# Extended to November 15, 2023 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2022 calendar year, or tax year beginning	and	ending				
В	Check if applicab	C Name of organization			D Employer ident	ification number		
	Addre							
	Name chang	Doing business as			45-5273875			
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	per		
	Final return	2307 Counsel Ct.			(678)761-32	262		
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,116,654.		
	Amen return	Marietta, GA 30068			H(a) Is this a group	return		
	Application	I F Name and address of principal officer:NICII	olas Lauten		for subordinat	es? Yes X No		
	pendi	same as C above			H(b) Are all subordinates	s included? Yes No		
<u>L</u>	Tax-ex	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions		
J	Websi	te: KULAPROJECT.ORG			H(c) Group exempt	tion number		
K	Form o	organization: X Corporation Trust A	ssociation Other	<b>L</b> Year	of formation: 2012	M State of legal domicile; GA		
P	art I	Summary						
Ф	1	Briefly describe the organization's mission or mos	t significant activities: Kula P	roject is	s eradicating			
Governance		poverty through developing entreprene	urs in (continue on sch	edule O)				
ž	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	e than 25% of its net	assets.		
ŏ	3	Number of voting members of the governing body	(Part VI, line 1a)			3 4		
ه 9	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			1 3		
es	5	Total number of individuals employed in calendar	year 2022 (Part V, line 2a)			3		
ΞĘ	6	Total number of volunteers (estimate if necessary)			<u>6</u>	3		
Activities	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7	a 14,601.		
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11					
					Prior Year	Current Year		
ě	8	Contributions and grants (Part VIII, line 1h)		846,502	<del></del>			
ē	9					0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4			472	<del></del>		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		69,243	<del></del>		
		Total revenue - add lines 8 through 11 (must equa			916,217	<del>'</del>		
	13	Grants and similar amounts paid (Part IX, column				474,566.		
	14	Benefits paid to or for members (Part IX, column (				0.		
es	15	Salaries, other compensation, employee benefits			180,465	<u> </u>		
Expenses	16a	Professional fundraising fees (Part IX, column (A),			(	0.		
Ϋ́	b	Total fundraising expenses (Part IX, column (D), lir				105.100		
	17	Other expenses (Part IX, column (A), lines 11a-11c			569,003	<del></del>		
		Total expenses. Add lines 13-17 (must equal Part			749,468	<del></del>		
	19	Revenue less expenses. Subtract line 18 from line	12		166 , 749 eginning of Current Yea	-		
Net Assets or Find Balances				B				
SSE	20	, , , , , , , , , , , , , , , , , , , ,			444,774	<del></del>		
let /	21	Total liabilities (Part X, line 26)			5,437			
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	1 line 20		439,337	7. 547,138.		
		Ities of perjury, I declare that I have examined this return	including accompanying schedule	e and etator	nante and to the heet of	my knowledge and helief it is		
		it, and complete. Declaration of preparer (other than offic				illy knowledge and belief, it is		
iiuc	, 001100	Sand complete. Declaration of proparer (other than office	or j is based on an information of w	mon proparo	11/15/	/ <u>)</u>		
Sig	n	Signature of officer				123		
He		of the control of the						
116	•	Type or print name and title						
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	d	ANN M. THOMPSON	ANN M. THOMPSON		if self-emp	P00719770		
	parer	Firm's name JONES AND KOLB						
	Only	Firm's address 3475 PIEDMONT ROAD NE, SU	ITE 1500		THITSEIN	58-1763570		
	•	ATLANTA, GA 30305			Phone no. (4	104)262-7920		
Ma	v the I	RS discuss this return with the preparer shown ab	ove? See instructions		1	X Yes No		
	,							

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Form **990** (2022)

624,972.

Total program service expenses

Other program services (Describe on Schedule O.)

including grants of \$

45-5273875

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? <i>If</i> "Yes," <i>complete</i>	•		
	Schedule D, Part III	8		х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	TID		_ A
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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 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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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		х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				-

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Form 990 (			Project,	
Part IV	Check	list of Require	ed Sched	ules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			İ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes, " complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
00	Schedule N, Part II	32		Х
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	33		<u> </u>
<b>5</b> -7	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contidued Contidued a recipolitic of freto to dirty line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		1.10
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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Form 990 (2022)

Kula Project, Inc.

