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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	e 2023 calendar year, or tax year beginning and	ending									
В	Check if applicab	C Name of organization		D Employer identifi	cation number							
	Addre	e MARKET PROJECT, INC.										
	Name	ge Doing business as		**-***06	13							
	Initial returr Final returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe (703) 60								
	termi ated			G Gross receipts \$	340,080.							
	Amer return	ded WACIITMOMON DO 20002		H(a) Is this a group re								
	Appli	F Name and address of principal officer: DURUTHY DUUGLAS TAL	?T		? Yes X No							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in								
_	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions							
J	Websi	te: WWW.MARKETPROJECT.ORG		H(c) Group exemption								
		forganization; X Corporation Trust Association Other	L Year		A State of legal domicile: OR							
P	art I	Summary										
Œ	1	Briefly describe the organization's mission or most significant activities: WE BI										
an c		AND CREATE WORKPLACES THAT ARE TRANSFORMATIVE AND DIGNITY-AFFIRMING										
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.							
20	3	Number of voting members of the governing body (Part VI, line 1a)		3	7							
		Number of independent voting members of the governing body (Part VI, line 1b)		4	7							
Activities &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	3							
ţ	6	Total unrelated business revenue from Port VIII and unrelated busine	•••••	6	10							
Ac	l 'a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
	B	Net unrelated business taxable income from Form 990-T, Part I, line 11	Т	Prior Year	0 . Current Year							
_	8	Contributions and grants (Part VIII, line 1h)		334,180.	340,080.							
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.							
) Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-71,839.	0.							
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		262,341.	340,080.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		63,289.	67,080.							
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
S	145	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		142,327.	135,166.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
æ	. b	Total fundraising expenses (Part IX, column (D), line 25) 100,84	14.									
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		181,818.	321,374.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		387,434.	523,620.							
		Revenue less expenses. Subtract line 18 from line 12		-125,093.	-183,540.							
s or	9		Вес	inning of Current Year	End of Year							
Net Assets	20	Total assets (Part X, line 16)		243,314.	188,921.							
et A	21	Total liabilities (Part X, line 26)		985.	17,514.							
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		242,329.	171,407.							
-		-										
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is							
truo	, 001160	102 20 10 1 7 2+	icii preparer i		ober 2024							
Sig	n	Signature of officer		Date	over xlx4							
Her		DOROTHY DOUGLAS TAFT, EXECUTIVE DIRECTOR		2 4112								
	•	Type or print name and title										
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN							
Paid	i	ADRIEL HENRIQUEZ BAIRES, ADRIEL HENRIQUEZ	BAIL	0 / 0 4 / 24 self-employe	1							
Pre	parer	Firm's name RENNER AND COMPANY CPA, P.C.			*-***8950							
Use	Only	Firm's address 700 NORTH FAIRFAX STREET SUITE 40	0	5								
		ALEXANDRIA, VA 22314		Phone no. (7	03) 535-1200							
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No.							

Form 990 (2023) MARKET PROJECT, INC.
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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		X
h	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		x
13	In the convenient in a subset of a subset of a subset of 70/h/4//A//:\0.000	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV 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	- 21	
15		45	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2023) MARKET PROJECT, IN Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	L
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	agn	(0000)

