Total revenue. See instruction	, פווע			🔽	-,,///.	1 112,504.	J. J.	L 13,22

Form 990 (2021) PROJECT SENTINEL, IN
Part IX Statement of Functional Expenses PROJECT SENTINEL, INC

77-0266612 Page 10

Check if Schedule O contains a respons			(C)	(D)
o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations	10.010	10.010		
and domestic governments. See Part IV, line 21	12,212.	12,212.		
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,	150.055	01 005		
trustees, and key employees	150,975.	91,207.	59,768.	
Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)	0.000.005	0.404.056	406.040	
Other salaries and wages	2,636,025.	2,491,856.	136,943.	7,226
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits	200,006.	193,731.	6,047.	228
Payroll taxes	213,225.	198,674.	13,995.	556
Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	175,800.		175,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	85,896.	69,073.	16,823.	
Advertising and promotion				
Office expenses	179,900.	162,150.	17,675.	75
Information technology	16,277.	14,481.	1,796.	
Royalties				
Occupancy	82,807.	77,063.	5,744.	
' Travel	23,333.	22,078.	1,095.	160
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	5,566.	5,541.	25.	
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	14,604.	13,622.	982.	
Insurance	21,380.	14,421.	6,959.	
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.)				
a OUTREACH	40,133.	40,008.	125.	
b TESTERS	3,677.	3,677.		
c MISCELLANEOUS EXPENSE	1,889.	493.	1,396.	
d				
e All other expenses				
Total functional expenses . Add lines 1 through 24e	3,863,705.	3,410,287.	445,173.	8,24
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				

2021.05070 PROJECT SENTINEL, INC

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423,167. 265,126. 1 1 Cash - non-interest-bearing 321,049. 337,815. 2 2 Savings and temporary cash investments 1,166,801. 1,717,750. 3 Pledges and grants receivable, net 3 7,307. 3,216. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 27,094. 9 Prepaid expenses and deferred charges 11,756. 9 **10a** Land, buildings, and equipment: cost or other 214,572, basis. Complete Part VI of Schedule D _____ 10a 110,706. 112,769. 103,866. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Ο. Other assets. See Part IV, line 11 15 15 2,042,849. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 202,444. Accounts payable and accrued expenses 17 17 18 18 Grants payable 36,945. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 30,825. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 270,214. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗵 and complete lines 27, 28, 32, and 33. 1,536,916. 27 Net assets without donor restrictions 27 235,719. 28 28

Part X Balance Sheet

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

PROJECT SENTINEL INC

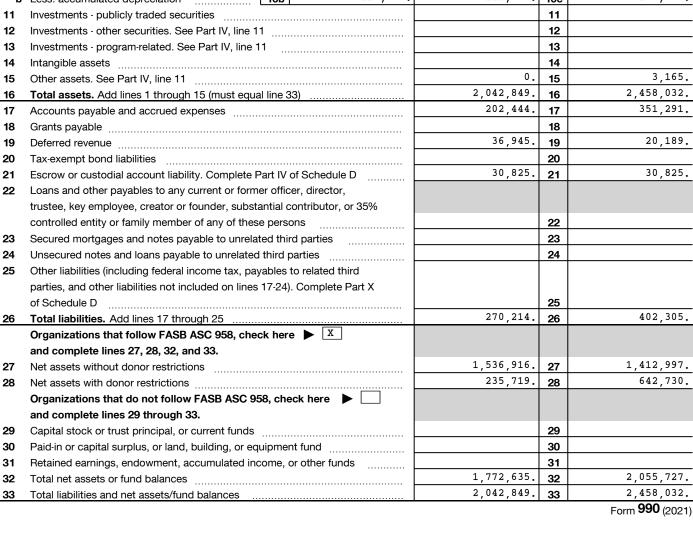
Check if Schedule O contains a response or note to any line in this Part X

