

# Return of Organization Exempt From Income Tax

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

## 2021

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **Project St Anne Inc**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**10900 NW 21 Street** **130**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Miami, FL 33172**

**D** Employer identification number  
**45-4028041**

**E** Telephone number  
**(305) 468-0355**

**G** Gross receipts  
\$ **226,052**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2008** **M** State of legal domicile: **FL**

| Part I Summary              |   |  |         |         |
|-----------------------------|---|--|---------|---------|
| Activities & Governance     | 1   | Briefly describe the organization's mission or most significant activities: <b>Our purpose is to transform lives for the better through community development and education. Through social endeavors, we provide educational, nutritional, and financial support to the community of Camp-Perrin.</b> |         |         |
|                             | 2   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |         |         |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)  | 3       | 0       |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)  | 4       | 0       |
|                             | 5   | Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | 5       | 0       |
|                             | 6   | Total number of volunteers (estimate if necessary)   | 6       |         |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a      | 0       |
|                             | 7b  | Net unrelated business taxable income from Form 990-T, Part I, line 11   | 7b      | 0       |
| Revenue                     | 8   | Contributions and grants (Part VIII, line 1h)  | 226,052 |         |
|                             | 9   | Program service revenue (Part VIII, line 2g)   | 91,723  | 0       |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |         | 0       |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 10,492  | 0       |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 102,215 | 226,052 |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |         | 0       |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)  |         | 0       |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |         | 0       |
|                             | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)  |         | 0       |
|                             | b   | Total fundraising expenses (Part IX, column (D), line 25) ▶  | 0       |         |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 47,830  | 195,821 |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 47,830   | 195,821 |         |
| 19                          | Revenue less expenses. Subtract line 18 from line 12                      | 54,385   | 30,231  |         |
| Net Assets or Fund Balances | 20  | Total assets (Part X, line 16)   | 54,385  | 89,889  |
|                             | 21  | Total liabilities (Part X, line 26)  |         | 0       |
|                             | 22  | Net assets or fund balances. Subtract line 21 from line 20   | 54,385  | 89,889  |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **Max D'Haiti**  
 Date: \_\_\_\_\_

Type or print name and title: **Max D'Haiti, Chief Financial Officer**

**Paid Preparer Use Only**

Print/Type preparer's name: **Allan Michel, EA**  
 Preparer's signature: \_\_\_\_\_  
 Date: **10-27-2022**  
 Check  if self-employed PTIN: **P00834624**

Firm's name ▶ **A&M Financial Services Inc**  
 Firm's address ▶ **320 Main Street Laurel MD 20707**  
 Firm's EIN ▶ \_\_\_\_\_  
 Phone no. **240-481-8202**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: Our purpose is to transform lives for the better through community development and education. Through social endeavors, we provide educational, nutritional, and financial support to the community of Camp-Perrin.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 110,089 including grants of \$ ) (Revenue \$ ) We serve - All our actions are born from a spirit of service to Advocate for those in our program and for our community. During natural disasters we have served on the ground and provided materials for shelters, alimentary packages, hygiene kits, and medical assistance where needed for our families. During the holidays we provide gifts and support to 700+ families in the community.

4b (Code: ) (Expenses \$ 62,202 including grants of \$ ) (Revenue \$ ) We Educate - In 2021 PSA has 250 children in its sponsorship program. PSA assisted with school supplies and hot meals in the the of the of and throughout the school year.

4c (Code: ) (Expenses \$ 15,810 including grants of \$ ) (Revenue \$ ) We Feed - Project St. Anne first project in 2008, to commemorate the Feast of St. Anne, by providing hot meals to 1,500 members of the community of Camp-Perrin. This is done in collaboration with many supporters that believe in our mission. This tradition has become one of our trademarks in Camp-Perrin, confirming that even the smallest gestures can provide HOPE to those in need.

