	0		Boturn a	f Organization	Exampt E	From	n 001	no Tov		OMB No	. 1545-00)47
Form	99	<i>J</i> U	Return C	of Organization E	схеттрі г		ncor			2	023	Ł
			Under section 501(c),	527, or 4947(a)(1) of the Int	ernal Revenue	e Code (ex	cept p	rivate foun	dations)		UZJ	,
Depart	ment of	the Treasury	Do not ente	r social security numbers of	on this form as	s it may be	e made	public.		Open	to Publi	С
		ue Service	Go to ww	<i>vw.irs.gov/Form990</i> for inst	tructions and t	the latest i	informa	ation.		Insp	ection	
	or the	2023 calend	lar year, or tax year begin			, 2023, a	and end	ling		, 20		
B c	heck if a	applicable:	C Name of organization Pr	oject 8p Foundatio	n				D Emplo	yer identificati	on numbe	эr
X A	ddress c	change	Doing business as							83-2545	342	
<u>N</u>	ame cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street addr	ress)		Room/su	uite	E Teleph	one number		
	itial retu	rn		enue 31st floor						(212)24	8-326	0
Fi	inal retui	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal co	de				G Gross	•		
	mended	return	New York, NY 1						\$	2	,026,	
A	pplicatio	n pending	F Name and address of principa							or subordinates?	≓ ~ ř	X No
			Same as C abov					H(b) Are all		-	Yes	No
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					t. See instruction	ns	
	lebsite:		.project8p.org					H(c) Group				
Par		rganization: X	· <u> </u>	ociation Other	LY	ear of formation	on: 20.	18 M:	State of lega	al domicile: 1	YY	
Fai			,	ion or most significant activiti				11				
	1	•	Ũ	ion or most significant activiti						treatm	ents a	and
ICe		quality	clinical care for	children and adul	ts with ch	iromosoi	ne sp	alsora	ers.			
nar												
Activities & Governance	2	Chock this h		iscontinued its operations or	disposed of m	oro than 25	5% of its	not accote				
ŝ	3		-	rning body (Part VI, line 1a)					3			e
80									4			6
ties	4		-	s of the governing body (Par								6
livit	5			i calendar year 2023 (Part V,	,				5			1
Act	6		r of volunteers (estimate if	27					6			8
	7a			Part VIII, column (C), line 12					7a			0
	a	Net unrelate	d business taxable income	from Form 990-T, Part I, line	11 • • • • •		· · · ·		7b			0
	8	Contribution	a and granta (Dart VIII, lina	16)				Prior Year	050		nt Year	
Ð	9		•	$\begin{array}{ccc} 1h) & \cdot $				595	,258		,930,	
Revenue		-		(2g)				1.0	202		21	0
eve	10			A), lines 3, 4, and 7d) • • •				12	,383			051
œ	11			nes 5, 6d, 8c, 9c, 10c, and 11					647			488
	12		- · · ·	must equal Part VIII, column X, column (A), lines 1-3)	., ,				,641	2	,011,	
			· · ·					153	,818		378,	
	14			(, column (A), line 4)								0
es	15			e benefits (Part IX, column (A							20,	686
sue			3 (column (A), line 11e)				33	,875			
Expenses			sing expenses (Part IX, col				_					
ш	17	-		nes 11a-11d, 11f-24e)					,575		514,	
	18	•	,	equal Part IX, column (A), lir	,				,268	-	913,	
. 0	19	Revenue les	s expenses. Subtract line 1	8 from line 12			+		,373		<u>,098,</u>	050
ts or	20	Total accet-	(Part V line 16)				Beg	inning of Curr			of Year	
Sset	20		,					1,162	,555	2	100	
Net Assets or Fund Balances	21 22		() =)	ne 21 from line 20				1 1			188,	
Par			re Block					1,162	,555	4	,303,	414
				rn, including accompanying schedule	s and statements. a	and to the bes	t of mv kr	nowledge and b	elief. it is			
				icer) is based on all information of wh				5	, I			
		Bina	Chah									
Sigr	ו ו	Signature of offic	Shah cer						Date	9		
Here				о /што о о очито о то								
	-	Type or print nar	Shah, Founder/CE	0/freasurer								
		Print/Type pre		Preparer's signature		Date				PTIN		
Paic							24	Check			1207	
	arer	John Mu		John Mullins		1-13-20		self-em	ployed	P01429	1307	
-	Only		Mullins,					Firm's EIN				
058	Unity	Firm's addres		consin Avenue				Phone no.				
				MD 20814					202-7	<u>70-6371</u> 교사		
				own above? See instructions	3					<u>x</u> y		No
⊢or P	aperw	vork Reducti	on Act Notice, see the se	parate instructions.						Foi	rm 990 (1	2023)