77-0266612

(A) Beginning of year

Page **11**

(B) End of year



Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 7 (A), line 25) 3 283,092. 4 4,146,797. 2 7,863,705. 3 283,092. 4 4,172,635. 5 9 6 7 5 9 6 7 7 6 8 9 9 0. 10 2,055,727. 8 9 9 0. 10 2,055,727. 11 4,046,797. 11 4,172,635. 12 10 13 22,055,727. 8 9 9 0. 10 2,055,727. 10 2,055,727. 11 4,02,055,727. 12 4 14 Accounting method used to prepare the Form 990: Cash X Accrual Other	Form	1990 (2021) PROJECT SENTINEL, INC	77-0266612		Pad	_{ge} 12
1 Total revenue (must equal Part IVIII, column (A), line 12) 1 4, 146, 797, 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 863, 705, 3 Revenue less expenses. Subtract line 2 from line 1 3 283, 092, 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 772, 635, 5 Net unrealized gains (losses) on investments 5 5 6 7 7 8 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)) 2, 055, 727. Part XII Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				<i>.</i>
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 863,705. 3 Revenue less expenses. Subtract line 2 from line 1 3 283,092. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 772,635. 5 5 5 5 6 6 7 7 8 6 7 8 9 0. 9 0. 10 2, 055, 727. 7 7 7 9 0. 10 2, 055, 727. 7 11 Accounting method used to prepare the Form 990: Cash X A corual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 7 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X 2a X 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 863, 705. 3 Revenue less expenses. Subtract line 2 from line 1 3 283, 092. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 772, 635. 5 Investment expenses 5 6 7 7 7 8 9 0. 9 0. 9 0. 10 2, 055, 727. 7 Part Parior period adjustments 8 9 9 0. 10 2, 055, 727. Part XIII Financial Statements and Reporting 7 7 Check if Schedule O contains a response or note to any line in this Part XII 7 7 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 O. 2a X 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 o						
3 Revenue less expenses. Subtract line 2 from line 1 3 283,092. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,772,635. 5 Net unrealized gains (losses) on investments 5 5 6 7 5 7 8 9 0. 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Accounting (B) Yes No 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes	1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,3	146,	797.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1 , 772, 635. 5 Net unrealized gains (losses) on investments 6 7 8 6 6 7 8 6 7 8 7 8 6 7 8 6 7 8	2	Total expenses (must equal Part IX, column (A), line 25)	2	3,8	863,	705.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,772,635. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 1 6 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)) 2, 055, 727. Part XII Financial Statements and Reporting 10 2, 055, 727. Part XII Financial Statements and Reporting 10 2, 055, 727. Part XII Financial Statements and Reporting 10 2, 055, 727. Part XII Financial Statements or note to any line in this Part XII 10 2, 055, 727. Part XII Financial Statements compiled or reviewed by an independent accountar? 10 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. 2b X 1 Berarate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1	3		283,	092.
6 Donated services and use of facilities 6 7 1 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 2,055,727. Part XII Financial Statements and Reporting 10 2,055,727. Part XII Financial Statements and Peorting 10 2,055,727. Part XII Financial Statements and Peorting 10 2,055,727. Part XII 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.	4		4	1,	772,	635.
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 2,055,727. Part XII Financial Statements and Reporting 10 2,055,727. Part XII Financial Statements and Reporting 10 2,055,727. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a X 1 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 1 17 If "Yes," check a box below to indicate whether th	5	Net unrealized gains (losses) on investments	5			
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 2,055,727. Part XII Financial Statements and Reporting 10 2,055,727. Part XII Financial Statements and Reporting 10 2,055,727. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 2a X 1 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b X 1 17 If "Yes," check a box below to indicate whether th	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a 2a 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 Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: X 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? If the organization c	7		7			
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X		review, or compilation of its financial statements and selection of an independent accountant?	····· L	2c	Х	
Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
	3a		le Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			L	3a	х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