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country Rwanda				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	I .	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8		
a	Didd		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		35		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	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			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> 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			
	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 Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	to line ba, bb, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		х
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
 15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,5 51119	, uvalle	.DIG
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	acial	
19	statements available to the public during the tax year.	ıu IIIIdl	icial	
20				
20	State the name, address, and telephone number of the person who possesses the organization's books and records  Kara Rae McConville - 678-428-3372			

Form **990** (2022)

7040 Sumit Wood Dr. NW, Kennesaw, GA

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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 (A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(da		Pos	itior	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	ector/truste		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ustee		l	en sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	nal t		loyee	o mb		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lu	lns	JJ0	Ke	Hig en	윤			
(1) Sarah Buchanan-Sasson	40.00									
Executive Director (until 3/2022)		Х		Х				80,000.	0.	4,200
(2) Nic Lauten	40.00	1							_	
Executive Director (since 3/2022)	1			Х				67,410.	0.	17,045.
(3) Ryan Pernice	1.00	ļ								
Board Chair	1 00	Х	_	Х		_		0.	0.	0.
(4) Wade Preston	1.00	١								
Board Member	1 00	Х						0.	0.	0.
(5) Tara Clapper	1.00	١								
Board Member		Х						0.	0.	0.
		-								
			$\vdash$			$\vdash$				
		1			l		l			

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Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/			ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		I	timat	
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation		ar	nount	
		week (list any	_	501 al	a u		5.7 a uS		from	from related			other	
		hours for	irecto			1	L		the	organization		l .	pens om th	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om tr aniza	
		organizations	Individual trustee or director	Institutional trustee		99/	mper		1099-NEC)	1000 (420)		ı ~	d rela	
		below	idual	ution	<u></u>	sey employee	est co oyee	ē				I	anizat	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				<u> </u>		
							$\vdash$							
							$\vdash$							
			i											
						<u> </u>	1		147 410				0.1	245
1b	Subtotal Tatal from continuation about to Bort V							••	147,410.		0.		21	,245. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								147,410.		0.		21	,245.
2	Total number of individuals (including but n									L 0.000 of reportab		<u> </u>		,245.
_	compensation from the organization	iot iii iii tod to ti	.000	, ,,,,,,,	Juu		o,			,,000 01 10001140				0
	<u> </u>												Yes	No
3	Did the organization list any former officer,	•		•		•		_	•	•				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	•										4		Х
5	Did any person listed on line 1a receive or a	· ·				-			-		<b>.</b>	_		
-Soc	rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son .					5		Х
1	tion B. Independent Contractors  Complete this table for your five highest co	mnensated in	den	endo	nt o	ont	racto	ore t	that received more than	\$100 000 of con	nnens	ation	rom	
'	the organization. Report compensation for	-	-								יוטטווט	auon	.0111	
	(A)				<u></u>				(B)	,		((	<del></del>	
	Name and business	address	NO	NE					Description of s	ervices	C	Compe		on
								_						
								$\dashv$						
	Tabal sounds on affinds	to a to a the second	-4.11		-1.1	41			d ata a cara cara cara cara cara cara car					
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	a to		se lis 0	stec	a apove) who received m	iore tnan				
	w 100,000 of compensation from the organi	2aliUi i								l		Form	990	(2022)

232008 12-13-22

Form 990 (202	2) Kula Project, Inc.	45-5273875	Pag
Part VIII	Statement of Revenue		
	Check if Schedule O contains a response or note to any line in this Part VIII		