	n 990 (2023) Project 8p Foundation	83-2545342	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	To accelerate the discovery of treatments and quality clinical care for chi	ildren and adu	lts with
	chromosome 8p disorders.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
~	prior Form 990 or 990-EZ?	🗌 Yes	x No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 709,338 including grants of \$ 348,466) (Revenue)
14	Research Progress: In 2023, the Foundation funded 4 research projects, coll		h UCSD.
	Yale, Mount Sinai, Van Andel Institute, Autism BrainNet and others to advar		
	of 8p disorders. Notably, ongoing studies include assessing genome archited		
	mitochondrial dysfunction while supporting pioneering technologies and dise	ease models to	study
	the complex neurological disorder. These collectively marked a significant	step toward	
	identifying therapeutic options. We launched our 8p Insights Portal which of		
	patient reported data, clinical data, and research studies to approved stab		
	proprietary and continuing to develop to inform insights into the disorder growing biorepository.	and access to	our
	growing biorepository.		
4b	(Code:) (Expenses \$51,201 including grants of \$) (Revenue	ie \$)
	Community Outreach: We supported over 200 families through open science and		
	roundtables and our Share What Works programming where leading experts and		
	findings, experiences, and goals towards improving quality of life due to u	inmet medical	needs.
4c	(Code:) (Expenses \$ 30,001 including grants of \$ 30,000) (Revenue	ie \$)
	Clinics and Care: Our MultiDisciplinary clinic is implementing a standard of		large
	team of dedicated specialists to understand this rare complex disorder with		
	families. Clinical Care Guidelines are under review towards publication.		
4d	Other program services (Describe on Schedule O.)	,	
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e EEA	Total program service expenses 790,540	For	m 990 (2023)

Pa	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			
		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
-		4		
-		4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
_		5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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			
		9		v
10				<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
		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		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		х
c	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		х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
•		11d		x
e		11e		
				x
f	5 I			
		11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	х	
b	5			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	-		
		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
10		16		
4-		16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.		
		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	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		21	x	

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Project 8p Foundation

Form	990 (2023) Project 8p Foundation 83-	25453	42	Р	age 4
Pa	rt 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				
240	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 Schedule K. If "No," go to line 25a		24a		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		240		
U	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		2-70		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		200		
~	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		x
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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III.		27		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? If				
	"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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in noncash 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		x
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 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		х
b	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		
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	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
4 -	Enter the number reported in her 2 of Form 1000. Foton 0, if not souther the	_		Yes	No
1a ⊾	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10	v	
	reportable gaming (gambling) winnings to prize winners?	<u> </u>	1c	X	

Form	990 (2023) Project 8p Foundation 83-2545.	342	F	Page 5
Pa	rt 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 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other 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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		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			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) · · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			_
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2023) Project 8p Foundation 83-2545	342	Р	age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and f	or a "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instru	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	_		
	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 in 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	x	
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?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		x x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		 X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
	one or more members of the governing body?	7a		x
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	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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		<u>x</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	x	
b 122	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	v	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	x x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
Ũ	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
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		x
b	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		x
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			
600	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990, T (section 501(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Comparison of the comparison of t			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (212)248-3260, 787 Seventh Avenue, 31st floor, New York, NY 10019			
		Forn	- 00 /	2023)

Form 990 (2023		83-2545342	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employe	es, 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 th	is table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the	
organization's ta	ax year.		
 List all of the 	he organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
 List all of the 	he organization's current key employees, if any. See the instructions for definition of "key employee.		
 List the org 	ganization's five current highest compensated employees (other than an officer, director, trustee, or	key employee)	

rg it high mpe ed employe es (ot tey e 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 instructions for the order in which to list the persons above.

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

	teu organiza		mpe	nsa	ieu a	any cu	nen	t onicer, unector, o	liusiee.	
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both a		Reportable	Reportable	Estimated amount
	hours			•		s both a /trustee		compensation	compensation	of other
	per week						,	from the	from related	compensation
	(list any	0 -	=	0	x	ΦТ	Ţ	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	r dire	ıstitu	Officer	ey e	ighe mplc	Forme	1099-NEC)	1099-NEC)	related organizations
	related organizations	dual	tion	ň	Key employee	st co	°,			-
	below	Individual trustee or director	Institutional trustee		ууее	Highest compensated employee				
	dotted line)	tee	Istee			ensa				
			Ű			ated				
(1)Jahn Marie Surette	<u>1.00</u>									
Director		х						0	0	0
(2) Thomas Peterson	<u>1.00</u>									
Director		х						0	0	0
(3)Mehul Shah	1.00									
Director		х						0	0	0
(4)Wissam Nesr	1.00									
Director		х						0	0	0
(5)Bina Shah	<u>5.00</u>									
Founder/CEO/Treasurer		х		х				0	0	0
(6) Shannon Clarke	<u>1.00</u>									
Director, Secretary		х		х				0	0	0
_(7)										
_(9)										
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
										E 222 (2222)

