Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning , and ending

84-1888244

PRISM PROJECT

Net Asset / Fund Balance at Beginning of Year				151,285
Revenue				
Contributions		169,350		
Program service revenue				
Investment income				
Capital gain / loss		800		
Fundraising / Gaming:				
Gross revenue	52,317			
Direct expenses	4,815			
Net income		47,502		
Other income		177		
Total revenue			217,829	
Expenses				
Program services		112,302		
Management and general		104,199		
Fundraising		2,084		
Total expenses			218,585	
Excess / (deficit)				-756
Changes				44,435
Net Asset / Fund Balance at End of Year				194,964

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	217,829

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	218,585

Balance Sheet

	Beginning	Ending	Differences
Assets	151,438	201,751	
Liabilities	153	6,787	
Net assets	151,285	194,964	43,679

Miscellaneous Information

Amended return	
Return / extended due date	05/15/23
Failure to file penalty	

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022 or fiscal year beginning 2022 and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No 1545-0047

2022

Name of filer

PRISM PROJECT

EIN or SSN
84-1888244

Name and title of officer or person subject to tax SYLVIA BLYTHE
EXECUTIVE DIRECTOR

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	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	217,829
2a	Form 990-EZ check here	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	[ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	[ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a	Form 990-T check here	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	[ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	Form 5330 check here	[ ]	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	[ ]	**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 [X] 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 2022 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

[X] I authorize HUNT TAX & ACCOUNTING, LLC (ERO firm name) to enter my PIN 88244 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 05/02/23

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. 402897081 70
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 RICHARD J. HUNT Date 05/02/23

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

DAA

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending

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

C Name of organization: PRISM PROJECT

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 4323 RAY RD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: GRAND BLANC MI 48439

D Employer identification number: 84-1888244

E Telephone number: 810-399-6900

G Gross receipts: 226,044

F Name and address of principal officer:
SYLVIA BLYTHE
4323 RAY RD
GRAND BLANC MI 48439

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

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

J Website: HTTPS://PRISMPROJECTMI.ORG

H(c) Group exemption number:

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ 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	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
6 Total number of volunteers (estimate if necessary)	6	40
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		169,350
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		800
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,679
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		217,829
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)		83,175
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 2,084		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		135,410
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		218,585
19 Revenue less expenses. Subtract line 18 from line 12		-756

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	151,438	201,751
21 Total liabilities (Part X, line 26)	153	6,787
22 Net assets or fund balances. Subtract line 21 from line 20	151,285	194,964

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: SYLVIA BLYTHE — Date:

Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: RICHARD J. HUNT	Preparer's signature: RICHARD J. HUNT	Date: 05/03/23	Check ☐ if self-employed	PTIN: P00290874
Firm's name: HUNT TAX & ACCOUNTING, LLC			Firm's EIN:	27-1800429
Firm's address: 2029 S ELMS RD STE A SWARTZ CREEK, MI 48473			Phone no.	810-285-9115

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 [X]

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 $ 112,302 including grants of $) (Revenue $)
PRISM PROJECT SAFEHOUSE PROGRAM IS A LONGTERM SAFE HOUSE SERVING SEX-TRAFFICKED SURVIVORS, FEMALE MINORS AGED 12-17, PROVIDING COMPREHENSIVE RESTORATIVE SERVICES THAT ARE TRAUMA-INFORMED AND VICTIM-CENTERED, GIVING AN OPPORTUNITY TO HEAL, FIND THEIR IDENTITY, AND LEARN TO LIVE SAFELY IN SOCIETY. PROGRAM WILL BENEFIT 6 PERSONS AT ANY GIVEN TIME, RANGING FROM 6 MO-2 YEARS DEPENDING ON THEIR INDIVIDUAL PLAN OF CARE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)
N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)
N/A

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

4e Total program service expenses 112,302