Name								Employer	er identification number		
Par	•		T SENTINEL, INC			ia mant) O			77-0266612		
		Reason for Public (see instructions	5.			
The o 1 [2 [3 [4 [rgan	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Forn anization described in s e	l in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	ii).	(iii). Enter	the hospital's name,		
5 [An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in		
• -		section 170(b)(1)(A)(iv). (0									
6 [A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 [Х										
-		section 170(b)(1)(A)(vi). (C									
8 L	4	A community trust describe			-						
9		An agricultural research org									
		or university or a non-land-c university:	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	ne college	eor		
10 [An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Col	npt functions, subjecters taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment		
11 [An organization organized a		vely to test for public sa	fety. See	section 50	09(a)(4).				
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section &	509(a)(2).	See section 5	09(a)(3). (Check the box on		
	_	lines 12a through 12d that	• •					-			
а		Type I. A supporting orga	-	-	• • • •	-					
		the supported organization			majority o	f the direc	ctors or trustee	s of the si	upporting		
b		organization. You must c Type II. A supporting org	-		tion with its	e supporte	d organization	(c) by bay	ling		
5	L	control or management o									
		organization(s). You mus									
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	y integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its support	ed organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness		
		requirement (see instruct	,	• •	,						
е		Check this box if the orga					Type I, Type II	, Type III			
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[]		
		er the number of supported or vide the following informatior	•	d organization(c)							
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)		
Total											
							1		1		

PROJECT SENTINEL, INC

77-0266612 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.)

