Form	990-EZ
Form	

Department of the Treasury

Short Form 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.

2023 Open to Public

OMB No. 1545-0047

Inspection

A For the 2023 calendary year, or tax year beginning B/21/2023 , and ending 12/21/2023 B Onch 4 reginates change Project CASK. Inc. Project CASK. Inc. Project CASK. Inc. Main entrum 280 Riverside Drive 155ML 155ML 155ML Proi textmemented Case of the 2023 calendary regination number 10025 10025 10029 399-3999-9999 Amended text regination is more the first of the analysis of the device of server tadeous in the first text regination is more regination regination is more reginating more regination is more regination is more regination			of the Treasury enue Service	Go to www.irs.go	v/Form990EZ fo	r instructions and	d the latest	information.		Inspection	
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Number and dates Multiple	в								D Employer	identification number	
Image return 280 Riverside Drive 15M E Teenchore number Phast enturneentee 15M E Teenchore number (99) 993-9999 Anneud enturnee Foreign province/state/county Foreign postal code Foreign postal code G Accounting Method: Cash X Accrual Other (specify) Prescheme number I WebSite: www.projectcask.org Prescheme number Prescheme number X Trax-served task (coked on (on) - X] \$10(c)(3) 00(c)(1) (ment no.) Prescheme number X Trax-served task (coked on (on) - X] \$10(c)(3) 00(c)(1) (ment no.) Prescheme number X Trax-served task (coked on (on) - X] \$10(c)(3) 00(c)(1) (ment no.) Prescheme number Second number number X Teasenverse task (coke on (on on) - X] \$10(c)(3) 00(c)(1) (ment no.) Prescheme number Second number Y Teasenverse task (coke on (on on) - X] \$10(c)(3) 00(c)(1) (ment no.) Second number Second number Y Teasenverse task (coke on (on on) Rein (Foreign 20) Foreign 20) Second number Second number Second number Y Teasenverse task (coke	Х	Addres	s change	Project CASK, Inc.							
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bLess: cost of goods sold			line 6c)						6d	0	
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Form	990-EZ (2023) Project CASK, Inc.				92-374	2286	Page 2
Pai	t II Balance Sheets (see the instructions for						
	Check if the organization used Schedule O to	respond to a	any question in th				<u>X</u>
~~	Or the section of the sector sector			A)) Beginning of year	00	(B) End of year
22 23	Cash, savings, and investments					22 23	57,177
23 24	Other assets (describe in Schedule O).					23	23,635
25	Total assets				0		80.812
26	Total liabilities (describe in Schedule O).					26	00,012
27	Net assets or fund balances (line 27 of column (0	-	80,812
Pa	art III Statement of Program Service Accomplia						
	Check if the organization used Schedule O	to respond	to any question i	n this Part III ..	🛛 🗙		Expenses
Wha	at is the organization's primary exempt purpose?	See Sched	lule O				quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplish					orga	inizations; optional
	neasured by expenses. In a clear and concise mann			ovided, the number	of		thers.)
	sons benefited, and other relevant information for ea						1
28	In 2023, the organization laid the groundwork to lau future tax year by organizing the first scientific mee						
	disorders.		ar gene				
		nt includes f	oreign grants, cł	eck here		28a	
29	<u> </u>				· · · ·	208	
25							
	(Grants \$) If this amount	nt includes f	oreign grants, cl	neck here	🔲	29a	
30	<u>.</u>		•				
			•				
	(Grants \$) If this amount	nt includes f	oreign grants, cl	neck here	🗌	30a	
31	Other program services (describe in Schedule O) .				· · · · ·		
	· · ·			neck here		31a	
	Total program service expenses. (add lines 28a t					32	0
Pa	art IV List of Officers, Directors, Trustees, and						
	Check if the organization used Schedule O	to respond t	o any question ii	n this Part IV			
				(c) Reportable compensation	(d) Health benefi	ts.	
	(a) Name and title) Average Irs per week	(Forms W-2/1099-MISC	contributions to		(e) Estimated amount of
		devot	ted to position	1099-NEC)	employee benefit pl and deferred compen		other compensation
Kay	in Kaaraa			(if not paid, enter -0-)			
	in Kearse sident		2.00	(0	0
-	ven Cahall	Hr/WK	2.00			0	0
	asurer	 Hr/WK	1.00	(0	0
	nee Roquet		1.00			0	0
	retary	Hr/WK	5.00	()	0	0
			0.00				
	. (7)	Hr/WK					
		Hr/WK					
		Hr/WK					
	X						
		Hr/WK					
		Hr/WK					
		Hr/WK					
		Hr/WK					
		Hr/WK					