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_		(2023) MARKET PROJECT, INC.	**-***0	<u>613</u>	Р	age 5
Par	rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1	1		Yes	No
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		I for the calendar year ending with or within the year covered by this return	2a 3	1	37	
b		least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	37
3a				3a		X
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a		iny time during the calendar year, did the organization have an interest in, or a signature or other at	•			₩.
		ncial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	<u>4a</u>		X
b		enter the name of the foreign country				
E-		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		En		Х
5a				5a 5b		X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. The Four Section 510 Four Section		5c		125
		es the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
Va		contributions that were not tax deductible as charitable contributions?	-	6a		X
h	•	es," did the organization include with every solicitation an express statement that such contribution		- Oa		
D		e not tax deductible?	•	6b		
7		anizations that may receive deductible contributions under section 170(c).				
a	•	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
b				7b		
c		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
		le Form 8282?	•	7c		X
d		'es," indicate the number of Forms 8282 filed during the year	7d			
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х
f	Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the	e organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Spo	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spoi	nsoring organization have excess business holdings at any time during the year?		8		
9	Spo	onsoring organizations maintaining donor advised funds.				
а	Did	the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10		tion 501(c)(7) organizations. Enter:	ı			
а		ation fees and capital contributions included on Part VIII, line 12	10a	4		
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11		tion 501(c)(12) organizations. Enter:	1			
		ss income from members or shareholders	11a	4		
b		ss income from other sources. (Do not net amounts due or paid to other sources against	441.			
10-		ounts due or received from them.) tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	10-		
			12b	12a		
13		'es," enter the amount of tax-exempt interest received or accrued during the year	120	1		
		ne organization licensed to issue qualified health plans in more than one state?		13a		
а		e: See the instructions for additional information the organization must report on Schedule O.		104		
b		er the amount of reserves the organization is required to maintain by the states in which the				
~		anization is licensed to issue qualified health plans	13b			
С		er the amount of reserves on hand	13c			
14a		the consideration which are a second of the fact of th	100	14a		Х
		'es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15		ne organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
		ess parachute payment(s) during the year?		15	L	Х
		'es," see the instructions and file Form 4720, Schedule N.				
16		ne organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Y	es," complete Form 4720, Schedule O.				
17	Sec	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any acti	ivities			

If "Yes," complete Form 6069. Form **990** (2023) 332005 12-21-23

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	'		
	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	<u>'</u>		
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This desire is requested in a manufacture of the second o		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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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? <i>If</i> "Yes." <i>describe</i>			
	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			
	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	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL,CA,FL,MD,OR,PA,SC,VA,WA			
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)		availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	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, an	d finan	cial	
.5	statements available to the public during the tax year.	ail	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	DOROTHY DOUGLAS TAFT - (703) 608-3446			
	PO BOX 15491, WASHINGTON, DC 20003			

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.

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

- 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.

(A)	(B)	(C)					out	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pe	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated employee Former		Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DOROTHY DOUGLAS TAFT	40.00									
EXECUTIVE DIRECTOR				X				37,728.	0.	0.
(2) ELEANOR J. NAGY	5.00									
BOARD CHAIR	F 00	Х		Х				0.	0.	0.
(3) PETER STAHL	5.00	.,		,,						
TREASURER	1 00	Х		Х				0.	0.	0.
(4) F. CATHERINE JOHNSON SECRETARY	1.00	х		Х				0.	0.	_
(5) WADE CHANNELL	1.00	Λ		A				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) JUSTIN REIMER	1.00	^						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(7) SOOJUNG SMITH	1.00	25						•	•	•
DIRECTOR	1100	х						0.	0.	0.
(8) SHARON COHN WU	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JAMES DEAN DIRKSEN	5.00									
BOARD CHAIR (UNTIL AUGUST 2023)		Х		Х				0.	0.	0.
(10) MARK HELLWEG	1.00									
DIRECTOR (UNTIL JUNE 2023)		Х						0.	0.	0.
(11) COLLEENE ISAACS	1.00									
DIRECTOR (UNTIL JUNE 2023)		Х						0.	0.	0.
		1								
		1								