	90 (2023) Project 8p Founda	tion								83-254	5342	P	age 8
Part	VII Section A. Officers, Directors, T	rustees,	Keyl	Em	-	-	es, ai	nd I	Highest Comp	ensated Emp	loyees	(conti	nued)
	(A) Name and title	(B) Average hours per week	box,	, unles	Po: leck n ss pe	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	col	(F) ated amo of other mpensati rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	-	nization a	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
<u>(22)</u>													
<u>(23)</u>													
(24)													
(25)													
1b	Subtotal	 4 .		••	• •	•••		•					
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but n reportable compensation from the organiza	ot limited t							received more t	han \$100,000 o	f		0
												Yes	No
3	Did the organization list any former officer, directer employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>			-		-					3		x
4	For any individual listed on line 1a, is the sum of r	•	•					•					
	organization and related organizations greater that individual										4		x
5	Did any person listed on line 1a receive or accrue				-			-					
Section	for services rendered to the organization? If "Yes, on B. Independent Contractors	," complete .	Schedu	ıle J	for s	such	perso	ุค.	<u></u>	<u></u>	5		х
1	Complete this table for your five highest co	mpensate	d inde	peno	den	t co	ntract	tors	that received m	ore than \$100,0	00 of		
	compensation from the organization. Repo	rt compens	sation	for t	the	cale	endar	yea I	-	within the organ		s tax y	/ear.
	(A) Name and business addres	ss							(B) Description of servio	es	(C) Compens	ation	
Rare-	X, 1012 14th Street NW, Suite 50	0 Was D	C 200	05				Res	search			L78,6	
<u>Perla</u>	ra PBC, 6000 Shoreline Ct, Ste 2	204 Sout	hSC	'A 9	940	8		Res	search		<u>:</u>	133,9	75
2	Total number of independent contractors (in received more than \$100,000 of compensations)	-					nose l	l iste	d above) who	2			

	90 (2023) Project 8p Foundation			83-25453	3 42 Page 9
Part	VIII Statement of Revenue				
	Check if Schedule O contains a response or note to an	y line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
e Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,930,820 g Noncash contributions included in lines 1a-1f 1g \$ 10,000 h Total. Add lines 1a-1f Business Code				sections 512–514
Program Service Revenue	b d				
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a (i) Real 6a 6a b Less: rental expenses c Rental income or (loss)	31,051			31,051
venue	d Net rental income or (loss)	-			
Other Reven	d Net gain or (loss)				49,488
	9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9c 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b	-			
Miscellanous Revenue	c Net income or (loss) from sales of inventory Business Code 11a				
Σ	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,011,359	0	0	80,539

	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response or		÷		
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	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	378,466	378,466		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 • • • • • • • • • • • • • •				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees •••••••				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,686	10,343	10,343	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •				
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·	3,786	750	3,036	
c		1,693		1,693	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37		37	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	463,538	375,650	8,248	79,640
12	Advertising and promotion	5,016	2,694	392	1,930
13		10,809	3,567	1,738	5,504
14	Information technology	17,838	9,782	1,593	6,463
15	Royalties				
16	Travel	F 310	6 402		0.07
17 4 0	Payments of travel or entertainment expenses	7,310	6,483		827
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
23		1,325		1 225	
23 24	Other expenses. Itemize expenses not covered	1,325		1,325	
24	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	Other	2,805	2,805		
b	other	2,005	2,005		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e • •	913,309	790,540	28,405	94,364
26	Joint costs. Complete this line only if the	513,309	, , , , , , , , , , , , , , , , , , , ,	20,100	51,501
-	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Proj	ect 8p	Foundation

Page	1	1

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			[]
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	415,255	1	573,374
	2	Savings and temporary cash investments	732,236	2	874,742
	3	Pledges and grants receivable, net	15,064	3	1,043,892
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,162,555	16	2,492,008
	17	Accounts payable and accrued expenses		17	188,594
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	188,594
		Organizations that follow FASB ASC 958, check here X			
ces		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	1,162,555	27	1,303,414
Ba	28	Net assets with donor restrictions		28	1,000,000
pur		Organizations that do not follow FASB ASC 958, check here			
ŗ		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,162,555	32	2,303,414
	33	Total liabilities and net assets/fund balances	1,162,555	33	2,492,008