Form 9		92-37422	86	Page 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	າ this Pa		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		v
34	detailed description of each activity in Schedule O	33		X
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	. 35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	. 35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	350		
	during the year? If "Yes," complete applicable parts of Schedule N.	. 36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	. 37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
зэ а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40.5		~
-	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	_		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		х
41	List the states with which a copy of this return is filed: NY			
42a	The organization's books are in care of: Jennifer Luce Telephone no.	646-46	65-226	2
		0025		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	·!	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
U	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	······································		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	. 44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	4.41-		v
с	completed instead of Form 990-EZ	44b 44c		X X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	+-		~
~	explanation in Schedule O.	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	451		v
	Form 990-EZ. See instructions.	45b		Х

Form 990-EZ (2023)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition 46 1 Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization seque Schedule C to respond to any question in this Part VI Yes I 47 Did the organization engage in 105byling activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C. Part II. Yes I 48 Is the organization activities on have a section 501(h) election in effect during the tax year? If "Yes," was the related organization 527 organization? Yes I 49 Complete this table for the organization is the infect during the section structers, and key emptywes jwho each received more than \$100,000 or compensation from the organization? Yes I 40 Complete this table for the organization is the fullest compensation from the organization? Yes In the organization was the organization is the fullest compensation from the organization? Yes In the organization was the organization is the fullest compensation from the organization? Yes In the organization was the organization is the fullest compensation from the organization? Yes In the organization was the organization is the fullest compensation for the organization is the full	Form 990-EZ	Z (2023)	Project CASK, I	nc.					92-37422	86	Page 4
Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization smust answer questions 47–49b and 52, and complete the tables for lines 50 and 51. 47 Did the organization exceld Schedule O to respond to any question in this Part VI Yes I 48 Image: Schedule C. Part II Image: Schedule C. Part II 49 Did the organization sched section 517 (0)(1)(A)(9) II 'Yes, 'complete Schedule E Image: Schedule C. Part II 50 Complete this table for the organization S five highest compensated mpicyces (other than officers, dreapons)mustes, and kay employees (who each received more than \$100,000 of compensation from the organization if the first schedule E Image: Schedule C. Part II 10 Mare and tise of each engineer Image: Schedule C. Part II Image: Schedule C. Part III 20 Complete this table for the organization if the highest compensation from the organization if the highest compensation from the organization if the highest compensation from the organization and the schedule the part III or III in unther of other employee in the work 000 Image: Schedule C. Part III Schedul		•		• •					46	Yes	No X
Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule E		Section 5 All section	01(c)(3) Organiza 501(c)(3) organiz	tions Only						s	
47 Did the organization engage in lobbying activaties or have a section 50 (1ft) election in effect during the tax year? (1'res, "complete Schedule E 47 48 is the organization a school as described in section 170(b)(1)(A)(ii)? II "Yes," complete Schedule E 48 47 49 Dif the organization a school as described in section 170(b)(1)(A)(ii)? II "Yes," complete Schedule E 48 48 48 50 Complete this table for the organization is the highest compensated methods in one arter "None." (c) Represented the is none arter "None." (c) Represented the schedule (C) rent (C) represented the organization in the schedule (C) rent (C) represented the organization in the schedule (C) rent (C) represented the organization is the rent (C) represented the organization is the rent (C) ren		50 and 51 Check if th	ne organization us	ed Schedule	O to respond to ar	ny question in th	nis Part VI				
49a Did the organization make any transfers to an exemption-charitable related organization? 49a 1 b If "Yes," was the related organization fixe highest compensated employees (other than officers, directors/structees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is notice enter "None". (e) Name and title of each employee (e) Rependant (f) Reputation (e) Performance and the organization is not highest compensation from the organization. If there is notice enter "None". (e) Rependant (f) Reputation (f)	yea	ar? If "Yes," cor	nplete Schedule C, F	Partll						Yes	No X
50 Complete this table for the organization's five highest compensated employees (other than officers, shorter, enter "None." (a) Name and ite of each employee (b) Average how sho each received more than \$100,000 of compensation from the organization. If there is none; enter "None." (c) Reportable organization and the	49a Did	the organization	on make any transfei	s to an exemp	non-charitable relate	ed organization?			. 49a		X X