Section A. Officers, Directors,		PION	ees,			gnes	it C		'				
(A)	(B)	(C) Position						(D)	(E)			(F)	
Name and title	Average		not c	heck r	more	than o		Reportable	Reportable	- 1		timate	
	hours per		, unles					compensation	compensatio	- 1		nount	of
	week (list any		1			T u.o	T	from	from related	- 1	other		
	hours for	irecto						the	organization			pensa om th	
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)) 		anizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-1120)		_	arıızar d relat	
	below	dual t	rtiona		nploy	st cor	-	1000 1120)				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		00
		_	_		×	- *							
		1											
		_											
		₩											
		-											
		\vdash											
		1											
		\vdash											
		-											
		+											
		1											
1b Subtotal								37,728.		0.			0.
c Total from continuation sheets to Pa								0.		0.			0.
d Total (add lines 1b and 1c)								37,728.		0.			0.
2 Total number of individuals (including b	out not limited to th	iose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	•			
compensation from the organization											Ī		0
										1		Yes	No
3 Did the organization list any former off			•	•	•		•	·	•				37
line 1a? If "Yes," complete Schedule J											3		X
4 For any individual listed on line 1a, is the											4		Х
and related organizations greater thanDid any person listed on line 1a receive											4		21
rendered to the organization? If "Yes,"					•			•			5		Х
Section B. Independent Contractors	complete Schedul	5 0 / (UI SC	<u>ICIT Ļ</u>	<i>JEI</i> 30	<u> </u>						'	
1 Complete this table for your five highes	st compensated inc	depe	nder	nt cc	ontra	actor	rs th	at received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation	for the calendar y	ear e	ndir	ng w	ith o	r wi	thiņ	the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and busin	ness address	NC	ONE	5				Description of s	ervices		ompe	nsatio	n
							\dashv						
							\exists						
							\dashv						
2 Total number of independent contractor \$100,000 of compensation from the or	•	ot lin	nited	d to t	thos 0		ted	above) who received mo	ore than				

332008 12-21-23

Form 990 (20	23)	MARKET
Part VIII	Statement	of Revenue

			Check if Schedule O co	ntains a	response	or note to any lin	e in this Part VIII			
			Check if Concadio C Co	intaino a	теоропос	or riote to arry iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
										Sections 512 - 514
nts 1ts	1	а	Federated campaigns		1a					
iral our		b	Membership dues		1b					
s, c		С	Fundraising events		1c					
ar J		d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contrib	utions)	1e					
Sign		f	All other contributions, gifts, gr	ants, and						
her			similar amounts not included al		1f	340,080.				
걸		g	Noncash contributions included in line		1g \$					
o d		_	Total. Add lines 1a-1f		·91+		340,080.			
<u> </u>		<u>''</u>	Total: Add lines 1a 11			Business Code	320,0001			
	_	_				Business Code				
ice	2									
er v		b								
n S		С								
ran }ev		d								
Program Service Revenue		е								
<u>P</u>		f	All other program service re	venue .						
		g	Total. Add lines 2a-2f							
	3		Investment income (includir							
			other similar amounts)							
	4		Income from investment of							
	5		Royalties							
	Ū		Г		i) Real	(ii) Personal				
	6	_	Gross rents	. —	.,	(-)				
				6a						
			· · · · · · -	6b						
			` ′ _	6c						
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(1) S	Securities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			• • • • • • • • • • • • • • • • • • • •	7b						
Revenue		С	Gain or (loss)	7с						
Be		d	Net gain or (loss)		<u></u>					
Je	8	а	Gross income from fundraising	events (ı	not					
₹			including \$		of					
			contributions reported on lir	ne 1c). S	ee					
			Part IV, line 18							
		b	Less: direct expenses							
			Net income or (loss) from fu			•				
			Gross income from gaming							
	J	-	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from ga			<u> </u>				
	10	а	Gross sales of inventory, les							
			and allowances							
			Less: cost of goods sold			•				
		С	Net income or (loss) from sa	ales of in	ventory					
_s						Business Code				
o o	11	а								
Miscellaneous Revenue		b								
elk eve		С								
isc B		d	All other revenue							
≥			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				340,080.	0.	0.	0.