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

4e Total program service expenses 188,101

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>  |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | 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 or any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>  |     | 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>   |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M. . . . .</i>  |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M. . . . .</i>  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>   |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I. . . . .</i>  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>   |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | X  |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | X  |
| 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? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .  |     |    |
| b  | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .   |     |    |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . |     | X  |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |  | Yes        | No |  |   |
|--|--|------------|----|--|---|
| <b>2a</b>  | 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         | 0  |  |   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                 | <b>2b</b>  |    |  | X |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  |    |  | X |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .   | <b>3b</b>  |    |  |   |
| <b>4a</b>  | 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)? . . . . .         | <b>4a</b>  |    |  | X |
| <b>b</b>   | If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |  |   |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |    |  | X |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | <b>5b</b>  |    |  | X |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |    |  |   |
| <b>6a</b>  | 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? . . . . .  | <b>6a</b>  |    |  | X |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |    |  |   |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |  |   |
| <b>a</b>   | 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? . . . . .  | <b>7a</b>  |    |  | X |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  |    |  |   |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  |    |  | X |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year. . . . .   | <b>7d</b>  |    |  |   |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | <b>7e</b>  |    |  | X |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  |    |  | X |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>  |    |  | X |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | <b>7h</b>  |    |  | X |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   |    |  |   |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |  |   |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |    |  |   |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  |    |  |   |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |  |   |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |  |   |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |  |   |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |  |   |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |  |   |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |    |  |   |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |  |   |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |  |   |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |  |   |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |  |   |
| <b>b</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 . . . . .  | <b>13b</b> |    |  |   |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .   | <b>13c</b> |    |  |   |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> |    |  | X |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .  | <b>14b</b> |    |  |   |
| <b>15</b>  | 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? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                           | <b>15</b>  |    |  | X |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |  | X |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .<br>If "Yes," complete Form 6069. | <b>17</b>  |    |  |   |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Florida
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.
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 -> Max D'Haiti (646)206-7360, 10900 NW 21 Street, Miami, FL 33172

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        |   | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations W-2/1099-MISC/1099-NEC | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |   |  |   |
| (1) Max D'Haiti<br>Chief Financial Officer | 5.00<br>8.00   |   |                       | X       |              |                              |        | 0 | 0   | 0  |   |
| (2) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (3) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (4) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (5) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (6) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (7) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (8) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (9) -----                                  |  |   |                       |         |              |                              |        |   |   |  |   |
| (10) -----                                 |  |   |                       |         |              |                              |        |   |   |  |   |
| (11) -----                                 |  |   |                       |         |              |                              |        |   |   |  |   |
| (12) -----                                 |  |   |                       |         |              |                              |        |   |   |  |   |
| (13) -----                                 |  |   |                       |         |              |                              |        |   |   |  |   |
| (14) -----                                 |  |   |                       |         |              |                              |        |   |   |  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (16) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (17) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (18) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (19) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (20) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (21) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (22) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (23) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (24) -----   |   |   |                       |         |              |                              |        |   |  |   |
| (25) -----   |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 0      | 0   | 0  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**