(a) Name and tills of each employee how permission devoted to position compensation (Form X-12) (1004-NEC) Table Soft and anound other compensation (c) Estimated anound other compensation Name HVWK 0.0 Image: Compensation (c) Estimated anound other compensation (c) Estimated anound other compensation Title HVWK 0.0 Image: Compensation (c) Estimated anound other compensation (c) Estimated anound other compensation Name HVWK 0.0 Image: Compensation (c) Estimated anound other compensation Name HVWK 0.0 Image: Compensation (c) Estimated anound other compensation Name HVWK 0.0 Image: Compensation (c) Estimated anound other compensation Name HVWK 0.0 Image: Compensation (c) Estimated anound other compensation Name Complete this table for the organization's five highest companization forme, enter "None." (c) Compensation Stitu Stitu Cip Stitu (c) Compensation Name Stitu Cip Stitu (c) Compensation Name Stitu Cip Stitu Cip Stitu (c) Compensation	50 Cor	mplete this tabl	e for the organization	n's five highest	compensated emplo	yees (other than o	officers, direc		•		
Title HeWK 00 Image: Construction of the second of		(a) Name and t	itle of each employee		hours per week	compensation (Forms W-2/1099-M	IISC/ benefit	utions to employee plans, and deferred			
Name Hr/WK .00 Title Hr/WK .00 Title Hr/WK .00 Title Hr/WK .00 Name Hr/WK .00 Title Hr/WK .00 Title Hr/WK .00 Ite Total number of other employees paid over \$100,000 City ST .2P Name St City ST Name St City ST St City ST St City ST <td></td> <td>ne</td> <td></td> <td> Hr/Wł</td> <td>< .00</td> <td>\rightarrow</td> <td></td> <td></td> <td></td> <td></td> <td></td>		ne		 Hr/Wł	< .00	\rightarrow					
Title HrWK 00 Name HrWK 00 Name HrWK 00 Name HrWK 00 Itele Good compensation from the organization. If there is none enter "None." (c) Compensation Itele Str City Str City Name Str City Str City Str City Name Str City Str </td <td>Name</td> <td></td>	Name										
Title HrWK 00 Name HrWK 00 f Total number of other employees paid over \$100,000				Hr/Wł	< .00						
Title Hr/WK .00 f Total number of other employees paid over \$100,000	Title			Hr/Wł	<u>< .00</u>						
51 Complete this table for the organization's five highest compansated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation Name Str Image: Str	Title	al number of o	ther employees paid								
Name Str ZIP Value Str ZIP Name Str ZIP Value Str ZIP Va	51 Cor	mplete this tabl	e for the organization	n's five highest	compensated indepe		s who each r	eceived more	than		
City ST ZIP Name Str ZIP City ST ZIP Name Str Str City ST ZIP Name Str Str City ST ZIP Video of ther independent contractors each receiving over \$100,000 Str Str Str ZiP Under penalties of perjury.1 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. Signature of officer Date PrinUType or print name and title President Type or print name and title President		(a) Name a	nd business address of eac	ch independent con	tractor	(b) Type o	f service	(c) Compensa	tion	
City ST ZIP Name Str ZIP City ST ZIP Name Str ZIP Name Str ZIP Name Str ZIP City ST ZIP Name Str ZIP City ST ZIP Name Str ZIP City ST ZIP Otal number of other independent contractors each receiving over \$100,000		ne			ZIP						
City ST ZIP Name Str ZIP City ST ZIP Name Str ZIP Output ST ZIP Name Str ZIP Output ST ZIP d Total number of other independent contractors each receiving over \$100,000.					ZIP						
City ST ZIP Name St ZIP City ST ZIP d Total number of other independent contractors each receiving over \$100,000	City			ST	ZIP						
City ST ZIP d Total number of other independent contractors each receiving over \$100,000	City			ST	ZIP						
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A X Yes	City	al number of of		ST		00					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Check Kevin Kearse Type or print name and title Print/Type preparer's name Andrew D Payne Preparer's signature Andrew D Payne Firm's name Foundation Group, Inc. Firm's ellN 62-1813735 Firm's ellN 62-1813735 Phone no. (615) 361-9445 May the IRS discuss this return with the preparer shown above? See instructions	52 Did	l the organization	on complete Schedu	e A? Note: All	section 501(c)(3) org	anizations must a	attach a		X Ye	es 🗌] No
Here Kevin Kearse President Type or print name and title Type or print name and title Date Check if PTIN Paid Print/Type preparer's name Preparer's signature Date Check if P02188892 Preparer Andrew D Payne Andrew D Payne Andrew D Payne Po2188892 Firm's name Foundation Group, Inc. Firm's EIN 62-1813735 Firm's address 2451 Atrium Way, Suite 300, Nashville, TN 37214 Phone no. (615) 361-9445 May the IRS discuss this return with the preparer shown above? See instructions . X Yes Yes	•							knowledge and be	lief, it is		
Paid Preparer Print/Type preparer's name Preparer's signature Date Check self-employed PTIN Andrew D Payne Andrew D Payne Andrew D Payne Andrew D Payne P02188892 Firm's name Foundation Group, Inc. Firm's EIN 62-1813735 Firm's address 2451 Atrium Way, Suite 300, Nashville, TN 37214 Phone no. (615) 361-9445 May the IRS discuss this return with the preparer shown above? See instructions		Kevin Kears	se								
Use Only Firm's address 2451 Atrium Way, Suite 300, Nashville, TN 37214 Phone no. (615) 361-9445 May the IRS discuss this return with the preparer shown above? See instructions	Prepare	Print/Type pre Andrew D F	parer's name Payne	Inc				self-employed	if P0218		
		y Firm's address	2451 Atrium Wa	y, Suite 300, N					15 <u>)</u> 361-9	445] No
	way ine li	nd uiscuss this	return with the prep	arer snown add							No

