

Short Form Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| A For the 2020 calendar year, or tax year beginning <u>JUL 01, 2020</u> , and ending <u>JUN 30, 2021</u> | |
| B Check if applicable: | C Name of organization <u>MY 360 PROJECT</u> |
| <input type="checkbox"/> Address change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>3207 E MARCONI AVENUE</u> |
| <input type="checkbox"/> Name change | City or town State ZIP code <u>PHOENIX AZ 85032-</u> |
| <input type="checkbox"/> Initial return | Foreign country name Foreign province/state/county Foreign postal code |
| <input type="checkbox"/> Final return/terminated | D Employer identification number <u>82-1979951</u> |
| <input type="checkbox"/> Amended return | E Telephone number <u>907-750-9888</u> |
| <input type="checkbox"/> Application pending | F Group Exemption Number ▶ |

| | |
|---|--|
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
|---|--|

| |
|---------------------------|
| I Website: ▶ _____ |
|---------------------------|

| |
|--|
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |
|--|

| |
|---|
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ |
|---|

| |
|---|
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <u>198,638.</u> |
|---|

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

| | | |
|---|--|---------------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 <u>198,638.</u> |
| | 2 Program service revenue including government fees and contracts | 2 _____ |
| | 3 Membership dues and assessments | 3 _____ |
| | 4 Investment income | 4 _____ |
| | 5a Gross amount from sale of assets other than inventory | 5a _____ |
| | b Less: cost or other basis and sales expenses | 5b _____ |
| | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c _____ |
| | 6 Gaming and fundraising events: | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a _____ |
| b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b _____ | |
| c Less: direct expenses from gaming and fundraising events | 6c _____ | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d _____ | |
| 7a Gross sales of inventory, less returns and allowances | 7a _____ | |
| b Less: cost of goods sold | 7b _____ | |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c _____ | |
| 8 Other revenue (describe in Schedule O) | 8 _____ | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 <u>198,638.</u> | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 <u>2,497.</u> |
| | 11 Benefits paid to or for members | 11 _____ |
| | 12 Salaries, other compensation, and employee benefits | 12 _____ |
| | 13 Professional fees and other payments to independent contractors | 13 <u>13,388.</u> |
| | 14 Occupancy, rent, utilities, and maintenance | 14 <u>16,760.</u> |
| | 15 Printing, publications, postage, and shipping | 15 <u>1,147.</u> |
| | 16 Other expenses (describe in Schedule O) | 16 <u>93,928.</u> |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 <u>127,720.</u> | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 18 <u>70,918.</u> |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 <u>49,599.</u> |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 <u>7,438.</u> |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 <u>127,955.</u> |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II []

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. []

What is the organization's primary exempt purpose? CHARITABLE AND BENEVOLENT
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 3 columns: Description, Expense amount, Expense label (28a, 29a, 30a, 31a, 32). Rows include WE TRAIN ARTISANS TO MAKE SHOES FOR CHILDREN WHO DO NOT HAVE SHOES. WE PROVIDE THE HUMAN TOUCH OF TAKING THESE SHOES AND FITTING THEM TO THEIR FEET.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include P CARNLEY PRESIDENT, T COLENTZ SECRETARY, K MCFARLAND BOARD MEMBER, R BOYLES BOARD MEMBER.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of PAULINE CARNLEY Telephone no. 907-750-9888
Located at 3207 E MARCO City PHOENIX ST AZ ZIP + 4 85032-
42b 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)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.

| | | |
|---|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|---|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| Name NONE Title | Hr/WK | | | |
| Name Title | Hr/WK | | | |
| Name Title | Hr/WK | | | |
| Name Title | Hr/WK | | | |
| Name Title | Hr/WK | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| Name NONE Str City ST ZIP | | |
| Name Str City ST ZIP | | |
| Name Str City ST ZIP | | |
| Name Str City ST ZIP | | |
| Name Str City ST ZIP | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

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 | | 10/26/2021 |
| | Signature of officer PAULINE CARNLEY | Date PRESIDENT |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--|--|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name KATHRYN S TRACY EA | Preparer's signature KATHRYN S TRACY EA | Date 10/26/2021 | Check <input type="checkbox"/> if self-employed | PTIN P00185484 |
| | Firm's name ▶ KAT AND BUD ENTERPRISES LLC | Firm's EIN ▶ 86-1047457 | | Phone no. 623-386-4674 | |
| | Firm's address ▶ 601 N JACKRABBIT TRA BUCKEYE AZ 85326 | | | | |