Form 990 (2023) MARKET PROJECT, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	67.000	67 000		
_	individuals. See Part IV, lines 15 and 16	67,080.	67,080.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	27 720	16 205	15 070	E 1E1
_	trustees, and key employees	37,728.	16,295.	15,979.	5,454
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	87,525.	4,642.	1,519.	81,364
7	Other salaries and wages	01,343.	4,042.	1,313.	01,304
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	90.		-187.	277
9	Other employee benefits	9,823.		9,823.	411
10	Payroll taxes	9,023.		9,023.	
11	Fees for services (nonemployees):	44,671.		44,671.	
	Management	5,607.	3,207.	2,400.	
	Legal	13,936.	3,207.	13,936.	
	Accounting	13,930.		13,930.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	54,660.	8,646.	34,643.	11,371
40	column (A), amount, list line 11g expenses on Sch 0.)	J4,000.	0,040.	34,043.	11,5/1
12	Advertising and promotion	1,540.	32.	1,331.	177
13	Office expenses	13,641.	52.	13,641.	<u> </u>
14 15	Information technology	13,041.		13,041.	
15 16	Royalties				
16 17	Occupancy	8,912.	4,842.	1,869.	2,201
17 18	Travel Payments of travel or entertainment expenses	0,512.	1,012.	1,005.	2,201
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
19 20					
	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23		420.		420.	
24	Other expenses. Itemize expenses not covered	1201		1201	
	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.)				
2	LOSS ON INVESTMENT IMPA	137,440.	137,440.		
a b	BAD DEBT EXPENSE	31,163.	31,163.		
C	PRINTING & PUBLICATIONS	5,161.	51,103.	5,161.	
d	BANK FEES	2,137.	188.	1,949.	
-	All other expenses	2,086.	100.	1,986.	
	Total functional expenses. Add lines 1 through 24e	523,620.	273,635.	149,141.	100,844
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	323,020•	273,033.	1 1 J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100,044
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	oudoational campaign and fundraising solicitation.				

Pai	τX	Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	78,406.	1	96,113.	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	92,000.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ			6	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	000
⋖	9				9	808.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	1			10c	
	11	Investments - publicly traded securities		1.0	11	
	12	Investments - other securities. See Part IV, line	10.	12		
	13	Investments - program-related. See Part IV, lin		13	0.	
	14	Intangible assets	164 000	14		
	15	Other assets. See Part IV, line 11		164,898. 243,314.	15	100 001
	16	Total assets. Add lines 1 through 15 (must ed		243,314.	16	188,921.
	17	Accounts payable and accrued expenses		985.	17	12,433.
	18	Grants payable	303.	18		
	19 20	Deferred revenue			19 20	
	21	Tax-exempt bond liabilities	- Doublit of Coloradi de D		21	
	22	Loans and other payables to any current or for			21	
Liabilities	22	trustee, key employee, creator or founder, sub				
bilit		controlled entity or family member of any of th			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lin	•			
		of Schedule D	, ,	0.	25	5,081.
	26	Total liabilities. Add lines 17 through 25		985.	26	17,514.
		Organizations that follow FASB ASC 958, cl	neck here X			,
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		235,921.	27	34,272.
Bal	28	Net assets with donor restrictions		6,408.	28	34,272. 137,135.
nd		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current fund	ls		29	
set	30	Paid-in or capital surplus, or land, building, or		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net	32	Total net assets or fund balances		242,329.	32	171,407.
	33			243,314.	33	188,921.