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			<u> </u>
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
un.		Membership dues 1b					
اع ق							
r A		Fundraising events 1c					
i <u>ā</u> ig		Related organizations 1d					
ns,		Government grants (contributions)					
e ti	f	All other contributions, gifts, grants, and					
호된		similar amounts not included above <b>1f</b>	897,053.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f 1g \$					
ā Č	h	Total. Add lines 1a-1f		897,053.			
			Business Code				
e S	2 a						
ēŽ	b						
Su	c						
ev.	c						
Program Service Revenue	e						
<u>-</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		1,740.			1,740.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 82,584.					
	b	Less: cost or other basis					
ne		and sales expenses 7b 96,062.					
Revenue	c	Gain or (loss) 7c -13,478.					
Re		Net gain or (loss)		-13,478.			-13,478.
Other		Gross income from fundraising events (not		,			,
₹	-	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a	135,277.				
	b	Less: cost of goods sold 10b	120,676.				
		Net income or (loss) from sales of inventory		14,601.		14,601.	
		, , ,	Business Code			·	
Miscellaneous Revenue	11 a						
ane	b						
e e	c	,					
Λiš	c	All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		899,916.	0.	14,601.	-11,738.

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45-5273875

### Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	474,566.	474,566.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	147,410.	73,705.	73,705.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	71,762.	45,630.	3,384.	22,748
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,600.	6,860.	4,432.	1,308
10	Payroll taxes	16,249.	8,847.	5,715.	1,687
11	Fees for services (nonemployees):				
а	Management				
b					
С		8,876.	4,438.	4,438.	
d					
е	D ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees	597.		597.	
g	//r/: 44				
	column (A), amount, list line 11g expenses on Sch O.)	2,482.	1,241.	1,241.	
12	Advertising and promotion	75,086.			75,086
13	Office expenses	11,375.	5,688.	5,687.	
14	Information technology	7,993.	3,997.	3,996.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
<del></del>	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е			_		
25	Total functional expenses. Add lines 1 through 24e	828,996.	624,972.	103,195.	100,829
26	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

45-5273875

# Form 990 (2022) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X	(A)		
					Beginning of year		End of year
	1	Cash - non-interest-bearing			248,302.	1	140,225
	2	Savings and temporary cash investments				2	150,002
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer	nt or for	mer officer, director,			
		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
its	6	Loans and other receivables from other disq	lualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		96,000.	8	114,707	
⋖	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities	100,472.	11	82,807		
	12	Investments - other securities. See Part IV, lin		12	450		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	60,588		
	16	Total assets. Add lines 1 through 15 (must e	equal lin	e 33)	444,774.	16	548,779
	17	Accounts payable and accrued expenses			5,437.	17	1,641
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or t	former c	fficer, director,			
≝		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons		22	
_	23	Secured mortgages and notes payable to un	related	third parties		23	
	24	Unsecured notes and loans payable to unrel	lated thi	rd parties		24	
	25	Other liabilities (including federal income tax,	, payabl	es to related third			
		parties, and other liabilities not included on li	ines 17-	24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,437.	26	1,641
Ś		Organizations that follow FASB ASC 958,	check I	nere X			
nce		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			439,337.	27	547,138
e B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB AS	C 958,	check here			
ř		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
¥ Y	31	Retained earnings, endowment, accumulate				31	
ž	32	Total net assets or fund balances			439,337.	32	547,138
	33	Total liabilities and net assets/fund balances	·		444,774.	33	548,779 Form <b>990</b> (2022

Kula Project, Inc. 45-5273875 Page **12** Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			899,	916.
2	2 Total expenses (must equal Part IX, column (A), line 25)				828,	,996.
3	3 Revenue less expenses. Subtract line 2 from line 1					920.
4						,337.
5	Net unrealized gains (losses) on investments	5			-	-666.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			44,	,017.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-6,	470.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			547,	,138.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

45-5273875 Kula Project, Inc. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Kula Project, Inc. 45-5273875

#### Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		,	, ,	, ,	,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
13	First 5 years. If the Form 990 is for th	ne organization's fir				501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b>	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orga	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	eck this box and <b>s</b> t	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ie organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						O a la a alcula. A s	(Earm 000) 2022