EEA

Form 990 (2023)

Form	990 (2023) Project 8p Foundation	83-2545342	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	011,	359
2	Total expenses (must equal Part IX, column (A), line 25)	2		913,	309
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	098,	050
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	162,	555
5	Net unrealized gains (losses) on investments	5		72,	409
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(29,	600)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,	303,	414
Pa	rt 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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				İ
	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				İ
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			— • • • • •		(2022)

Form 990 (2023)

SCHE	DULE A	١
(Form	990)	

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2023
Open to Public
Inspection

OMB No. 1545-0047

Internal	Re	venue Service	Go to	www.irs.gov/Fori	m990 for instructions a	nd the late	est inform	ation.	Inspection
Name o	of tl	ne organization						Employer identification	number
Proj	ec	t 8p Found	ation					83-254534	2
Part	: 1	Reason	for Public Cha	rity Status. (Al	ll organizations mus	st comple	ete this p	bart.) See instructi	ons.
The or	gai	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)		
1		A church, conv	vention of churches,	or association of ch	urches described in sec	tion 170(b)(1)(A)(i).		
2		A school desc	ribed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)			
3	\Box	A hospital or a	cooperative hospital	service organizatio	on described in section 1	70(b)(1)(A	A)(iii).		
4	$\overline{\Box}$	A medical rese	earch organization op	perated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	hospital's nam	e, city, and state:	-					
5	Π		· _	enefit of a college o	r university owned or ope	erated by a	qovernme	ental unit described in	
		-)(1)(A)(iv). (Complet	-	, ,	,	0		
6	Π	•		,	unit described in section	170(b)(1)	(A)(v).		
7	x		-	•	art of its support from a g			rom the general public	
		•	ection 170(b)(1)(A)(
8	Π				/i). (Complete Part II.)				
9	П	-			tion 170(b)(1)(A)(ix) ope	erated in co	niunction	with a land-grant collec	ie.
•		0	0		(see instructions). Enter			0 0	0
		university:	a non lana grant oo	logo of agricataro		the name,	ony, and c		
10	П	· · _	n that normally recei	ves (1) more than 3	33 1/3% of its support fro	m contribu	tions men	hershin fees and gros	28
		receipts from a	activities related to its	s exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	
					business taxable income) from businesses	
11	П	1 5	0	,	section 509(a)(2). (Com test for public safety. Se	•	'		
12	Н	•	•	•	or the benefit of, to perfor				ses of
12		•	•	•	ed in section 509(a)(1) or			• • •	
					pe of supporting organization			,	Oneck
•			-				•	•	
а					vised, or controlled by its		-		iy
			•		rly appoint or elect a maj	only of the	directors	or trustees of the	
			-	-	t IV, Sections A and B.				
b					ontrolled in connection w		-		
					tion vested in the same	persons th	at control of	or manage the support	ed
		_ ·	on(s). You must con	-					
С					panization operated in co			, ,	ih,
			• • • • •	,	ou must complete Part				
d			-	•	g organization operated				()
			, ,	•	n generally must satisfy a		•	ient and an attentivene	ess
		<u> </u>	· ,	-	te Part IV, Sections A a				
е			-		en determination from the			I, Type II, Type III	
-	_				integrated supporting or	ganization	•		
f			r of supported organ						• • • •
g			wing information abo		č ()	1			
		(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

