The section 990EE2       Return of Organization Exempt From Income Tax Under section 501(c), 527, or 9947(a)(1) of the Enternal Revenue Code (except private foundations)       Defaultion	ef	ile G	RAPHIC p	int - DO NOT PROCESS	As Filed Data -			DLN: 9	3492216009612
Index section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)     Index section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on this form as it may be made public.     Denot enter social security numbers on the social security and the social security on the security of the social security of the social security of the social security of the social security four security is and security on the social security of the social					Short For	'n			OMB No. 1545-1150
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Install cases         Burgle and street (or P 0, box, if mail is not delivered to street address) Room/suite         Becomparing Room/suite           Install charm/terminated         Dist SRRNG CARDIN ST A         If Telephone number         (33) 200-5953           Annended return         Case or support to the street of the street			• ·					D Employer i	dentification number
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G Accounting Method:       Cash @ Accrual Other (specify) ▶					-,,,		ſ		
Overcention of rectain a brockets       Control (specify) P       required to attach Schedule B (form 990, 990-EZ, or 990-FZ).         I Website:       ************************************		(ppiled	a on penang					Number	
The design of the set o	<b>G</b> A	ccoun	tina Method:	□ Cash  ☑ Accrual  Other (s	specify) 🕨		H Check ►	🗹 if the or	ganization is <b>not</b>
I Websteite PocAdMECORG         Tax-exempt status (check only one) - SDL(c)(3) SDL(c)(3) (d SDL(c)(6) < (meet no.) - 04947(a)(3) or 527			<b>y</b>	(-					
K form of organization:       Corporation       Trust       Association       Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, for fortal assets (Part II, column (B) below are \$500,000 or more, for Fortal social assets (Part II)       • • • • • • • • • • • • • • • • • • •	I W	ebsit	e: ►GCAE4M	.ORG				, , , , , , , , , , , , , , , , , , ,	550 (1).
LAdd 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) below are \$500,000 or more, file Form 990 instead of Form 990-EZ       > \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	J Ta	x-exe	<b>mpt status</b> (c	neck only one) - 🗖 501(c)(3) 🗹 501	.(c)( 6) ◀ (insert no.) 🛛 4947(	a)(1) or 🛛 527			
Part 1       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 1.       1         1       Contributions, gifts, grants, and similar amounts received       1         2       Program service revenue including government fees and contracts       2         3       Membership dues and assessments       3         4       Investment income       4         5a       Gass amount from sale of assets other than inventory       5a         6       Gasning and fundraising events       5b       0         6       Gasning and fundraising events       5c       5c         3       Gass income from fundraising events       5c       5c         4       Gass income from fundraising events (not including \$       of contributions from fundraising events (not including \$       6d         6       Gass income from fundraising events (not including \$       0       6d       6d         7a       Gross sales of inventory, less returns and allowances       7a       7b       0         7a       Gross sales of inventory, less returns and allowances       7a       7b       0         7b       0       0       7c       7c       7c         10 <td><b>K</b> Fo</td> <td>orm of</td> <td>organization:</td> <td>□ Corporation □ Trust □ As</td> <td>sociation 🛛 Other</td> <td></td> <td></td> <td></td> <td></td>	<b>K</b> Fo	orm of	organization:	□ Corporation □ Trust □ As	sociation 🛛 Other				
Part 11       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1)         1       Contributions, gifts, grants, and similar amounts received       1       96,3         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         6       Gaming and fundraising events       5b       0         6       Gaming and fundraising events       5c       5c         6       Gaming and fundraising events (act including 4       of contributions from       5c         000000000000000000000000000000000000									
Check if the organization used Schedule O to respond to any question in this Part I       1       96,3         1       Contributions, gifts, grants, and similar amounts received       1       96,3         2       Program service revenue including government fees and contracts       3       3         3       Membership dues and assessments       3       3         4       Investment income       4       5         5a       Gross amount from sale of assets other than inventory       5a       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Garning and fundraising events       6b       0         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a       6d         b       Bross income from fundraising events (not including \$       of contributions from fundraising avents (not including \$       0         c       Less: cost of goods sold       7a       0       6d         7a       Gross profit or (loss) from gaeing and fundraising events (add lines 6a and 6b and subtract line 6c)       7c         7b       O       7c       7c         8       Other revenue (describe in Schedule 0)       10       11         12       Salaries, other compensation, an									
1       Contributions, gifts, grants, and similar amounts received		art 1	Check if	the organization used Schedule	O to respond to any questi	on in this Part I	(see the instructio	ons for Part I)	🗹
3       Membership dues and assessments       3         4       Investment income       5         5       Gross amount from sale of assets other than inventory       5a         5       5b       0         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gaming and fundraising events       6         a       Gross income from geming (attach Schedule G if greater than \$15,000)       6a         b       Bross income from gaming and fundraising events       6c       0         c       Less: cost of ford sping and guidraising events       6c       0         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       7b       0         c       Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c       8         9       Total revenue. (describe in Schedule 0)       7b       0       7c         11       Benefits paid to or for members       11       12       72,57,0         12       Salaries, other compensation, and employee benefits       13       6,8         13       Occupanecy, rent, utilities, and maintenance		1							96,320
4       Investment income       4         5a       Gross amount from sale of assets other than inventory       5a         5a       Gross arount from sale of assets other than inventory       5b       0         5       Gross income from sale of assets other than inventory (Subtract line 5b from line 5a)       5c         6       Gaming and fundraising events       6a         a       Gross income from gaming (attach Schedule G if greater than \$15,000)       6a         b       Gross income from gaming attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         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       7c         8       Other revenue (describe in Schedule O)       7b       0       7c         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       11       11         11       12       72,55       13       6.8         13       Occupancy, rent, utilities, and maintenance       14       2,11         14       Occupancy, rent, utilities, and maintenance       12		2	Program se	vice revenue including governm	nent fees and contracts			2	
5a       Gross amount from sale of assets other than inventory		3	Membership	dues and assessments				3	
b       Less: cost or other basis and sales expenses		4	Investment	income				4	1
OPDOTE       C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5a	Gross amou	nt from sale of assets other tha	n inventory	5a			