Cale	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						
	membership fees received. (Do not						
	include any "unusual grants.")	2,358,819.	2,572,454.	2,500,554.	3,350,808.	4,021,013.	14,803,648.
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,358,819.	2,572,454.	2,500,554.	3,350,808.	4,021,013.	14,803,648.
	The portion of total contributions	_,,	_,_,_,	_,	-,,	-,,	,,
5	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)						1 077
•	······································						1,077. 14,802,571.
	Public support. Subtract line 5 from line 4.						14,802,571.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,358,819.	2,572,454.	2,500,554.	3,350,808.	4,021,013.	14,803,648.
8		_,,	_,,	_,	-,,	-,,	,,
0	dividends, payments received on						
	-						
	securities loans, rents, royalties,	4,779.	7,994.	7,579.	2,547.	882.	23,781.
•	and income from similar sources Net income from unrelated business	=,,,,,,	7,554.	1,515.	2,517.	002.	23,701.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	14 040	01.2		4 007	10 000	21 210
	assets (Explain in Part VI.)	14,040.	813.		4,027.	12,338.	31,218.
11	Total support. Add lines 7 through 10						14,858,647.
	• • • • • • • • • • • • • • • • • • •						
12	Gross receipts from related activities, e	-					1,059,146.
12	First 5 years. If the Form 990 is for the	e organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	D1(c)(3)	
12 13	First 5 years. If the Form 990 is for the organization, check this box and stop	e organization's firs here	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	D1(c)(3)	
12 13 Sec	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public	e organization's firs here Support Perc	st, second, third, fo centage	ourth, or fifth tax ye	ear as a section 5	D1(c)(3)	
12 13 Sec 14	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lir	e organization's firs here Support Perc he 6, column (f), div	st, second, third, fo centage /ided by line 11, co	ourth, or fifth tax ye	ear as a section 5	D1(c)(3)	99.62 %
12 13 <u>Sec</u> 14 15	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020	e organization's firs here Support Perc he 6, column (f), div Schedule A, Part II	st, second, third, fo centage /ided by line 11, cc , line 14	ourth, or fifth tax ye	ear as a section 5	14 15	99.62 % 99.66 %
12 13 <u>Sec</u> 14 15	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 s 33 1/3% support test - 2021. If the out	e organization's firs here Support Perc he 6, column (f), div Schedule A, Part II rganization did not	st, second, third, fo centage vided by line 11, co , line 14 check the box on	ourth, or fifth tax ye olumn (f)) line 13, and line 14	ear as a section 5	14 15 0re, check this box	99.62 % 99.66 %
12 13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 5 33 1/3% support test - 2021. If the or stop here. The organization qualifies a	e organization's first here Support Perc he 6, column (f), div Schedule A, Part II rganization did not is a publicly suppo	st, second, third, fo centage vided by line 11, co , line 14 check the box on rted organization	ourth, or fifth tax ye	ear as a section 5	14 15 0re, check this boy	99.62 % 99.66 % and
12 13 Sec 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 0 33 1/3% support test - 2020. If the or	e organization's first here Support Perc the 6, column (f), div Schedule A, Part II ganization did not is a publicly suppo ganization did not	t, second, third, for centage vided by line 11, co , line 14 check the box on rted organization check a box on lin	ourth, or fifth tax ye olumn (f)) line 13, and line 14	ear as a section 5 4 is 33 1/3% or m ne 15 is 33 1/3%	14 15 ore, check this box or more, check this	99.62 % 99.66 % and s box
12 13 <u>Sec</u> 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 33 1/3% support test - 2020. If the or and stop here. The organization qualif	e organization's first here Support Perconne 6, column (f), div Schedule A, Part II rganization did not is a publicly suppor rganization did not ies as a publicly su	t, second, third, for centage vided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizat	burth, or fifth tax ye blumn (f)) line 13, and line 14 ne 13 or 16a, and li ion	ear as a section 5 4 is 33 1/3% or m ne 15 is 33 1/3%	14 15 ore, check this boy or more, check thi	99.62 % 99.66 % and s box
12 13 <u>Sec</u> 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 s 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 33 1/3% support test - 2020. If the or and stop here. The organization qualifies 10% -facts-and-circumstances test	e organization's first here Support Perc e 6, column (f), div Schedule A, Part II rganization did not is a publicly suppor ganization did not ies as a publicly su 2021. If the orga	st, second, third, fo centage vided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizat unization did not ch	burth, or fifth tax ye blumn (f)) line 13, and line 14 lie 13 or 16a, and li lion lieck a box on line	ear as a section 5 4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a	01(c)(3) 14 15 ore, check this box or more, check thi nd line 14 is 10% of	99.62 % 99.66 % and ► X s box or more,
12 13 <u>Sec</u> 14 15 16a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 3 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 33 1/3% support test - 2020. If the or and stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the facts	e organization's first here Support Perc e 6, column (f), div Schedule A, Part II rganization did not as a publicly suppor ganization did not ies as a publicly sup 2021. If the orga- and-circumstance	st, second, third, for centage vided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizat unization did not ch s test, check this b	burth, or fifth tax ye blumn (f)) line 13, and line 14 lie 13 or 16a, and li lion lieck a box on line box and stop here	ear as a section 5 4 is 33 1/3% or m ine 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part	01(c)(3) 14 15 ore, check this box or more, check this nd line 14 is 10% of VI how the organiz	99.62 % 99.66 % and s box or more, ation
12 13 14 15 16a 17a	First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public Public support percentage for 2021 (lin Public support percentage from 2020 a 33 1/3% support test - 2021. If the or stop here. The organization qualifies a 33 1/3% support test - 2020. If the or and stop here. The organization qualifies and if the organization meets the facts meets the facts and circumstances test	e organization's first here Support Percent e 6, column (f), div Schedule A, Part II rganization did not is a publicly suppor ganization did not ies as a publicly support for a support ganization did not ies as a publicly support ies as a publicly support ganization did not ies as a publicly support for a support ganization did not ies as a publicly support ganization did not ganization di	t, second, third, for centage vided by line 11, co , line 14 check the box on rted organization check a box on lin upported organizat unization did not ch s test, check this b o qualifies as a pub	burth, or fifth tax ye blumn (f)) line 13, and line 14 lie 13 or 16a, and li lion lieck a box on line box and stop here licly supported org	ear as a section 5 4 is 33 1/3% or m ne 15 is 33 1/3% 13, 16a, or 16b, a e. Explain in Part ganization	01(c)(3) 14 15 ore, check this box or more, check this nd line 14 is 10% of VI how the organiz	99.62 % 99.66 % and s box or more, ation ►
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	furnished by a governmental unit to the organization without charge						
6	• • ···						
	Total. Add lines 1 through 5						
10	3 received from disgualified persons						
Ł	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.)						
	ction B. Total Support				1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
Ser	check this box and stop here	c Support Per	rcentage			<u></u>	
	Public support percentage for 2021 (li			colump (f))		15	%
	Public support percentage from 2020		•			16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					· · · · ·	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	
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10

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

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Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PROJECT	SENTINEL,	INC

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Yes

1

2

No

 Part IV
 Supporting Organizations (continued)