SCHEDULE A	
(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.

2023 **Open to Public**

OMB No. 1545-0047

Departn	nent of the Treasury		Attach	to Form 990 or Form	990-EZ.			Open to Public
	Revenue Service	Got	to www.irs.gov/Form	990 for instructions an	nd the late	st informa	tion.	Inspection
Name o	of the organization						Employer identification	number
Projec	ct CASK, Inc.						92-37	42286
Part		r Public Char	itv Status. (All or	ganizations must co	omplete t	his part.)		
The o	rganization is not a	a private foundat	ion because it is: (F	or lines 1 through 12, o	check only	/ one box.)	
1				f churches described in		170(b)(1)	(A)(I).	
2	A school desc	ribed in section '	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3	A hospital or a	cooperative hos	pital service organiz	ation described in sec	tion 170(b)(1)(A)(iii	i).	
4		earch organizatio e, city, and state		nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii) . En	iter the
5	An organizatio	•	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state	e, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)(v).	
7	X An organizatio	n that normally r	-	al part of its support fro				ral public
8				A)(vi). (Complete Part	II.)			
9	An agricultural or university of university:	research organi r a non-land-grar	zation described in s nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	a) operated Enter the	d in conjur name, city	nction with a land-gra v, and state of the co	ant college llege or
10 [An organizatio receipts from a support from g	activities related to ross investment	to its exempt functio income and unrelate	an 33 1/3% of its support ns, subject to certain e ed business taxable in See section 509(a)(2).	exceptions come (les	; and (2) r s section {	no more than 33 1/3° 511 tax) from busine	% of its
11		-		y to test for public safe				
12	An organizatio	n organized and	operated exclusivel	y for the benefit of, to	perform th	e function	s of, or to carry out t	he purposes of
·- L	one or more p	ublicly supported	organizations desc	ribed in section 509(a ibes the type of suppo)(1) or se	ction 509(a)(2). See section 5	509(a)(3).
а	the support	ed organization(ervised, or controlled b larly appoint or elect a tions A and B.				
b	Type II. A s control or m	upporting organi nanagement of th	zation supervised or	r controlled in connecti zation vested in the sa				
С	Type III fur	ctionally integr	ated. A supporting of	rganization operated i You must complete F				rated with,
d	Type III no that is not f	n-functionally in unctionally integr	tegrated. A support ated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	vith its supported org	anization(s) entiveness
е	Check this	box if the organiz	ation received a wr	blete Part IV, Sections itten determination fror	n the IRS	that it is a		e III
f				Ily integrated supportir		auon.		0
g			about the support		••••			
	(i) Name of supported		(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)		$\overline{\mathbf{V}}$			165	NO		
(~)								
(B)								
(C)								
(D)								
(E)								
Total							0	0