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       0         c       Less: direct expenses from gaming and fundraising events       .       6c       0         d       Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)       6d       6d         7a       Gross sales of inventory, less returns and allowances       7a       7c       7c         8       Other revenue (describe in Schedule O)       .       .       8       6f         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .       10       11         11       Salaries, other compensation, and employee benefits       .       .       11       .       .         12       Salaries, other compensation, and amintenance       .		b	Less: cost o	r other basis and sales expense	s	. 5b		0	
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sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         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       7a         b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       7c, and 8       7c         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       97,0         10       Grants and similar amounts paid (list in Schedule 0)       11       11         12       Salaries, other compensation, and employee benefits       12       72,5         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,1         15       16       18,5       17       100,0         16       18,5       17       100,0       16       18,5         17       100,0,0       18       excess or (deficit) fo		6	-	-					
sum of such gross income and contributions exceeds \$15,000)       6b       0         c       Less: direct expenses from gaming and fundraising events       6c       0         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       7a         b       Less: cost of goods sold       7b       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7c         8       Other revenue (describe in Schedule 0)       7c, and 8       7c         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       97,0         10       Grants and similar amounts paid (list in Schedule 0)       11       11         12       Salaries, other compensation, and employee benefits       12       72,5         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       12       72,5         15       16       18,5       17       100,0         16       18,5       17       100,0       16       18,5         17       Total expenses. Add lines 10 through 16       16	nuc	а	Gross incon	e from gaming (attach Schedul	e G if greater than \$15,000	) <b>6</b> a			
c       Less: direct expenses from gaming and fundraising events       .       6c       0         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       0         c       Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       .       .       8       6i         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       .       .       .       9       97,0         10       Grants and similar amounts paid (list in Schedule 0)       .       .       .       11       .         12       Salaries, other compensation, and employee benefits       .       .       .       12       72,5         13       Professional fees and other payments to independent contractors       .	Reve	b				of contribu	itions from		
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			sum of such	gross income and contributions	s exceeds \$15,000)	6b		0	
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b       Less: cost of goods sold       7b       0         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         10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       10         12       Salaries, other compensation, and employee benefits       12         13       Gr.         14       Occupancy, rent, utilities, and maintenance       14         15       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         14       Excess 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		d					btract line 6c)	6d	
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8       Other revenue (describe in Schedule O)       8       6         9       Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8       9       97,0         10       Grants and similar amounts paid (list in Schedule O)       10       11         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       72,5         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,1         15       Printing, publications, postage, and shipping       15       16         17       Total expenses. Add lines 10 through 16       17       100,0         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -3,0         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       16,6				-				-	
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10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       11         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,11         15       Printing, publications, postage, and shipping       15         16       Other expenses (describe in Schedule O)       16       18,51         17       Total expenses. Add lines 10 through 16       17       100,00         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       16,6								. – – –	691
11       Benefits paid to or for members       11         12       Salaries, other compensation, and employee benefits       12       72,5         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,1         15       Printing, publications, postage, and shipping       15       16         16       Other expenses (describe in Schedule O)       16       18,5         17       Total expenses. Add lines 10 through 16       17       100,0         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       16,6		9	Total reve	<b>iue.</b> Add liftes 1, 2, 3, 4, 5C, 6d	, /C, allu o			9	97,012
12       Salaries, other compensation, and employee benefits       12       72,5         13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,1         15       Printing, publications, postage, and shipping       15       16       18         17       Total expenses. Add lines 10 through 16       17       100,0         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       16,6		10	Grants and	similar amounts paid (list in Sch	nedule O)			10	
13       Professional fees and other payments to independent contractors       13       6,8         14       Occupancy, rent, utilities, and maintenance       14       2,1         15       Printing, publications, postage, and shipping       15       16         16       Other expenses (describe in Schedule O)       16       18,5         17       Total expenses. Add lines 10 through 16       17       100,0         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -3,0         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       16,6		11	Benefits pa	d to or for members 🏾 . 🛛 .				11	
15       Finding, publications, postage, and simpling.       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         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	2	12	Salaries, ot	ner compensation, and employe	e benefits			12	72,557
15       Finding, publications, postage, and simpling.       15         16       Other expenses (describe in Schedule O)       16         17       Total expenses. Add lines 10 through 16       17         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18         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	nsu:	13	Professiona	fees and other payments to inc	dependent contractors			13	6,800
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17       Total expenses. Add lines 10 through 16       17       100,0         18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18	ш				-			15	
18       Excess or (deficit) for the year (Subtract line 17 from line 9)       18       -3,0         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       16,6			•	· · · ·					18,586
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       16,6			-						100,043
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         16,6	മ		-		-			18	-3,031
end-or-year figure reported on prior year's return)	SSC	19							
T 100 Other sharpers to not access as found by language (access to Calculate O)	t A	20							16,657
20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       Net assets or fund balances at end of year. Complian lines 18 through 20       21	ž								10.000
	Ecr								13,626 Form <b>990-EZ</b> (2020)