	A (Form 990) 2023 Project 8p	Foundation				83-254534	2 Page 2
Part I							
	(Complete only if you checked th						alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
-	on A. Public Support	1		•			1
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	213,407	888,647	632,932	559,258	1,930,820	4,225,064
	Tax revenues levied for the						
	organization'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	213,407	888,647	632,932	559,258	1,930,820	4,225,064
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)						990,881
	Public support. Subtract line 5 from line 4						3,234,183
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	213,407	888,647	632,932	559,258	1,930,820	4,225,064
	Gross income from interest, dividends,			0027502			1/220/001
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	10	120	29	12,383	31,051	43,593
	Net income from unrelated business	10	120	23	12,303	31,031	43,595
	activities, whether or not the business						
	is regularly carried on						
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc					12	4,268,657
	First 5 years. If the Form 990 is for the o	•	,				(a)(2)
	5	0					· / · /
	organization, check this box and stop he						<u>····</u>
	on C. Computation of Public Suppo			11 a a lu mana (f))			0/
	Public support percentage for 2023 (line					14	75.77 %
	Public support percentage from 2022 Sch					15	%
	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	-	• • • •	-			
	33 1/3% support test - 2022. If the organ						
	• •	•		-			
		•					
	-					•	
	•						
	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	stances test, c	heck this box	and stop here .	Explain
	in Part VI how the organization meets the	e facts-and-circ	umstances tes	t. The organiza	ation qualifies	as a publicly s	upported
	organization			-			
18	Private foundation. If the organization d	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						_
17a b 18	15 is 10% or more, and if the organization in Part VI how the organization meets the organization	 23. If the organists the facts-and-circunacts-and-circunacts-and-circunacts. 22. If the organist the facts facts-and-circunacts the facts-and-circunacts. id not check a 	nization did not d-circumstance nstances test. nization did not cts-and-circums umstances tes box on line 13,	t check a box of es test, check The organization t check a box of stances test, c st. The organization 16a, 16b, 17a	on line 13, 16a this box and s on qualifies as on line 13, 16a heck this box ation qualifies on or 17b, check	, or 16b, top here a public , 16b, or and stop as a pub k this bo	and line a. Explain the Explain the Explain the Explanation of the Exp

Secti	on A. Public Support			•			
Calen	dar 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 performed, 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						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
	on B. Total Support	() 0040	(1) 0000	() 0001	(1) 0000	() 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources • Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 50	1(c)(3)
	organization, check this box and stop her	-					· · · · ·
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line &	B, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2023 (line 10c, colur	nn (f), divided l	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022	Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the orga	nization did n	ot check the bo	ox on line 14, a	ind line 15 is m	ore than 33	1/3%, and line
	17 is not more than 33 1/3%, check this b	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported o	rganization
b	33 1/3% support tests - 2022. If the organization	n did not check	a box on line 14	or line 19a, and l	ine 16 is more that	an 33 1/3%, an	d
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	n qualifies as a p	ublicly supported	organization	🛛
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	and see instr	uctions 🗌
EEA						Schedu	le A (Form 990) 2023

(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.)

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 No Yes 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. 1 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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 3b organization made the determination. С 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 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. 9a b Did one or more disgualified 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. 9b Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

	e A (Form 990) 2023 Project 8p Foundation 83-254	5342	F	Page 5
Part	IV Supporting Organizations (continued)		Vee	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b at	nd		
ŭ	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	_	
C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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 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		
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 Pa	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo			
	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 management of the support or management of the support			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			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 support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
3	how the organization maintained a close and continuous working relationship with the supported organization. By reason of the relationship described in line 2, above, did the organization's supported organizations ha			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	i	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see ins	structi	ions).
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с 2	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see in Activities Test.</i> Answer lines 2a and 2b below.	structions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	163	NO
ŭ	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 purpose			
	how the organization was responsive to those supported organizations, and how the organization determine			
	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) woul			
•	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA		Schedule A (F	orm 99	0) 2023

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ		ns must complete Sec	(B) Current Yea
ecti	on A - Adjusted Net Income		(A) Prior 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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona		earsted Type III suppo	orting organization

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Project 8p Foundation V Type III Non-Functionally Integrated 509(a)(2) Supporting Organ		545342 Page 7
	on D - Distributions	s) Supporting Organ		Current Year
1	Amounts paid to supported organizations to accomplish e	vempt purposes		1
2	Amounts paid to perform activity that directly furthers exe	<u> </u>		1
2		mpt purposes of suppor		
	organizations, in excess of income from activity			2 3
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ		-
4	Amounts paid to acquire exempt-use assets	ana ida dataila in Du		4
	Qualified set-aside amounts (prior IRS approval required)	-		5
6	Other distributions (describe in Part VI). See instructions.			6
	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	n the organization is resp		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2023 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) s Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
-	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, <i>explain ir</i>			
	u			
- 7	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c. Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
<u> </u>	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			• • • • • •
				Cohodulo A (Corres 000) 2022

Schedule A (Form 990) 2023

Schedule A (For	m 990) 2023
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Project 8p Foundation

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Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

01. Unusual grants (Part II or Part III, line 1)

Unusual Grant: \$1,600,000

SCHE	DULE D	
(Form	990)	