	dule A (Form 990) 2023 Project CA					92-37422	286 Page 2
Ра	rt II Support Schedule for Orga (Complete only if you checked						nder
	Part III. If the organization fa						
Sec	tion A. Public Support	• •	1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	0		0		05 744	05 744
2	include any "unusual grants.")	0	0	0	0	95,744	95,744
2	Tax revenues levied for the organization's benefit and either paid					A	
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities	0			Ŭ		0
•	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	0	95,744	95,744
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						0
6	shown on line 11, column (f)						95,744
Sec	Public support. Subtract line 5 from line 4 tion B. Total Support				9		30,744
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0	0		95,744	95,744
8	Gross income from interest, dividends,	_				,	/
	payments received on securities loans,						
	rents, royalties, and income from			•			
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business is	*					
40	regularly carried on	-0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).	0	0	0	0	100	100
11	Total support. Add lines 7 through 10		, i i i i i i i i i i i i i i i i i i i	0	0	100	95,844
12	Gross receipts from related activities, etc. (se	ee instructions).				12	0
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here .						X
Sec	tion C. Computation of Public Su	oport Percenta	age				
14	Public support percentage for 2023 (line 6, c	olumn (f), divided l	by line 11, column	(f))		14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
16a	33 1/3% support test—2023. If the organize						
	and stop here. The organization qualifies as		-				· · · · · · · []
b	33 1/3% support test—2022. If the organization qualified box and stop here. The organization qualified						
470							· · · · · L
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets t	-					
	Part VI how the organization meets the facts						
	organization		-				🗌
b	10%-facts-and-circumstances test-2022	-					
	15 is 10% or more, and if the organization m				• •		
	in Part VI how the organization meets the factor organization						
18	Private foundation. If the organization did r						· · · · <u> </u>
10	instructions						
							· · · · · ·

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 Project CA	SK, Inc.				92-374228	36 Page 3
Pa	t III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2))		
	(Complete only if you check					qualify under Pa	art II.
	If the organization fails to qu			•			
Sec	tion A. Public Support			,			
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(0) 2020	(0) 2021	(4) 2022	(0) 2020	() / otar
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
•	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						0
_	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					•	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0		0 0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				·		
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	Q		0 0	0	0
8	Public support (Subtract line 7c from						
	line 6.).						0
Sec	tion B. Total Support		X				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0		0 0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		•				0
С	Add lines 10a and 10b	0	0		0 0	0	0
11	Net income from unrelated business						
••	activities not included on line 10b, whether	X					
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or				1		0
	loss from the sale of capital assets						
	(Explain in Part VI.).						0
13	Total support. (Add lines 9, 10c, 11,						0
13		0	0		0 0	0	0
14	and 12.)	U District officiate and	U ond third fourth o			Ŧ	0
14	organization, check this box and stop here						
0							· · · · · _
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8, c					15	0.00%
16	Public support percentage from 2022 Sched					16	0.00%
Sec	tion D. Computation of Investmer					1 1	
17	Investment income percentage for 2023 (line		-			17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests-2023. If the organi						
	not more than 33 1/3%, check this box and s						📙
b	33 1/3% support tests—2022. If the organi						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instructions	S	[_]

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
50		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

	ule A (Form 990) 2023 Project CASK, Inc.	92-3742286	F	age 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a			
	11c below, the governing body of a supported organization?	11:	_	
b	A family member of a person described on line 11a above?	11k)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p			
Sect	detail in Part VI. ion B. Type I Supporting Organizations	110	j j	L
000			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	na or	163	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su	upported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 P a	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo	rs		
	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 manage	d		
	the supported organization(s).	1		
Sect	ion 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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies c			
•	organization's governing documents in effect on the date of notification, to the extent not previously provid		_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
2	the organization maintained a close and continuous working relationship with the supported organization(s	· · · · · · · · · · · · · · · · · · ·		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations has a significant using in the experimentary structure of the experimentary struc	ive		
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	J	-	L
1		or /ooo instructio		
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year The organization satisfied the Activities Test. Complete line 2 below.		15).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ntal entity (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of		
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			

- 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.*

3a 3b

2a

2b

Schedule A (Form 990) 2023 Project CASK, Inc.		92-3	3742286 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	t on Nov. 20, 1970 <i>(explain</i>)	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Sections	s A through E.
Section 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	0	0
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	0	0
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	2 2	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally instructions)	y inte	egrated Type III supporting of	organization (see

instructions).