**Part VIII Statement of Revenue**

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

|   |   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>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,<br>and similar amounts not included above           | 1f                   | 226,052                                      |                                      |   |  |
|   | g   | Noncash contributions included in<br>lines 1a-1f . . . . .                                  | 1g                   | \$   |                                      |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |                      | 226,052                                      |                                      |   |  |
| Program Service<br>Revenue                                | 2a  | _____   | Business Code        |  |                                      |   |  |
|   | b   | _____   |                      |  |                                      |   |  |
|   | c   | _____   |                      |  |                                      |   |  |
|   | d   | _____   |                      |  |                                      |   |  |
|   | e   | _____   |                      |  |                                      |   |  |
|   | f   | All other program service revenue . . . . .   |                      |  |                                      |   |  |
|   | g   | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |                      |  |                                      |   |  |
| Other Revenue   | 3   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶ |                      |  |                                      |   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds . . . ▶                                  |                      |  |                                      |   |  |
|   | 5   | Royalties . . . . . ▶   |                      |  |                                      |   |  |
|   | 6a  | Gross rents . . . . .   | 6a                   | (i) Real                                     | (ii) Personal                        |   |  |
|   |   |   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | b   | Less: rental expenses . .   | 6b                   |  |                                      |   |  |
|   | c   | Rental income or (loss)   | 6c                   |  |                                      |   |  |
|   | d   | Net rental income or (loss) . . . . . ▶   |                      |  |                                      |   |  |
|   | 7a  | Gross amount from<br>sales of assets<br>other than inventory                                | 7a                   | (i) Securities                               | (ii) Other                           |   |  |
|   |   |   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   |   |   |                      |  |                                      |   |  |
|   | b   | Less: cost or other basis<br>and sales expenses . .   | 7b                   |  |                                      |   |  |
|   | c   | Gain or (loss) . . . . .  | 7c                   |  |                                      |   |  |
| d   | Net gain or (loss) . . . . . ▶  |   |                      |  |                                      |   |  |
| 8a  | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | 8a  |                      |  |                                      |   |  |
| b   | Less: direct expenses . . . . .   | 8b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from fundraising events . . . . . ▶  |   |                      |  |                                      |   |  |
| 9a  | Gross income from gaming<br>activities, See Part IV, line 19 . . . . .  | 9a  |                      |  |                                      |   |  |
| b   | Less: direct expenses . . . . .   | 9b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from gaming activities . . . . . ▶   |   |                      |  |                                      |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .  | 10a   |                      |  |                                      |   |  |
| b   | Less: cost of goods sold . . . . .  | 10b   |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory . . . . . ▶  |   |                      |  |                                      |   |  |
| Miscellaneous<br>Revenue                                  | 11a   | _____   | Business Code        |  |                                      |   |  |
|   | b   | _____   |                      |  |                                      |   |  |
|   | c   | _____   |                      |  |                                      |   |  |
|   | d   | All other revenue . . . . .   |                      |  |                                      |   |  |
|   | e   | <b>Total.</b> Add lines 11a-11d . . . . . ▶   |                      |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions . . . . . ▶  |   | 226,052              | 0  | 0                                    | 0   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .  |                       |                                 |  |                             |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                       |                                 |  |                             |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| 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 . . . . .  |                       |                                 |  |                             |
| 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):   |                       |                                 |  |                             |
| a   | Management . . . . .  |                       |                                 |  |                             |
| b   | Legal . . . . .   |                       |                                 |  |                             |
| c   | Accounting . . . . .  | 1,950                 |                                 | 1,950                                  |                             |
| d   | Lobbying . . . . .  |                       |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 . .   |                       |                                 |  |                             |
| f   | Investment management fees . . . . .  |                       |                                 |  |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .  | 61                    |                                 | 61                                     |                             |
| 12  | Advertising and promotion . . . . .   | 208                   |                                 | 208                                    |                             |
| 13  | Office expenses . . . . .   | 2,352                 |                                 | 2,352                                  |                             |
| 14  | Information technology . . . . .  |                       |                                 |  |                             |
| 15  | Royalties . . . . .   |                       |                                 |  |                             |
| 16  | Occupancy . . . . .   |                       |                                 |  |                             |
| 17  | Travel . . . . .  | 1,623                 |                                 | 1,623                                  |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20  | Interest . . . . .  |                       |                                 |  |                             |
| 21  | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23  | Insurance . . . . .   |                       |                                 |  |                             |
| 24  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a   | <b>Dues and subscriptions</b>   | 1,526                 |                                 | 1,526                                  |                             |
| b   | <b>Education program expenses</b>   | 65,017                | 65,017                          |  |                             |
| c   | <b>Feast of St. Anne</b>  | 15,810                | 15,810                          |  |                             |
| d   | <b>Earthquake relief</b>  | 107,274               | 107,274                         |  |                             |
| e   | All other expenses _____  |                       |                                 |  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e. .  | 195,821               | 188,101                         | 7,720                                  | 0                           |
| 26  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |   | (A)<br>Beginning of year  |        | (B)<br>End of year |        |
|-----------------------------|---|---|--------|--------------------|--------|
| Assets                      | 1   | Cash - non-interest-bearing   | 54,385 | 1                  | 89,889 |
|                             | 2   | Savings and temporary cash investments  |        | 2                  |        |
|                             | 3   | Pledges and grants receivable, net  |        | 3                  |        |
|                             | 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                  |        |
|                             | 7   | Notes and loans receivable, net   |        | 7                  |        |
|                             | 8   | Inventories for sale or use   |        | 8                  |        |
|                             | 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  |        | 10b                | 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                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 54,385  | 16     | 89,889             |        |
| Liabilities                 | 17  | Accounts payable and accrued expenses   |        | 17                 |        |
|                             | 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                 |        |
|                             | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |        | 22                 |        |
|                             | 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                          | <b>Total liabilities.</b> Add lines 17 through 25   | 0   | 26     | 0                  |        |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                  |   |        |                    |        |
|                             | 27  | Net assets without donor restrictions   | 54,385 | 27                 | 89,889 |
|                             | 28  | Net assets with donor restrictions  |        | 28                 |        |
|                             | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>   |   |        |                    |        |
|                             | 29  | Capital stock or trust principal, or current funds  |        | 29                 |        |
|                             | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |        | 30                 |        |
|                             | 31  | Retained earnings, endowment, accumulated income, or other funds  |        | 31                 |        |
|                             | 32  | <b>Total net assets or fund balances</b>  | 54,385 | 32                 | 89,889 |
| 33                          | <b>Total liabilities and net assets/fund balances</b>   | 54,385  | 33     | 89,889             |        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 226,052 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 195,821 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 30,231  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 54,385  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |         |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |         |
| <b>7</b>  | Investment expenses  | <b>7</b>  |         |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |         |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 5,273   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 89,889  |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | x   |    |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |     | x  |
| <b>c</b>  | 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   |     |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .   |     |    |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