Form 990-EZ (2020)					Page <b>2</b>
Part II Balance Sheets (see the instruction					
Check if the organization used Schedu	ile O to respond to any o			• •	
22 Cash savings and investments		(A)	Beginning of year	22	(B) End of year 12,126
22 Cash, savings, and investments		· · · ·	19,157	22	12,120
<b>24</b> Other assets (describe in Schedule O)				24	1,500
25 Total assets		· · · · -	19,157		13,626
<b>26 Total liabilities</b> (describe in Schedule O).			2,500		15,020
27 Net assets or fund balances (line 27 of colur			16,657	-	13,626
Part III Statement of Program Service				T	Expenses
Check if the organization used Schedu					Required for section 501(c)
What is the organization's primary exempt purpose WE ARE AN ADVOCACY FORUM FOR GUILFORD CO CAUSE OF PUBLIC EDUCATION THROUGHOUT GUIL	JNTY EDUCATORS. WE A		OVANCING THE	oi	3) and 501(c)(4) rganizations; optional for chers.)
Describe the organization's program service accom measured by expenses. In a clear and concise man benefited, and other relevant information for each (	ner, describe the service				
<b>28</b> See Additional Data Table					
	unt includes foreign grar	nts, check here	. ▶ 🗆	28	
29				29	a
			_		
(Grants \$ ) If this amo	unt includes foreign grar	nts, check here	. ▶ 🗆		
30				30	a
(Grants \$ ) If this amo	unt includes foreign grar	nts, check here 🛛 🔒	. 🕨 🗆		
31 Other program services (describe in Schedule O	)			+	
(Grants \$ ) If this amo	unt includes foreign grar	nts, check here	. 🕨 🗆	31	a
32 Total program service expenses (add lines 2	8a through 31a)		🕨	· 32	
Part IV List of Officers, Directors, Trustee Check if the organization used Schedu					
				•	· · · · ⊔
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	benefit plans,	nploy and	(e) Estimated amount of other compensation
		enter -0-)			
See Additional Data Table					
				_	Form 000-E7 (2020)