Schedule A (Form 990) 2023

	A (Form 990) 2023 Project CASK, Inc.				2-3742286 Page 7
Part \	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued	d)	
Sectio	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption		1		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part V	()	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	C
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	(
10	Line 8 amount divided by line 9 amount			10	0.000
		(i)	(ii)		(iii)
S	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistribution	IS	Distributable
			Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				(
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required— <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2023 from				
	Section D, line 7: \$ 0				
a	Applied to underdistributions of prior years			0	
<u>a</u>	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result			~	
6	greater than zero, explain in Part VI . See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7				_	(
7	Excess distributions carryover to 2024. Add lines 3j	0			
0	and 4c. Breakdown of line 7.	0			
8	Excess from 2019 0				
<u>a</u> b	Excess from 2020				
	Excess from 2021 0				
С					
d	Excess from 2022 0				

Schedule A (Form 990) 2023

Schedule A (F		92-3742286	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, li 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section C, IIII, III, III, III, III, III, III,	t IV, Section ines 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
		•	

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

	Attach to Form 990, 990-EZ, or 990-PF.
Go to	www.irs.gov/Form990 for the latest information.

2023

Employer identification number 92-3742286

Name of the organization	
Project CASK. Inc.	

Organization type (check one):

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 cove	ered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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).

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

Name of org	-	E	Page 2
Project CA Part I	SK, Inc. Contributors (see instructions). Use duplicate copie	es of Part Lif additional space is r	92-3742286
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Paula Kubo 7442 Grassy Creek Way El Dorado Hills CA Foreign State or Province: Foreign Country:	\$12,730.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Leila Makarechi 631 Vincente Ave Berkeley CA 94707 Foreign State or Province: Foreign Country:	\$	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
3	Steven Cahall 1600 Collier Street Austin TX 78704 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Britton Davis 2408 Bitterroot Cir Lafayette CO Foreign State or Province: Foreign Country:	\$6,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Kim Welch 1130 Herman St Elkhart IN Foreign State or Province: Foreign Country:	\$5,000	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
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

ame of orga roject CAS		Emp	loyer identification number 92-3742286
	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	

Schedule B (F	Form 990) (2023)				Page 4
Name of org	-			E	mployer identification number
Project CA: Part III	SK, Inc. Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the y the following line entry. For organizations contributions of \$1,000 or less for the yea Use duplicate copies of Part III if additional	year from any completing Par ar. (Enter this in	one contributor. Con t III, enter the total of a formation once. See in	nplete columr exclusively re	ns (a) through (e) and
(a) No. from Part I	(b) Purpose of gift		:) Use of gift	(d) D	escription of how gift is held
		(e) 1	Fransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relatio	nship of trai	nsferor to transferee
			·	$\mathbf{\nabla}$	
	For. Prov. Country	1			
(a) No. from Part I	(b) Purpose of gift	(0	:) Use of gift	(d) D	escription of how gift is held
				··· ·····	
	Transferee's name, address, and		Transfer of gift Relatio	nship of tra	nsferor to transferee
	 For. Prov. Country		·		
(a) No. from Part I	(b) Purpose of gift	(c	e) Use of gift	(d) D	escription of how gift is held
				··	
			Fransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relatio	nship of trai	nsferor to transferee
			·		
(a) No.	For. Prov. Country				
from Part I	(b) Purpose of gift	(c	:) Use of gift	(d) D	escription of how gift is held
		(e)]	Fransfer of gift		
	Transferee's name, address, and			nship of traı	nsferor to transferee
	For. Prov. Country				

Schedule B (Form 990) (2023)

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	0-EZ ons on	OMB No. 1545-0047	
Name of the organization Project CASK, Inc.		Employer identif 92-3742286	fication number
Form 990-EZ, Part I, I	Line 8, Other Revenue: Miscellaneous: 100		
Form 990-EZ, Part I, I	ine 16, Other Expenses: In-kind Expenses: 13,125		
Form 990-EZ, Part I, I	ine 16, Other Expenses: Merchant Fees: 1,585		
Form 990-EZ, Part I, I	ine 20, Net Assets: Net equity adjustment.: 100		•
Form 990-EZ, Part II,	Line 24, Other Assets: Undeposited Funds: Beginning of year: 0, End of		
year: 23,635)	
Form 990-EZ, Part III,	Section N/A, Line N/A: To accelerate breakthroughs in research to		
develop treatments a	nd a cure for CASK gene disorders.	· · · · · · · · · · · · · · · · · · ·	
	\mathbf{C}		
	. 01		
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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Project CASK, Inc.	92-3742286
V	