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. 2023 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name o	f the organization			Employer identification number
Proje	ct 8p Foundation			83-2545342
Pa		Funds or Other S	imilar Funds or Ac	counts
	Complete if the organization answered "Yes"	on Form 990, Part	IV, line 6.	
		(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the asset	ts held in donor advise	d
	funds are the organization's property, subject to the organization	-		
6	Did the organization inform all grantees, donors, and donor	-		
•	only for charitable purposes and not for the benefit of the do	-	-	
	conferring impermissible private benefit?			
Par				
	Complete if the organization answered "Yes" of	on Form 990, Part	IV. line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreation		·	historically important land area
	Protection of natural habitat		=	certified historic structure
	Preservation of open space			
2		lified concernation ac	atribution in the form of	f a concentration
2	Complete lines 2a through 2d if the organization held a qual	lined conservation cor		
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic st			· · 2c
d	Number of conservation easements included on line 2c, acc			
-	on a 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	-		
-	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations	s, and enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and	d enforcing conservation	on easements during the year
_				
8	Does each conservation easement reported on line 2d abov		()	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva		•	
	sheet, and include, if applicable, the text of the footnote to the	ne organization's finar	ncial statements that d	escribes the
D	organization's accounting for conservation easements	- 6 A - 6 112 - 6		
Par				Other Similar Assets
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, educa	tion, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that	describes these items	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its rev	enue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	ic exhibition, educatio	n, or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			· · · · · · \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	easures, or other simi	lar assets for financial	gain, provide the
	following amounts required to be reported under FASB ASC	958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990. Part X			· · · · · · · · · · · · · · · · · · ·

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

	e D (Form 990) 2023 Project 8p	Foundati	lon					83-2545		Page 2
Part	t III Organizations Mainta	ining Coll	ections of	Art, Histori	cal T	Freasures, o	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition,	accession, a	nd other recor	ds, check any o	f the f	ollowing that ma	ake się	gnificant use of its		
	collection items (check all that apply)):								
а	Public exhibition			d 🗌 L	oan oi	r exchange prog	gram			
b										
с	Preservation for future generation	is								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.			·····, ····,						
5	During the year, did the organization	solicit or rece	eive donations	of art historica	l treas	sures or other s	similar			
•	assets to be sold to raise funds rathe								. 🗌 Yes	
Part				part of the orga	Latit					
	Complete if the organiz			on Form 99	90. P	art IV. line 9	. or r	eported an am	nount on	Form
	990, Part X, line 21.				, -		,			
1a	Is the organization an agent, trustee	custodian or	other interme	diary for contrib	utions	or other assets	s not			
iu	included on Form 990, Part X?									□ No
b	If "Yes," explain the arrangement in F				• • •					
5				Silowing table.				۸m	ount	
-	Beginning balance						1	Am	ount	
C	Additions during the year						10			
d							1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amo									
	If "Yes," explain the arrangement in F	Part XIII. Che	ck here if the e	explanation has	been	provided on Pa	irt XIII			
Part		ation anou		" an Farm 00		out IV line 1	^			
	Complete if the organiz		vered res	on Form 9	90, P	an iv, line i	<u>U.</u>			
			Current year	(b) Prior yea	r	(c) Two years ba	ick	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions	· ·								
С	Net investment earnings, gains, and									
	losses								_	
d	Grants or scholarships	•••							_	
е	Other expenditures for facilities and									
	programs	•••								
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of	the current y	ear end balan	ce (line 1g, colu	ımn (a)) held as:				
а	Board designated or quasi-endowme	ent	%							
b	Permanent endowment	%								
с	Term endowment %	0								
	The percentages on lines 2a, 2b, and	d 2c should e	qual 100%.							
3a	Are there endowment funds not in th	e possession	of the organiz	ation that are h	eld an	nd administered	for the	Э		
	organization by:								_	Yes No
	(i) Unrelated organizations?								. 3a(i)	
	(ii) Related organizations?								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related								. 3b	
4	Describe in Part XIII the intended us	es of the orga	nization's end	owment funds.						
Part										
	Complete if the organiz			on Form 99	90, P	art IV, line 1	1a. S	See Form 990,	Part X, li	ne 10.
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book	
			(investm			other)	• •	preciation	(4) 2001	raido
1a	Land									
b	Buildings									
c	Leasehold improvements									
d										
e u										
	Other		orm 000 Dort	V line 10e anti	umars /	>)				
rotal.	Add lines 1a through 1e. (Column (d)	must equal F	onn 990, Part	∧, III Ie TUC, COIL	inn (E		• • •			

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely-held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))									
Part VIII Investments - Program Related									
Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.							