|  |   |
|--|---|
| <b>Name of the organization</b><br>Project St Anne Inc | <b>Employer identification number</b><br>45-4028041 |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | % |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |           |   |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>   |           |   |
| <b>17a 10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |           |   |
| <b>b 10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   |          |          |          | 102,215  | 226,052  | 328,267   |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          | 102,215  | 226,052  | 328,267   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          | 328,267   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .  |          |          |          | 102,215  | 226,052  | 328,267   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  | 0        |          | 0        | 102,215  | 226,052  | 328,267   |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input checked="" type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | % |

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization (Project St Anne Inc) and Employer identification number (45-4028041)

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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



|  |   |
|--|---|
| Name of organization<br><b>Project St Anne Inc</b> | Employer identification number<br><b>45-4028041</b> |
|--|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Charles Schwab Foundation<br><br>9875 Schwab Way Corporate Tax<br><br>Lone Tree CO 80124      | \$ _____ 6,000             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| 2          | Ludacris Foundation<br><br>3645 Market Place Blvd Ste 130-318<br><br>East Point GA 30344-5477 | \$ _____ 20,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| 3          | Queens of Apostles Church<br><br>503 North Main Street<br><br>Belmont NC 28012                | \$ _____ 20,936            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contributions.)            |

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Name of the organization

**Project St Anne Inc**

Employer identification number

**45-4028041**

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

A representative of the board is designated to review the form 990 thoroughly and address any comments or concerns with management. After the Form 990 is deemed final, the entire Form is then made available through various means to the board of directors for approval prior to filing with the IRS.

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

PSA has adopted conflict of interest policy when it filed for the 501(C)(3) exemption, and the Board ensures that full compliance is implemented.

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

All governing documents of PSA are made available to the public upon official request via email or a letter or on its website.

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

Prior year adjustments 5273

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Name of filer

EIN or SSN

**Project St Anne Inc**

**45-4028041**

Name and title of officer or person subject to tax

**Max D'Haiti, Chief Financial Officer**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|     |                              |                                     |   |  |     |                |
|-----|------------------------------|-------------------------------------|---|--|-----|----------------|
| 1a  | Form 990 check here . . . ▶  | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1b  | <u>226,052</u> |
| 2a  | Form 990-EZ check here . . ▶ | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | 2b  | _____          |
| 3a  | Form 1120-POL check here. ▶  | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                               | 3b  | _____          |
| 4a  | Form 990-PF check here. . ▶  | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part V, line 5). . . . .      | 4b  | _____          |
| 5a  | Form 8868 check here . . . ▶ | <input type="checkbox"/>            | b | Balance due (Form 8868, line 3c) . . . . .                                 | 5b  | _____          |
| 6a  | Form 990-T check here. . . ▶ | <input type="checkbox"/>            | b | Total tax (Form 990-T, Part III, line 4) . . . . .                         | 6b  | _____          |
| 7a  | Form 4720 check here . . . ▶ | <input type="checkbox"/>            | b | Total tax (Form 4720, Part III, line 1). . . . .                           | 7b  | _____          |
| 8a  | Form 5227 check here . . . ▶ | <input type="checkbox"/>            | b | FMV of assets at end of tax year (Form 5227, Item D) . . . . .             | 8b  | _____          |
| 9a  | Form 5330 check here . . . ▶ | <input type="checkbox"/>            | b | Tax due (Form 5330, Part II, line 19). . . . .                             | 9b  | _____          |
| 10a | Form 8038-CP check here . ▶  | <input type="checkbox"/>            | b | Amount of credit payment requested (Form 8038-CP, Part III, line 22) .     | 10b | _____          |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **A&M Financial Services Inc** to enter my PIN **28041** as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **10-27-2022**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