Page 2

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	356,269.	637,824.	753,678.	846,502.	897,053.	3,491,326.
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		13,215.	22,692.	69,243.		105,150.
3	Gross receipts from activities that		,	,	•		<u> </u>
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	356,269.	651,039.	776,370.	915,745.	897,053.	3,596,476.
	Amounts included on lines 1, 2, and	330,203.	031,033.	770,370.	313,713.	037,033.	3,330,170.
10	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received						<u>··</u>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						3,596,476.
	Public support. (Subtract line 7c from line 6.)						3,390,470.
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2018 356, 269.	<b>(b)</b> 2019 651,039.	(c) 2020 776, 370.	(d) 2021 915,745.	(e) 2022 897,053.	(f) Total 3,596,476.
	Amounts from line 6 Gross income from interest,	330,209.	031,039.	770,370.	915,745.	031,033.	3,390,470.
IUa	dividends, payments received on						
	securities loans, rents, royalties,				472.	1 740	2 212
	and income from similar sources				4/2.	1,740.	2,212.
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	anguired ofter June 20, 1075					14 601	14 601
					470	14,601.	14,601.
	Add lines 10a and 10b  Net income from unrelated business				472.	16,341.	16,813.
•••	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	356 360	651 020	FFC 2F0	016 017	012 204	2 612 000
	Total support. (Add lines 9, 10c, 11, and 12.)	356,269.	651,039.	776,370.	916,217.	913,394.	3,613,289.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3) organization	on,
<u></u>		:- O					<u></u>
	ction C. Computation of Publ						00.50
	Public support percentage for 2022 (I					15	99.53 %
	Public support percentage from 2021					16	99.98 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	.47 %
18	Investment income percentage from 2					18	.02 %
19a	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box are	nd <b>stop here.</b> The o	organization qualifi	es as a publicly su	upported organiza	tion	
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and sto	<b>op here.</b> The organ	ization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	i, or 19b, check th	is box and see ins	tructions	

232023 12-09-22

Schedule A (Form 990) 2022 Kula Project, Inc. 45-5273875 Page 4

### 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		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV 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 and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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	_		
Ü	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization is the parent of each on its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	no)	
_	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
2			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	٥.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		a.		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	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				
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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	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 <b>Part VI</b> ):					
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	tion 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	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

Schedule A (Form 990) 2022

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instructions).

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)				
Secti	ection D - Distributions Current Year							
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	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	he organization is responsiv	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount		1	10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
<u>i</u>	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
	Breakdown of line 7:							
	Excess from 2018							
<u>b</u>	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

Employer identification number

**2022** 

45-5273875 Kula Project, Inc. Organization type (check one): Filers of: Section: 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. Box 23559 St Petersburg, FL 33742	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No2	Name, address, and ZIP + 4  Bylo Chacon Foundation  1660 Bush Street, Ste 300  San Francisco, CA 94109	\$	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	One Tree Planted  145 Pine Haven Shores Road, #1000D  Shelburne, VT 05482	\$65,600.	Person X Payroll
(a)	(b)	(c)	(d)
No4	MiiR  1109 N 35th Street, Ste B  Seattle, WA 98103	\$ 55,500.	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
5	Berkadia  323 Norristown Road, Ste 300  Ambler, PA 19002	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 6	Korver Foundation  1780 Sunrise Park Circle  Sandy, UT 84093	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TD Ameritrade P.O. Box 2226 Omaha, NE 68103	\$\$	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	National Christian Foundation  415 West Golf Road, Ste 19  Arlington Heights, IL 60005	\$\$40,000.	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
9	Segal Family Foundation  67 Mountain Boulevard, Ste 201  Warren, NJ 07059	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Follow Your Dream Foundation, Inc.  266 West 37th Street, Ste 803  New York, NY 10018	\$\$26,000.	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
11	Fidelity Charitable  P.O. Box 770001  Cincinnati, OH 45277	\$\$\$	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	Jeff and Ann White  120 Antioch Place  Canton, GA 30115	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Everence Foundation  1110 North Main Street, P.O. Box 483  Goshen, IN 46527	\$\$	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
		\$	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
140.	Name, audiess, and ZiF + +	\$	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.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	r additional space is needed.	
(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
		-	
		<del>-</del>   -   _	
		_   \$	

Name of organization **Employer identification number** Kula Project, Inc. 45 - 5273875Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Kula Project, Inc.