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Feder	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Colun	nn (b) must equal Form 990 Part X line 25 col. (B))	

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

Schedu	e D (Form 990) 2023 Project 8p Foundation			3-25	45342 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	r Reti	urn
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,083,731
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	72,409		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	72,409
3	Subtract line 2e from line 1			3	2,011,322
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	37		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	37
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,011,359
Part				ber R	eturn
	Complete if the organization answered "Yes" on Form 990, F	art l'	v, line 12a.		
1	Total expenses and losses per audited financial statements			1	913,272
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		I		
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		 I	3	913,272
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	37	-	
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	37
5 Dout	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).			5	913,309
	XIII Supplemental Information				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part X,	line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	•	itional information.		
01. 1	Pootnote for uncertain tax position under FIN 48 (Part	X)			
_				_	
The (Organization follows the Financial Accounting Standards	Boa	rd Accounting St	anda	rds Codification
vnici	n provides guidance on accounting for uncertainty in in	come	taxes recognize	ea in	The
.		m1 -			
Jrgai	nization's financial statements, if any. As of year end	, Th	e Organization i	nad n	lo unrecognized
1			ion wotuun that		d muslifu fan
cax I	penefits related to uncertain tax positions in its info	rmat	ion return that	woul	a quality for
	on responsition on disclosure in its financial statement	-			
eithe	er recognition or disclosure in its financial statement	s.			
Tho (Organization's policy would be to recognize interest an	d no	nalting on tax		iong related to
ine (rganizacion's policy would be to recognize interest an	a pe	naities on tax p	JOSIL	Tons related to
ite ·	unrecognized tax benefits in income tax expense in the	fina	ncial statements	тЪ	rough year and
	micoognized car benefics in income car expense in the	- TIId	iciai statements	. 11	irougii year end,
ther	have been no matters that would have resulted in an a	carii	al for interest	and /	or penalties
CHGT (and been no matters that would have resulted ill dil d	CCIU	ar for interest	anu/	or benarcies.

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activity					Activities	OMB No. 1545-0047					
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2023				
Denartm	nent of the Treasury		-		ch to Form 990 or Form 990-EZ. Open to						
	Revenue Service	(Go to www.irs.gov/	<i>Form990</i> for in	structions an	d the latest information	on.		Inspection		
lame of	the organization							Employer identifie	cation number		
Proje	ect 8p Found	ation						83-254	45342		
Part	I Fundrai	sing Activities.	. Complete if t	he organiz	ation ans	wered "Yes" on	Form	n 990, Part I∖	/, line 17.		
	Form 99	0-EZ filers are r	not required to	o complete	this part.						
1	Indicate whether	the organization rais	sed funds through	n any of the fo	llowing activi	ities. Check all that a	apply.				
а	Mail solicitatio	ns		e	Solicitation	of non-government	grants	3			
b	Internet and e	mail solicitations		f	Solicitation	of government grar	nts				
с	Phone solicita	tions		g [Special fur	ndraising events					
d	In-person soli	citations				-					
2a	Did the organizat	ion have a written o	r oral agreement	with any indiv	idual (includi	ng officers, directors	s, trust	ees,			
	or key employees	listed in Form 990,	Part VII) or entity	in connectio	n with profes	sional fundraising se	ervices	?	Yes No		
b						greements under wh			be		
	compensated at I	east \$5,000 by the	organization.	<i>,</i> .							
	·		0								
				(iii) Did fun	draiser have		(v)	Amount paid to	(vi) Amount paid to		
	(i) Name and addres		(ii) Activity		r control of	(iv) Gross receipts from activity		or retained by)	(or retained by)		
	or entity (fund			contrib	outions?	non activity	tun	draiser listed in col. (i)	organization		
				Yes	No			(1)			
1											
•											
2				_							
-											
3											
5											
4											
-											
5											
5											
6											
0											
7				_							
1											
8											
9											
10											
Fotal .											
3	List all states in w	hich the organizatio	on is registered or	licensed to s	olicit contribu	itions or has been n	otified	it is exempt from	n		
	registration or lice	ensing.									