527081 11061

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **10-27-2022**

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

990

**Overflow Statement**

2021

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Project St Anne Inc

FEIN

45-4028041

**Part Line 11 - Other Revenue Detail**

| <u>Description</u>    | <u>Amount</u>        |
|-----------------------|----------------------|
| General gifts - Admin | \$ 6,189             |
| General gits - Other  | 4,303                |
| <b>Total: \$</b>      | <b><u>10,492</u></b> |

**Part I, Summary, Line 17 - Other Expenses (Detail)**

| <u>Description</u>     | <u>Amount</u>        |
|------------------------|----------------------|
| Program expenses total | \$ 43,618            |
| Admin expenses         | 4,212                |
| <b>Total: \$</b>       | <b><u>47,830</u></b> |

**FOR TAX YEAR 2021**

PROJECT ST ANNE INC

A&M Financial Services Inc

320 Main Street

Laurel, MD 20707

(240)481-8202

**2021 Filing Instructions  
Project St Anne Inc  
Tax year ending 12-31-2021**

**Form filed:**

Form 990 and supplemental forms and schedules

**Filing method:**

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

**Due date:**

11-15-2022

**The return reflects neither a refund nor a balance due.**

**Please note:**

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

# A&M Financial Services Inc

320 Main Street  
Laurel, MD 20707  
almichel@amfs inc.com  
Phone: (240)481-8202 | Fax: (240)304-3174

October 27, 2022

Project St Anne Inc  
10900 NW 21 Street, STE 130  
Miami, FL 33172

Subject: Preparation of 2021 Tax Returns

Project St Anne Inc:

Thank you for choosing A&M Financial Services Inc to assist with the 2021 taxes for Project St Anne Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2021 federal and state income tax returns for Project St Anne Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Project St Anne Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2021 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (240)481-8202.

Sincerely,

Allan Michel, EA  
A&M Financial Services Inc

Accepted By:

---

Officer

---

Date



# A&M Financial Services Inc

320 Main Street  
Laurel, MD 20707  
almichel@amfsinc.com  
Phone: (240)481-8202 | Fax: (240)304-3174

October 27, 2022

Project St Anne Inc  
10900 NW 21 Street, STE 130  
Miami, FL 33172

Project St Anne Inc:

Enclosed is the 2021 federal return for a tax-exempt organization, prepared for Project St Anne Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (240)481-8202.

Sincerely,

Allan Michel, EA  
A&M Financial Services Inc

# A&M Financial Services Inc

320 Main Street  
Laurel, MD 20707  
almichel@amfs inc.com  
Phone: (240)481-8202 | Fax: (240)304-3174

October 27, 2022

Project St Anne Inc  
10900 NW 21 Street, STE 130  
Miami, FL 33172

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (240)481-8202.

Sincerely,

Allan Michel, EA  
A&M Financial Services Inc

990

Tax Exempt  
Diagnostic Summary

2021

Name  
Project St Anne Inc

Employer Identification #  
45-4028041

**Demographics**

**Mailing Address:**  
10900 NW 21 Street #130  
Miami, FL 33172

**Phone:** (305)468-0355

**Resident State:** FL

**Diagnostics**

**Preparer:** Allan Michel, EA

**Invoice:**

**Date:** 10-27-2022

Return Information

| Item on Return                 | 2021<br>Federal | 2020 Federal<br>(If available) |
|--------------------------------|-----------------|--------------------------------|
| Total Revenue                  | 226,052         | 102,215                        |
| Total Expenses                 | 195,821         | 47,830                         |
| Net Excess (Deficit)           | 30,231          | 54,385                         |
| Net Assets or Fund<br>Balances | 89,889          | 54,385                         |

State/City Information

| <u>State/City</u> | <u>Taxable<br/>Revenue</u> | <u>Total<br/>Expenses</u> | <u>Change Fund<br/>Balance</u> | <u>UBIT</u> | <u>Total<br/>Tax</u> | <u>Refund/<br/>(Balance Due)</u> |
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|
|-------------------|----------------------------|---------------------------|--------------------------------|-------------|----------------------|----------------------------------|