Pa	t XI Reconciliation of Net Assets			<u>, u</u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Check if Schedule O contains a response or note to any line in this Part XI						
	•						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	0,0	80.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	52	3,6	20.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18	3,5	40.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	2,3	<u> 29.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	11	2,6	18.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	17	1,4	<u>07.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>		
			Form	990	(2023)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

-*0613 MARKET 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	115,307.	247,612.	431,068.	334,180.	340,080.	1468247.
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	115,307.	247,612.	431,068.	334,180.	340,080.	1468247.
5	The portion of total contributions	, , , ,		, , , , , , , , , , , , , , , , , , , ,	,		
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						43 103
6							43,103. 1425144.
	Public support. Subtract line 5 from line 4.						1423144.
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 115, 307.	(b) 2020 247,612.	(c) 2021 431,068.	(d) 2022 334,180.	(e) 2023 340,080.	(f) Total 1468247.
_		113,307.	247,012.	431,000 .	334,100.	340,000.	14002474
8	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			10 060			10 060
	assets (Explain in Part VI.)			10,060.			10,060.
11	Total support. Add lines 7 through 10						1478307.
	Gross receipts from related activities,	="				12	
13	First 5 years. If the Form 990 is for the	•		•		. , . ,	
_	organization, check this box and stop						
	ction C. Computation of Publi						0.5.40
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.40 %
	Public support percentage from 2022					15	99.19 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	-	• •				
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·
							(Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					T T	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Т Т	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19	a 33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

332023 12-21-23

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		
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ŀ	3a		
	3b		
ı	- CL		
	3с		
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	4a		
	4b		
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	5a		
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	5b		
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	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
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Par	TIV 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		
	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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

-*0613 MARKET PROJECT INC. Organization type (check one): Filers of: Section: X 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MARKET	PROJECT,	INC
TIVIVITIE	FROUECI,	TIVC

-*0613

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$92,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$13,500.	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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

-*0613

IAKKE.	PROJECT, INC.		0013
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$,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
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Page 3

MARKET	PROJECT	, INC
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-*0613

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if 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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art 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. rom 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

Page 4

Name of organization **Employer identification number** **-***0613 MARKET PROJECT, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. 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

323454 12-26-23

Schedule B (Form 990) (2023)

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

MARKET PROJECT, INC.

Employer identification number **-***0613

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9
	impermissible private benefit?	·······		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.		Г	Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			tion during the tax
	year		, ,	· ·
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ig of	
	violations, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	e items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			ovide
	the following amounts required to be reported under FASB AS		- · ·	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X line 1	Oc. column (R))		0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MARKET PROJI	ECT, INC.	* * * * * * * * * * * * * * * * * * *	-***U613 Page 3
Part VII Investments - Other Securities	on Form 000 Port IV line	a 11h Saa Farm 000 Bart V lina 12	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd of year market value
(4) =:	(b) BOOK value	(c) Method of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives		1	
(2) Closely held equity interests (3) Other		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" (e 11d. See Form 990, Part X, line 15.	1 (1) 5
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	(2)		
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	<u>. (B)) </u>		
Complete if the organization answered "Yes" of	on Form 000 Part IV line	a 11a or 11f Soo Form 000 Part V line 2f	ξ.
(a) Description of liability	on Form 990, Fart IV, line	e Tre Or Th. See Form 990, Fart A, line 25	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) DOOK Value
(1) Federal income taxes (2) REFUNDABLE GRANT ADVANCE			5,081.
			3,001.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	(D))		5,081.
Total. (Column (b) must equal Form 990, Part X, line 25, col.	. (B))		J,001.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Sche	edule D (Form 990) 2023 MARKET PROJECT, INC.		**-***0613 F	age 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	- · · · · · · · · · · · · · · · · · · ·			
С				
d	()	1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	/			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	·	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	THIS HIGH CAGAL CHILL OF ALL INTO TO.		5	
Pa	rt XIII Supplemental Information			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b and 2b	o; Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional information.		
PAI	RT X, LINE 2:			
IN_	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXE	ES, ACCOUNT	ING STANDARDS	
RE(QUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL	L STATEMENT	MPACT OF A TAX	
POS	SITION WHEN IT IS MORE-LIKELY-THAN-NOT THA	AT THE POSI	TION WILL NOT BE	
SUS	STAINED UPON EXAMINATION. MANAGEMENT EVAI	LUATED THE	ORGANIZATION'S TAX	
POS	SITIONS AND CONCLUDED THERE ARE NO UNCERTA	AIN TAX POS	SITIONS THAT REQUIRE	i
AD	JUSTMENT TO THE FINANCIAL STATEMENTS TO CO	MPLY WITH	THE PROVISIONS OF	
				
тн.	IS GUIDANCE.			