	(Form 990) 2023
Part II	Fundraisi

Project 8p Foundation

83-2545342

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than	\$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
anı										
Revenue	1	Gross receipts	64,997			64,997				
R	2	Less: Contributions								
	3	Gross income (line 1								
	•	minus line 2)	64,997			64,997				
		,								
	4	Cash prizes								
	5	Noncash prizes								
s	e	Pont/facility agets								
Direct Expenses	6	Rent/facility costs								
xpe	7	Food and beverages								
сt Е		J. J. J. J. J. J. J. J. J. J. J. J. J. J								
Dire	8	Entertainment								
	9	Other direct expenses	15,509			15,509				
	10	Direct expense summary Add line	ummary. Add lines 4 through 9 in column (d)							
	11	Net income summary. Subtract lin				<u>15,509</u> 49,488				
Pa	rt III	Gaming. Complete if the or								
	-	\$15,000 on Form 990-EZ, li	-		···, ···· ·•, ···· · · · · · · ·					
-				(b) Pull tabs/instant		(d) Total gaming (add				
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
Revenue										
ш —	1	Gross revenue								
	•	Orah minar								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Exp	•									
rect	4	Rent/facility costs								
D										
	5	Other direct expenses								
			☐ Yes %	☐ Yes%	└ 」 Yes %					
	6	Volunteer labor	No	No	∐ No					
	7	Direct expense summary. Add line	es 2 through 5 in column (d)						
		Direct expense summary. Add int		,						
	8	Net gaming income summary. Su	btract line 7 from line 1, col	umn (d) • • • • • • • • •						
9		ter the state(s) in which the organiz								
		the organization licensed to conduc				🗌 Yes 📙 No				
	b lf"	No," explain:								
10	a \//	ere any of the organization's gaming	licenses revoked suspen	ded or terminated during t	he tax vear?	Yes 🗌 No				
		Voo " ovoloin:	g licenses revoked, suspen	-	-					
	b lf"									
	D II									

SCHEDULE I			ants and Other				L	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in	the United Sta	tes		2023
Department of the Treasury		Comple	te if the organization a	nswered "Yes" on For Attach to Form 990.	rm 990, Part IV, line 21	or 22.	C	Open to Public
Internal Revenue Service			Go to www.irs.g	ov/Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	ion number
Project 8p Found	ation Information on	Grants and Ass	istanco				83-2545342	
					1:-:::::::::::::::::::::::::::::::::::			
-			ount of the grants or assi	-	• • •			· XYes No
	•		g the use of grant funds					. <u>X</u> res Ino
					nte Complete if the (organization answered	l "Ves" on Form 90	20
			nore than \$5,000. Pai					,
1 (a) Name and addre	, j 1	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or govern		(0) 2.11	(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) University of	Colorado					ouner)		
1800 N Grant St,								
Denver CO 80203-	1114	84-6049811	501(c)(3)	30,000				Research
(2) Rice Universit	ty							
6100 Main St, MS	C 70							
Houston TX 77005	-1827	74-1109620	501(c)(3)	48,682				Research
(3) Yale Universit	ty							
PO Box 208356								
New Haven CT 065	20-8356	06-0646973	501(c)(3)	60,686				Research
(4)UC SanDiego								
9500 Gilman Dr								
La Jolla CA 9209	3	95-6006144	501(c)(3)	204,311				Research
(5)								
(6)								
				_				
(7)								
(0)								
(8)								
(9)								
(9)								
(10)								+
()								
2 Enter total number	of section 501(c)(3) ar	nd government organ	zations listed in the line	1 table				4

3 Enter total number of other organizations listed in the line 1 table

		Project 8p Foundation	83-2545342
Part III	Grants and	d Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form	990, Part IV, line 22.

Part III can be duplicated if addition	onal space is neede	d.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	vide the information	, required in Part I. lir	he 2: Part III. colum	h (b): and any other add	ditional information.

art IV S	Supplemental Information.	Provide the information rec	quired in Part I, line 2	; Part III, column (b); and an	y other additional information.
------------	---------------------------	-----------------------------	--------------------------	-----------------------	-----------	---------------------------------

Page 2

SCHEDULE O (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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-2545342

est information.

Internal Revenue Service Name of the organization

Department of the Treasury

Project 8p Foundation

01. Officer, directors, etc. family relationship (Part VI, line 2)

Bina & Mehul Shah are married.

02. Form 990 governing body review (Part VI, line 11)

The Final 990 (filed with the IRS) will be available at the next meeting of the board for

inspection. In addition, upon request of any board member, a copy will be provided. If

there are any material changes, an amended 990 will be filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

The Organization enforces the conflict of interest policy by monitoring known

relationships, questionnaires, and noting any changes in disclosed information. Any

conflict is reviewed by the board before a decision is made as to whether to approve the

transaction.

04. Form 990 availability to public (Part VI, line 18)

These documents are available to the public on its website.

05. Governing documents, etc, available to public (Part VI, line 19)

These documents are available upon request.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Adjustment to tie net assets to the audit.

07. List of other fees for services expenses (Part IX, line 11g)

Fundraising Fees: \$96,607

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Project 8p Foundation	83-2545342
Social Media: \$9,203	
HR Fees: \$728	
Other Prof Fees: \$19,793	
Research Fees: \$337,207	