**Employer identification number** 45-5273875

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		$\square$ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contril	oution in the form o	f a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcina conservati	on easements during the year
•	, and are of expenses meaned in monitoring, inspecting, name	aming of violations, and c	moreing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its rev	enue and expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization	s financial stateme	nts that describes the
D	organization's accounting for conservation easements.	/ A		
Pai	t III Organizations Maintaining Collections o		easures, or Oti	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			alle alexa e alexa de controla
ıa	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	•	•	•
	service, provide in Part XIII the text of the footnote to its final			
D	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			
•				
2	If the organization received or held works of art, historical tre			gain, provide
_	the following amounts required to be reported under FASB A			<b>¢</b>
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			Ф

232051 09-01-22

Schedule D (Form 990) 2022

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

# 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total Add lines 1a through 1e (Column (d) must equ		mn (R) line 10c )		0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Kula Project, Inc	•	45-	-5273875 Pa	age <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value	е
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.		
(a) [	Description		(b) Book value	
(1) Due from subsidiary - KPI			60	,588.
(2)			<del>                                     </del>	
(3)			+	
(4)				
(5)			<u> </u>	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		60,	,588.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2)			1	
(3)			+	
(4)			<del> </del>	
(5)			<del> </del>	
(6)			<del>                                     </del>	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the	
		_	· · · · · · · · · · · · · · · · · · ·	
, , , , , , , , , , , , , , , , , , , ,	ganization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 📖			

232053 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

#### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public

inalli	e or the organization					Employer identi	ncation number
Kula	Project, Inc.					45-5273875	
Pa		rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ		Yes" on
	Form 990, Part IV	V, line 14b.					
1				ds to substantiate the amount of its gra			1 🖂
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
•	For eventmelters Door	wiha in Dart V the	ovannization's	procedures for monitoring the use of its	aranta and a	thar againtanan au	taida tha
2	United States.	inde in Part v trie	e organization s	procedures for monitoring the use of its	s grants and o	ther assistance ou	iside trie
3		he following Parl	t I. line 3 table c	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
			in the region	recipients located in the regiony	01 301 1100	(3) III the region	in the region
	Subtotal	0	(				0.
b	Total from continuation	0	,				_
_	sheets to Part I	-					0.
С	Totals (add lines 3a and 3b)	0					0.
I HA	For Paperwork Reduct	tion Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022 Kula Project, Inc. 45-5273875 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Support of Kula					
			Project, Inc. in					
		Sub-Saharan	Rwanda to implement					
		Africa	their mission.	474,566.	Wire transfer	0.		FMV
0 5 1 1 1 1 1	L	<u> </u>	recognized as sharities by the	<u> </u>	<u> </u>		<u> </u>	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

	1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2022

Part III can be duplicated if a	dditional space is neede	ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							hda F (Farra 000) 0000

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

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes X No

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I,	Line 2:
Kula wor	k closely to finalize the budget prior to each year, and the
Executiv	e Director of Kula receives and reviews monthly financial reports
from the	Executive Program Director in Rwanda to ensure that expenses are
in line	with the budget.

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Open to Public Inspection

Name of the organization **Employer identification number** Kula Project, Inc. 45-5273875 Form 990, Part I, Line 1, Description of Organization Mission: Rwanda's coffee communities. Form 990, Part III, Line 1, Description of Organization Mission: fellows are equipped with the skills and resources to increase their income and create new futures for their families, Form 990, Part VI, Section A, line 1a: Sarah Buchanan-Sasson was the Executive Director until March 2022 and was also a compensated Board member. Form 990, Part VI, Section A, line 8a: Kula Project, Inc. did not hold regularly scheduled Board meetings where minutes were kept during 2022 as in years past. The Organization resume regularly scheduled meetings and document minutes of those meetings during 2023. Form 990, Part VI, Section A, line 8b: Kula Project, Inc. does not have committees with the authority to act on behalf of the governing body. Form 990, Part VI, Section B, line 11b: Each Board member reviews and comments on the draft Form 990 before it is finalized and filed.