Schedule D (Form 990) 2023

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** **-***0613 MARKET PROJECT, INC.

Pa	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
	Form 990, Part IV							
1				ds to substantiate the amount of its gra				
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
_								
2		ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outsi	de the		
2	United States.	aa fallawina Dart	l line O table as	n he dunlicated if additional anges is n	anded \			
3	(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total		
	(a) Hegion	offices	èmplovees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures		
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and		
			contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region		
			in the region					
					SUSTAINABLE WORK, TRAUMA			
					HEALING, BUILDING			
UB-	-SAHARAN AFRICA	0	2		SUPPORTIVE COMMUNITY	67,080.		
				2200102				
3 а	Subtotal	0	2			67,080.		
b	Total from continuation							
	sheets to Part I	0	0			0.		
С	Totals (add lines 3a							
	and 3b)	0	2			67,080.		

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

Schedule F (Form 990) 2023

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
			SUSTAINABLE WORK, TRAUMA HEALING, BUILDING SUPPORTIVE COMMUNITY	67.080.	BANK WIRE	0.		U.S DOLLAR
				,				
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the f	oreign country,	recognized as a tax			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	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

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(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)

Schedule F (Form 990) 2023 Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 MARKET PROJECT, INC.	**-***0613	Page 5
Part V Supplemental Information		. ago o
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth		
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
PART I, LINE 2		
FUNDS ARE MONITORED ACCORDING TO AN ESTABLISHED FINANCIAL	MANAGEMENT	
HANDDOOK, ACCECC TO THE CDANTER! CONTINE ACCOUNTING CYCTEN	A. MONIMIT V	
HANDBOOK; ACCESS TO THE GRANTEE'S ONLINE ACCOUNTING SYSTEM	M; MONTHLY	
BANK STATEMENTS; TIMESHEETS AND RECEIPTS FOR ALL EQUIPMENT	ר אור	
DANK DIKIDMENIO, IIMEDHELID AND KECHIIID IOK ALE EQUITMENI	. AND	
SUPPLIES.		
PART I, LINE 3, COLUMN F		
THE ACCOUNTING METHOD USED IS THE ACCRUAL BASIS OF ACCOUNT	I'ING. ALL	
AMOUNTS ARE EXPENDENTED IS		
AMOUNTS ARE EXPENDITURES.		
PART II, LINE 1		
ACCOUNTING METHOD IS THE ACCRUAL BASIS OF ACCOUNTING.		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARKET PROJECT, INC.

Employer identification number **-***0613

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR SURVIVORS OF COMPLEX TRAUMA.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
WITH A NUTRITIOUS DAIRY PRODUCT IN A REGION WHERE THE AVERAGE INTAKE OF
DAIRY IS APPROXIMATELY 26% OF THE WORLD HEALTH ORGANIZATION'S
RECOMMENDED LEVEL.
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD OF DIRECTORS RECEIVES AND REVIEWS A COPY OF THE 990 BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE MARKET PROJECT CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE
POLICY. THE EXECUTIVE DIRECTOR IS REQUIRED TO BRING TO THE ATTENTION OF THE
BOARD ANY POTENTIAL CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY USING COMPARABILITY DATA AND
IS APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER PROFESSIONAL SERVICES FEES:

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** **-***0613 MARKET PROJECT, INC. PROGRAM SERVICE EXPENSES 8,646. MANAGEMENT AND GENERAL EXPENSES 34,643. FUNDRAISING EXPENSES 11,371. 54,660. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 54,660.