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 a
 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 11a
 11a

 b
 A family member of a person described on line 11a above?
 If "Yes" to line 11a, 11b, or 11c, provide
 11b

 c
 A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide
 11c
 11c

 Section B. Type I Supporting Organizations
 11c
 11c
 11c
 11c

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised.	or controlled the su	pporting or	ganization.
Section C. Ty	/pe II Supportin	g Organi	zations

 Yes
 No

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

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

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

Sche	dule A (Form 990) 2021 PROJECT SENTINEL, INC			77-0266612 Pag	ge 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations		4
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructior	ıs.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	Illy integrate	ed Type III supporting orga	inization (see	

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021
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Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	5
Secti	on D - Distributions		· · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
		(i)	(ii)	(iii) Distributshis
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	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			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, 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. Breakdown of line 7:			
8				
	Excess from 2017 Excess from 2018			
	Excess from 2018 Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Part V Supplemental Information. Provide the explanations regulated by Part II, line 17, Part IV, Bart II, Bert J, Bart J, Sub, off A, So Es, B, Ba, Bb, Bo, Ya, Tia, Hib, and H. Part V, Shetton B, lines 1 and 2; Part IV. Section B, lines 1 and 3; Part IV. Section B, lines 1 and 2; Part IV. Section B, Borton B, lines 1 and 2; Part IV. Section B, lines 1 and 2; Part	Pa	77-0266612		, INC	SENTINEL,	PROJECT	(Form 990) 2021	Schedule A
	2; ction C,	s 1 and 2; Part IV, Secti t V, Section B, line 1e;	1a, 11b, and 11c; Part IV, Section B, lines 1 5 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	, 9a, 9b, 9 ection E,	b, 4c, 5a, 6, ; Part IV, Se	s 1, 2, 3b, 3c, 4 D, lines 2 and 3	Supplemental In Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6,	Part VI
132028 01-04-22 Schedule A (Form 9 21	rm 990)	Schedule A (Forr	21				22	132028 01-04-2

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202

Employer identification number

77-0266612

Internal Revenue Service	
Name of the organization	

Organization type (check one):

Schedule B

Department of the Treasury

(Form 990)

In

PROJECT	SENTINEL,	INC

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
PROJECT	SENTINEL, INC		77-0266612
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$110,0	DOO. Person X Payroll Description Noncash Description (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$119,0	D00. Person X Payroll Description Noncash Description (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$135,4	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$104,6	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$177,6	504. Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

edule B (Form 990) (2021)

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	rganization		ployer identification number
JECT	SENTINEL, INC		77-0266612
nrt I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$80,803	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$182,175	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
9		\$469,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$173,708	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$578,278	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$777,036	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule E	3 (Form 990) (2021)		Page 2
Name of or	rganization	En	nployer identification number
PROJECT	SENTINEL, INC		77-0266612
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$144,444	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$150,745	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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1 2 D

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
PROJECT	SENTINEL, INC		77-0266612
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
123453 11-11	I-21		Schedule B (Form 990) (2021

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Schedule E	3 (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
PROJECT	SENTINEL, INC		77-0266612
Part III		through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar		Relationship of transferor to transferee
(-) N -			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gift	I
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

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SCHEDULE D	Supplementa
(Form 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10,

al Financial Statements

anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.