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

Schedule O (Form 990) 2022

Form 990, Part VI, Section B, Line 12c:

Name of the organization	Employer identification number
Kula Project, Inc.	45-5273875
Wula Project Ing requires Board members review and displace related names	
Kula Project, Inc. requires Board members review and disclose related party	
relationships annually.	
Form 990, Part VI, Section B, Line 15a:	
Compensation for the Executive Director and top management is compared to	
data from other organizations' Form 990 by the Board of Directors.	
Form 990, Part VI, Section C, Line 19:	
Kula Project, Inc. makes it governing documents, conflict of interest	
policy, whistleblower policy and financial statements available to the	
general public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Foreign currency exchange -6,470.	

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Kula Project, Inc.

Employer identification number
45-5273875

Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable)	<b>(b)</b> Primary activity	(c) Legal domicile (state o	(d)	(e) me End-of-yea		(f) ect controllin	na
of disregarded entity	, initially desirity	foreign country)	, Total inte		400010	entity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	because it had on	e or more related ta	x-exempt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling	ng con	(g) 512(b)(13) trolled ntity?
				501(c)(3))		Yes	No
Kula Project, Inc.	To develop entrepreneurs						
KG 8 Ave, #18 Kigali, RWANDA	in Rwanda through a 15-month training course.	Rwanda			Kula Project, Inc.		х
	$\dashv$						

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

	THE PERSON OF THE BUILD OF THE STATE OF THE
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
Partill	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box	managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or		(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage ownership	Sec 512(l	tion b)(13) rolled tity?
of related organization		foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownersnip	Yes	
KPI Investments, LTD									
KG 8 Ave, #18	Coffee processing and		KPI Project,						
Kigali, RWANDA	export	Rwanda	Inc.	C CORP			100.00%		х
	1								
	1								
	1								
	1								
	1								
	1								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<u>1</u>	а		X				
b	Gift, grant, or capital contribution to related organization(s)	11	<b>o</b>	Х					
С	Gift, grant, or capital contribution from related organization(s)	10			Х				
	Loans or loan guarantees to or for related organization(s)		b	Х					
е	Loans or loan guarantees by related organization(s)	10	9		Х				
f	Dividends from related organization(s)	1	f		Х				
g	Sale of assets to related organization(s)	19	9		Х				
	h Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)		i		Х				
	Lease of facilities, equipment, or other assets to related organization(s)		j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	11	(		X				
1	Performance of services or membership or fundraising solicitations for related organization(s)	1	П		Х				
	n Performance of services or membership or fundraising solicitations by related organization(s)		n		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		ı		Х				
	Sharing of paid employees with related organization(s)		5		Х				
р	Reimbursement paid to related organization(s) for expenses	11	<b>o</b>		X				
q	Reimbursement paid by related organization(s) for expenses	10	a		Х				
r Other transfer of cash or property to related organization(s)									
s	Other transfer of cash or property from related organization(s)	19	s		Х				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) KPI Investments, LTD	D	136,281.	FMV
(2) KPI Investments, LTD	Н	112,790.	FMV
(3) Kula Project, Inc.	В	453,271.	FMV
(4)			
<u>(5)</u>			
(6)	4.1		

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Peroging owl	(k) centage nership
		ocanay)	360titoli3 3 12-3 14)	Yes	No		400000	Yes	No	(1 01111 1003)	Yes	No	
	-												
	_												
	<u> </u>  -												
	_ -												
	_												

Page 4

# **CARRYOVER DATA TO 2023**

Name Kula Project, Inc.	Employer Identification Number 45-5273875	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
Federal Post-2017 Net Operating Loss - Coffee beans sale	<u> </u>	5,622.
		,
	_	

aiie. Kul	la Project.	THC.								FEIN:	45-527387
ype and E	Entity: Coffe	ee beans sale	Post-2017 NO Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
/ear Drigi- (	Original Carryover Amount 5,622.	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used fo
I E I	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amoun
etail S ype B	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used fo
ype B C	-										