Form **990-EZ** (2020)

Form	990-EZ (2020)			Page <b>3</b>
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V $\cdot$	. <b>.</b>	<u></u> _	l
			Yes	No
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	33		No
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. Otherwise, explain the change ' on Schedule O. See instructions.	34		No
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)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
с	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	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a	50		
	Did the organization file Form 1120-POL for this year?	37b		No
	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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	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:	7		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		1	
b	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	40b		
С	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 sections4912, 4955, and 4958	0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	0		
е 41	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 List the states with which a copy of this return is filed.	40e		No
	The organization's books are in care of ► KENYA DONALDSON Telephone	no. 🕨 (3:	36) 209-	5953
42a				
	Located at ► 315 SPRING GARDEN ST STE 1A GREENSBORO, NC ZIP + 4	× <u>27401</u>	·	
			Yes	No
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)?	42b		No
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? $\ldots$ .	42c		No
	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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
с	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<sup> </sup>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1 '	No

45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a
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)	45b

No

Form	990-EZ	(2020)
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			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		No

17							Yes	No
¥7 -					Г			
	Did the organization engage in lobbying activitie. If "Yes," complete Schedule C, Part II			- /	•	47		
8	Is the organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	· [	48		
9a	Did the organization make any transfers to an e	exempt non-charitable	related organization?		· [	49a		
b	If "Yes," was the related organization a section	527 organization?			. L	49b		
0	Complete this table for the organization's five h who each received more than \$100,000 of com				tees and	d key e	mploy	ees)
	(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 benefi contributions to emp benefit plans, an deferred compensa	loyee o	<b>e)</b> Esti f other		
DNE								
f	Total number of other employees paid over \$	100,000			►			
L	Complete this table for the organization's five h		ndependent contractors	who each received m	ore thar	n \$100	,000 of	
-	compensation from the organization. If there is							
	compensation from the organization. If there is (a) Name and business address of each statement of the state	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	isation	
	(a) Name and business address of e	•	actor	(b) Type of service	(c) (	Comper	isation	
	(a) Name and business address of e	ach independent contr		(b) Type of service	(c) (	Comper	nsation	
	(a) Name and business address of e	s each receiving over	\$100,000 \$100,000. stations mu			Comper		