				-
Name	OT 1	tne	orga	nıza

Department of the Treasury Internal Revenue Service			Attach to Form 990 90 for instructions		he latest information.			Open to Inspection	
	e of the organization					Emp	oloyer ide	ntification	number
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Oth	or Si	milar Funds or Ac				
ı a		n answered "Yes" on Form 990, Part IV, lin				cour	113. Con	ipiete il tri	3
	organization		(a) Donor a	duiaad	d fundo	h) Euro	ds and oth		**
				uvised		b) Fui	us anu ou	ler accour	115
1		nd of year							
2		f contributions to (during year)							
3	Aggregate value of	f grants from (during year)							
4	Aggregate value at	t end of year							
5	Did the organizatio	on inform all donors and donor advisors in	writing that the asse	ets hel	d in donor advised func	ls			
	are the organizatio	on's property, subject to the organization's	exclusive legal cont	rol?				Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing the	at gra	nt funds can be used o	nly			
		oses and not for the benefit of the donor o							
	impermissible priva				• •	U U		Yes	No
Pa		ation Easements. Complete if the org	anization answered	d "Yes	on Form 990. Part IV.	line 7.			
1		servation easements held by the organization			,				
•		of land for public use (for example, recrea		/Piy).	Preservation of a histo	rically	important	land area	
		f natural habitat			Preservation of a certi	-			
					Freservation of a certi	neu m	Stone Struc	lure	
•		n of open space			the second second second				
2		through 2d if the organization held a qualif	ied conservation co	ntribu	ition in the form of a cor	nserva I			
	day of the tax year						Held at the	e End of the	ax rear
а						<u>2a</u>			
b	-					2b			
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a	a)		2c			
d	Number of conserv	vation easements included in (c) acquired a	fter 7/25/06, and no	ot on a	a historic structure				
	listed in the Nation	nal Register				2d			
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished	l, or te	erminated by the organiz	zation	during the	tax	
	year 🕨								
4	Number of states v	where property subject to conservation eas	ement is located	•					
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, ins	specti	on, handling of				
	violations, and enfo	orcement of the conservation easements it	holds?	-	-			Yes	No
6		r hours devoted to monitoring, inspecting,						- ina the ve	ar
			0	,	Ū			0,	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	ling of violations an	nd enf	orcing conservation eas	semen	ts durina tl	ne vear	
•	► \$		in g er neranene, ar		erenig eeneer aanon ea			, o you	
8		vation easement reported on line 2(d) abov	e satisfy the require	mente	s of section $170(h)(4)(R)$	'i)			
Ŭ								Yes	No
9	In Dort VIII. dooorik)(4)(B)(ii)? be how the organization reports conservation	n accomonto in ito		up and expanse statem	 ont on	∟	163	
9									
		d include, if applicable, the text of the footr	ote to the organizat	LIONS	mancial statements tha	u ueso	indes the		
Par		ounting for conservation easements. ations Maintaining Collections of	Art Historical	Tro	Seurae or Athor C	imila	r Accoto	•	
Fdl						iiiid	ASSels	•	
		f the organization answered "Yes" on Form							
1 a	U U	elected, as permitted under FASB ASC 95	•					i	
	of art, historical tre	easures, or other similar assets held for put	lic exhibition, educa	ation,	or research in furtheran	ce of p	oublic		
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that	t desc	ribes these items.				
h.		alastad as parmitted under FACD ACC OF	0 to use out in its use		statement and halance				

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990. Part VIII, line 1	► \$	

	(<i>y</i>)	· .	Ŧ
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 PROJECT SEN							0266612		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	Similar Ass	ets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	any of the f	following that	make sign	ificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	c	1 L	Loan or exc	hange progra	ım				
b	Scholarly research	e	•	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how th	ney further th	ne organizatio	n's exemp	t purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "	Yes" on Fo	orm 990, Part	IV, line 9, o	-	
	reported an amount on Form 990, Pa			-						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other ass	ets not inc	luded			
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
								Amour	nt	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe						?	X Yes		No
b	If "Yes," explain the arrangement in Part XIII.								X	
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three years b	ack (e) Fou	r 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	ent year end balanc	e (line 1	g, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the o	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment 1	funds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990,	, Part X, lin	e 10.			
	Description of property	(a) Cost or c		(b) Cost	or other	• •	umulated	(d) Boo	ok valu	е
		basis (investr	ment)	basis	(other)	depre	eciation			
1a	Land									
b	Buildings									
с	Leasehold improvements				127,695.		43,326.		84,	369.
d	Equipment				86,877.		67,380.		19,	497.
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0c.)		►		103,	866.
							Scheo	dule D (Fori	n 990)	2021