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
MY 360 PROJECT

Employer identification number
82-1979951

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 or 990-EZ).)
- 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 (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 53837. | 94844. | 206213. | 197784. | 552678. |
| 2 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 | | 53837. | 94844. | 206213. | 197784. | 552678. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 552678. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | 53837. | 94844. | 206213. | 197784. | 552678. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 2600. | 712. | 619. | | 3931. |
| 11 Total support. Add lines 7 through 10 | | | | | | 556609. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. 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 stop here ▶ <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 0.00% |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 0.00% |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2020. 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 stop here. 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 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. 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"/> | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MY 360 PROJECT

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 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

82-1979951

FORM 990EZ PRESENTED TO THE BOARD FOR REVIEW

OPEN TO THE PUBLIC UPON REQUEST

FORM 990EZ PAGE ONE LINE 16 OTHER EXPENSES

SEE WORKSHEET

FORM 990EZ PAGE ONE LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CHARITABLE CONTRIBUTIONS

FORM 990EZ PAGE ONE LINE 20 OTHER CHANGES IN NET ASSETS OR

FUND BALANCES

INCREASE OF \$7,438 ADJUSTMENT TO BALANCE

For calendar year 2019 or tax year beginning JUL 01, 2020 and ending JUN 30, 2021

Name: MY 360 PROJECT EIN: 82-1979951
Name line 2:
Address: 3207 E MARCONI AVENUE Telephone No: 907-750-9888
City, State, and Zip Code: PHOENIX AZ 85032-

Email address
Web site address
Fiduciary name, if applicable
Name of officer signing return PAULINE CARNLEY
Title of officer/trustee/fiduciary signing return PRESIDENT
Group exemption number
Check if exemption application is pending
Accounting method Cash: [X] Accrual: [] Other: [] Specify:
List states desired

Type of exempt organization:

- [] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
[X] Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
[] Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
[] Exempt organization with unrelated business income (Form 990-T)

Preparer ID: P00185484
Preparer name: KATHRYN S TRACY EA
Firm's name: KAT AND BUD ENTERPRISES LLC
Address: 601 N JACKRABBIT TRAIL SUITE 200
City, State, ZIP Code: BUCKEYE AZ 85326

Time in this return: minutes
Date: 10/26/2021
PTIN: P00185484
Self-employed: []
Firm's EIN: 86-1047457
Phone: 623-386-4674

KAT & BUD ENTERPRISES, LLC ~ KATHRYN S TRACY, ACCOUNTANT
 601 N JACKRABBIT TR, SUITE 200, BUCKEYE, AZ 85326
 OFFICE: 623-386-4674 ~ FAX: 623-386-1130
 WEB: WWW.KATHRYNSTRACY.COM ~ EMAIL: KATHRYNSTRACY@GMAIL.COM

MY 360 PROJECT

3207 E MARCONI AVENUE
 PHOENIX AZ 85032-

INVOICE DATE: 10/26/2021
 ID NUMBER: 82-1979951
 TELEPHONE: 907-750-9888
 INVOICE NO.: 650

2020 INVOICE

Description

- 1 FORM 990-EZ
- 1 SCHEDULE A, SUPPLEMENTARY INFORMATION
- 1 SCHEDULE O, SUPPLEMENTAL INFORMATION TO FORM 990
- 1 FORM 8879EO, IRS E-FILE SIGNATURE AUTHORIZATION
- 1 DETAIL SHEETS

Remarks:

| | |
|----------------------|--------|
| Total Charges | 785.00 |
| Discount | |
| Sales Tax | |
| Payments | |
| Amount Due | 785.00 |

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning JUL 01, 2020, and ending JUN 30, 2021

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax
MY 360 PROJECT Taxpayer identification number
82-1979951

Name and title of officer or person subject to tax
PAULINE CARNLEY PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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 type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b <u>198,638</u> |
| 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 VI, 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 _____ |

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 organization or I am a person subject to tax with respect to name of organization) _____, (EIN) _____ and that I have examined a copy 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 KAT AND BUD ENTERPRISES LLC to enter my PIN 85032 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶ Pauline D. Carnley Date ▶ 10/26/2021

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. 86393819640
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ KATHRYN S TRACY EA Date ▶ 10/26/2021

ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So