	***	***	2022-08-04						
Sign	Sign	nature of officer	Date						
Here		ENYA DONALDSON President							
	<b>V</b> Type	e or print name and title							
Paid		Print/Type preparer's name Bradley W Whitley CPA	Preparer's signature	Date	Check if self-employed	PTIN P00855421			
Prepare		Firm's name  DODSON SHELTC	N & NELSON PA		Firm's EIN 🕨 5	6-1684013			
Use Onl	y	Firm's address ► 603 DOLLEY MAD	ISON RD SUITE 104	104		) 299-6061			
		GREENSBORO, NO							

Page **4** 

# **Additional Data**

Software ID: 20011551 Software Version: 2020v4.0 EIN: 58-2203233 Name: GUILFORD ASSOCIATION OF EDUCATORS INC

#### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizat services, as measured number of persons ben	) (c	Expenses juired for section 501 )(3) and 501(c)(4) anizations; optional for others.)	
<b>28</b> Monthly meetings, var (Grants \$ )	ious conventions, newsletters, publications, pamphlets and training workshops If this amount includes foreign grants, check here   .   .   .   ►   🗌	28a	

## Form 990EZ, Part $\mathbb{N}$ – 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. . . . . . . . . . . . . . □

(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
SHANA RICHARDS Vice President	10.00	0		
ELIZABETH HACKNEY Secretary	10.00	0		
MONICA WHITE ESP DIRECTOR	10.00	0		
KENYA DONALDSON President	40.00	0		
AMY HARRISON Treasurer	10.00	0		
SHELLEY DOOLEN PRIMARY DIR	10.00	0		
TIJUANA GREENE ESP DIRECTOR	10.00	0		
HILARY MCEACHERN HIGH SCHOOL DIR	10.00	0		
KAREN MEACHAM ELEMENTARY DIR	10.00	0		
KALISHA MCNAIR ELEMENTARY DIR	10.00	0		
SARAH SHAW JONES HIGH SCHOOL DIR	10.00	0		
CRYSTAL SATTERFIELD MIDDLE SCH DIR	10.00	0		
DEB GREENE MIDDLE SCH DIR	10.00	0		
JOANNA PENDLETON PRIMARY DIR	10.00	0		

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SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to provi Form 990 or	de information for r 990-EZ or to provid ▶ Attach to Form 9	formation to Form 990 or 990-EZ formation for responses to specific questions on iz or to provide any additional information. ttach to Form 990 or 990-EZ. .gov/Form990 for the latest information.		047 C
Name Brthe ofganization GUILFORD ASSOCIATION OF EI	DUCATORS INC		<b>Employer</b> 58-22032	r identification number	

Return Reference	Explanation
Other Revenue.1	T-SHIRT SALES \$691

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$810

Return Reference	Explanation
Other Expenses.1005	Travel \$5

Return Reference	Explanation
Other Expenses.1008	Interest \$88

Return Reference	Explanation
Other Expenses.1012	Insurance \$475

Return Reference	Explanation
Other Expenses.1	MEETINGS \$7866

Return Reference	Explanation
Other Expenses.2	MEMBERSHIP INCENTIVES/MATERIAL \$3519

Return Reference	Explanation
Other Expenses.3	OTHER GRANT EXPENSES \$1920

Return Reference	Explanation
Other Expenses.4	PROFESSIONAL DEVELOPMENT \$1873

Return Reference	Explanation
Other Expenses.5	TRAINING/SUPPLIES \$1447

Return Reference	Explanation
Other Expenses.6	UTILITIES \$231

Return Reference	Explanation
Other Expenses.7	COMMUNICATIONS \$186

Return Reference	Explanation
Other Expenses.8	CONTRACTORS \$166

Return Reference	Explanation
Other Assets.1	RETURNED SCHOLARSHIP FUNDS - Beginning \$0 RETURNED SCHOLARSHIP FUNDS - Ending \$1500

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$2500 Accounts Payable and Accrued Expenses - Ending \$0