	complete if the organization answered "Yes" of	on Form 990, Part IV, line		
	1 of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial d	lerivatives			
2) Closely he	ld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	nust equal Form 990, Part X, col. (B) line 12.)			
	complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nu-oi-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9) t al. (Col. (b) r	nust equal Form 990, Part X, col. (B) line 13.) ►			
(9) tal. (Col. (b) r Part IX C	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C	Other Assets. complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1) (2)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1) (2) (3)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C (C (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a)	Description		(b) Book value
(9) tal. (Col. (b) r Part IX C C C (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X C	Other Assets. complete if the organization answered "Yes" of (a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
(9) tal. (Col. (b) r part IX C C C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X C	Other Assets. complete if the organization answered "Yes" of (a) if (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (b) must equal Form 990, Part X, col. (B) line	Description		5.
(9) tal. (Col. (b) r cart IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column Cart X C C	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		
(9) tal. (Col. (b) r cart IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X C (1) Federa	Other Assets. complete if the organization answered "Yes" of (a) if (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (b) must equal Form 990, Part X, col. (B) line	Description		5.
(9) tal. (Col. (b) r yart IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column art X C C (1) Federa (2)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C C (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Part X C C (1) Federa (2) (3)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Part X C C (1) Federa (2) (3) (4)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X C C (1) Federa (2) (3) (4) (3) (4) (5)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C C (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X C C (1) Federa (2) (3) (4) (5) (6) (1) Federa (2) (3) (4) (5) (6) (6)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X C (1) Federa (2) (3) (4) (5) (6) (7) (6) (7)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.
(9) tal. (Col. (b) r Part IX C C (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column Part X C C (1) Federa (2) (3) (4) (5) (6) (6) (6)	Other Assets. complete if the organization answered "Yes" of (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. complete if the organization answered "Yes" of (a) Description of liability	Description		5.

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

Schedule D (Form 990) 2021

X

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Sche	edule D (Form 990) 2021 PROJECT SENTINEL, INC			77-0266612	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,856,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	709,899.		
с	Recoveries of prior year grants				
d					
е				2e	709,899.
3	Subtract line 2e from line 1			3	4,146,797.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,146,797.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	4,573,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	709,899.		
b	Prior year adjustments	2b			
с	Other losses				
d					
е	Add lines 2a through 2d			2e	709,899.
3	Subtract line 2e from line 1			3	3,863,705.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>	<u></u>	5	3,863,705.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION SERVES AS A FISCAL AGENT FOR THE FAIR HOUSING RETROFIT

FUND. THIS FUND PROVIDES GRANTS TO DISABLED LOW INCOME RENTERS AND OWNERS

IN ORDER TO RETROFIT THEIR RESIDENCES FOR QUALIFYING DISABILITIES. THE

PARAMETERS GOVERNING THE AWARDING OF THE GRANTS WERE SET BY AND ARE

OVERSEEN BY THE SANTA CLARA COUNTY FAIR HOUSING TASK FORCE. PROJECT

SENTINEL, INC. HOLDS THESE FUNDS IN A CUSTODIAL CAPACITY.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED

that as of june 30, 2022, the organization does not have any significant

UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

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art XIII Supplemental	Information (continued)		
			Schedule D (Form 990) 20
55 10-28-21			

SCHEDULE (Form 990)	EI	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of t				Attach to For	m 990.			Open to Public			
Internal Revenue	e Service		Go to www.ir	s.gov/Form990 fo	r the latest inforn	nation.		Inspection			
Name of the	organization PROJECT SENTI	NEL, INC						Employer identification number 77-0266612			
Part I	General Information on Grants a	Ind Assistance									
criteri	the organization maintain records a used to award the grants or assis	stance?									
	ibe in Part IV the organization's pro Grants and Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any			
1 arc n	recipient that received more than										
1 (a) Na	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
991 W. HE	ALLIANCE DDING STREET #202 CA 95126	94-2439581	501(C)(3)	12,212.	0.			FAIR HOUSING OUTREACH AND LEGAL REPRESENTATION			
2 Entor	total number of section 501(c)(3) a	I Ind government or	 nanizations listed in the	l line 1 table				▶ 1.			
	total number of section 501(c)(3) a							<u> </u>			
	total number of other organization										

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

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Schedule I (Form 990) 2021 PROJECT SENTINEL, INC

Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

Part III

FOR ASIAN LAW ALLIANCE, PROJECT SENTINEL COLLECTS QUARTERLY REPORTS ON THE

GRANT-FUNDED ACTIVITIES AND ASIAN LAW ALLIANCE RETAINS DOCUMENTATION OF

CLIENT ELIGIBILITY.

77-0266612

Page 2

CHEDULE L Transactions With Interested Persons							OMB No. 1545-0047					
(Form 990)	90) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.								2	N2	1	
Department of the Treasury tternal Revenue Service	► Go to v	► Atta	ich to F	Form 9	990 or Form 990-E2 nstructions and the	Ζ.			-	pen To spect		lic
Name of the organization							Em	ployer	ident	ificati	on nui	nber
	PROJECT SENTIN	1						7-026				
						ction 501(c)(29) orgar o, or Form 990-EZ, Pa						
1	(b) F	Relationship betv			ified				<u>р.</u>	(d)	Correc	cted?
(a) Name of disqualifie	ed person	person and or	rganizat	tion	(4	c) Description of trans	sactio	n	Ye		es	No
										_		
										_	_	
										_	_	
2 Enter the amount of t	ax incurred by the o	rganization man	agers c	or disa	ualified persons dur	ing the year under						
	-	-	-		-			▶ \$				
3 Enter the amount of t								▶ \$				
	and/or From Inte											
-	-				, Part V, line 38a or F	Form 990, Part IV, line	e 26; o	or if th	e orga	nizatic	n	
reported an a	amount on Form 990 (b) Relationship	, Part X, line 5, 6 (c) Purpose	5, Or 22 (d) Loa		(e) Original	(f) Balance due	(a)) In	(h) Ap	proved	(i) W	ritten
interested person	with organization	of loan	from organiz		principal amount	(I) Balance due	defa		by bo	ard or	(1) **	ment?
				From			Yes	No	Yes	1	Yes	No
												L
												—
												┣──
			┥ ┥									

▶ \$ Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021

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Schedule L	(Form 990) 202
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SARA COTTRELL	DAUGHTER OF EXECUTI	68,091.	SALARY		х

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARA COTTRELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF EXECUTIVE DIRECTOR ANN MARQUART

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O	Su
(Form 990)	•

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.



Employer identification number 77-0266612

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASE FROM THE PRIOR FISCAL YEAR WHICH HAD BEEN HEAVILY IMPACTED BY

PROJECT SENTINEL, INC

COVID-19 RESTRICTIONS. THE ORGANIZATION ALSO DISTRIBUTED 7,913

BROCHURES, HAD MORE THAN 85,459 HITS ON THE WEBSITE, AND MADE 77 POSTS

ON SOCIAL MEDIA ABOUT FAIR HOUSING MATTERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MORTGAGE DEFAULT AND DELINQUENCY COUNSELING AND INTERVENTION AND

REVERSE MORTGAGE COUNSELING WITH 689 HOUSEHOLDS.

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

EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COMPLETE COPY OF THE 990

TO REVIEW BEFORE FILING.

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

ANY ACTION THAT POSES A POTENTIAL CONFLICT OF INTEREST IS BROUGHT BEFORE

THE BOARD FOR REVIEW. THE BOARD ALSO REVIEWS AND RENDERS DECISIONS ON

OTHER AGENCY POLICIES SUCH AS PROCUREMENT, BANKING AND AFFIRMATIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS APPOINTED A PERSONNEL COMMITTEE COMPRISED OF BOARD MEMBERS

WHO REVIEW THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION ON AN

ANNUAL BASIS AND MAKE RECOMMENDATIONS FOR ACTION BY THE BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS HOLDS THE AUTHORITY TO HIRE AND FIRE THE EXECUTIVE

DIRECTOR AND MAKES RECOMMENDATIONS ON AN ON-GOING BASIS FOR HOW THE AGENCY

SHOULD OPERATE.

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

38 1 0507 Name of the organization

PROJECT SENTINEL, INC

Page 2 Employer identification number 77-0266612

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

THE GOVERNING BOARD PROVIDES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS TO ANYONE REQUESTING THEM. FURTHERMORE, THE

CALIFORNIA ATTORNEY GENERAL MAINTAINS A PUBLICLY VIEWABLE WEBSITE WITH

SCANNED COPIES OF THE ORGANIZATION'S 990 INFORMATION RETURNS.

Schedule O (Form 990) 2021

132212 11-11-21