

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

1907

OMB No 1545-1150

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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

A For the **2018** calendar year, or tax year beginning **8/01**, 2018, and ending **7/31**, 2019

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

C

Community Education Project
4025 Kalispell Lane
Charlotte, NC 28269

D Employer identification number
26-3825618

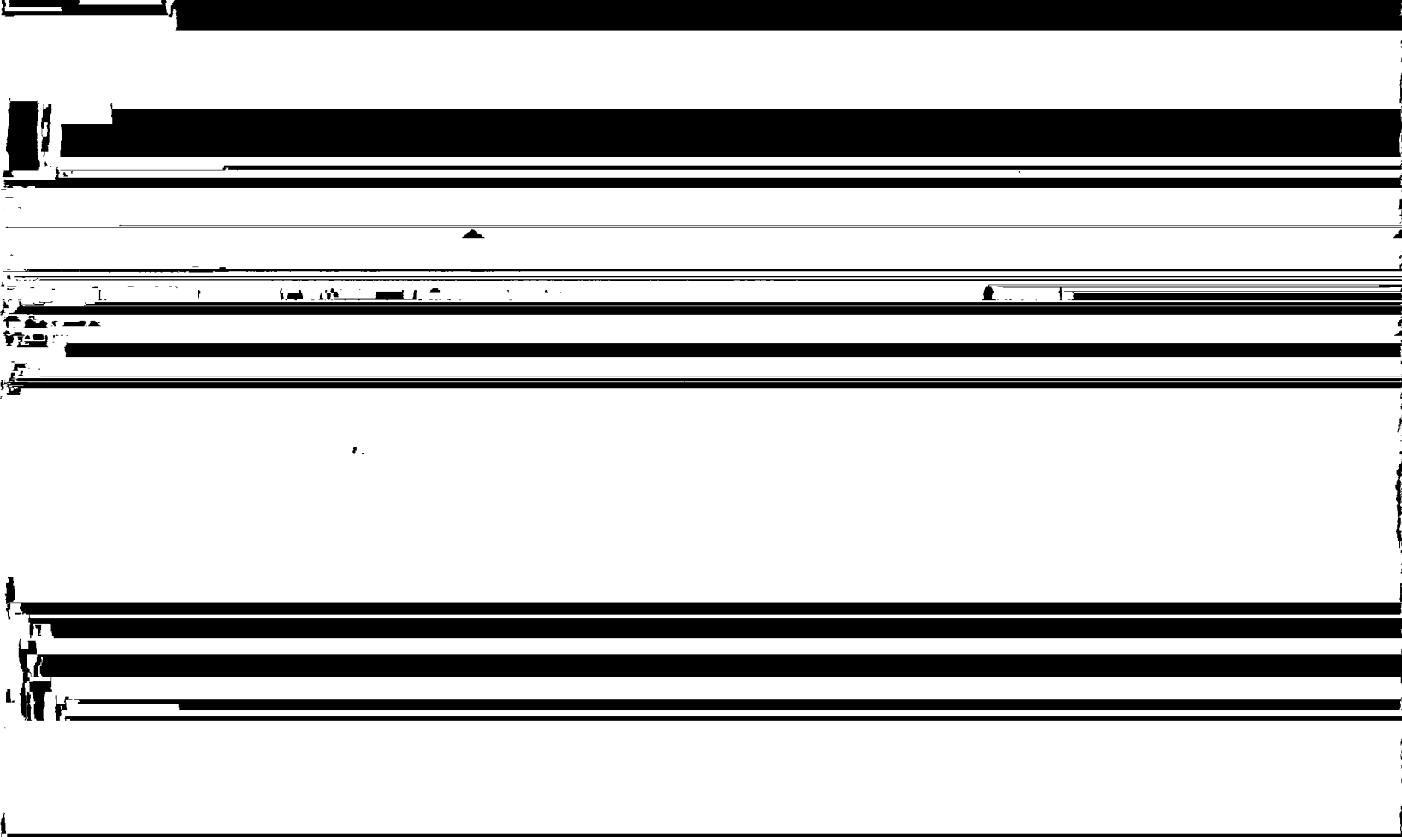
E Telephone number
(704) 281-6694

F Group Exemption Number

03

G Accounting Method Cash Accrual Other (specify) ▶ **H** Check if the organization is not

Name of the organization: Community Education Project
Employer identification number: 26-3825618



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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	52,233.	22	75,448.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) See Schedule O	2,496.	24	2,664.
25 Total assets	54,729.	25	78,112.
26 Total liabilities (describe in Schedule O) See Schedule O	17,898.	26	19,551.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,831.	27	58,561.

OEA

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

	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		X
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		X
35 a 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)?		X
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		
35 c 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		X
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		X
37 a Enter amount of political expenditures direct or indirect, as described in the instructions <input type="checkbox"/> 37 a <u>0.</u>		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38 b <u>N/A</u>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39 a <u>N/A</u>		
b Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39 b <u>N/A</u>		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> <u>0.</u> , section 4912 <input type="checkbox"/> <u>0.</u> , section 4955 <input type="checkbox"/> <u>0.</u>		
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		X
c 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 <input type="checkbox"/> <u>0.</u>		
d Section 501(c)(3), 501(c)(4) and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> <u>0.</u>		
e 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		X
41 List the states with which a copy of this return is filed <input type="checkbox"/> <u>None</u>		

42 a The organization's books are in care of Mary Hackenberg Telephone no (704) 604-9064
 Located at 7303 Ricewell Rd Charlotte NC ZIP + 4 28226

	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)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>		X
c 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 <input type="checkbox"/>		X

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 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X

	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
None				

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
None		

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

Signature of officer: Mary Hackenberg Date: 12/11/2019

Type or print name and title: Mary Hackenberg, Treasurer

Paid Preparer Use Only

Print/Type preparer's name: Mary Hackenberg Preparer's signature: Mary Hackenberg Date: _____

Firm's name: Mary Hackenberg Firm's EIN: 81-2689014

Firm's address: 7303 Ricewell Rd Phone no: (704)-604-9064

Charlotte, NC 28226

Check if self employed PTIN: P01788584

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schools

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2018

Open to Public Inspection

Community Education Project

Employer identification number

26-3825618

Part I

YES NO

1 Does the organization have a specially nondiscriminatory policy toward students by statement in its charter, bylaws, or other governing documents? YES NO

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized

Solicitation does not include newspapers or broadcast media. Our nondiscrimination policy is made known to the community through open house events, printed brochures, social media, word of mouth, and our website. Our students and teachers are racially and ethnically diverse, and our diversity is well represented in pictures on all our printed and digital material, along with the text of our nondiscrimination policy.

SCHEDULE O
(Form 990 or 990-EZ)

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.
 ▶ Attach to Form 990 or 990-EZ.

2018

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Open to Public Inspection

Name of the organization

Employer identification number

Community Education Project

26-3825618

Form 990-EZ, Part I, Line 16
Other Expenses

	\$	15,467.
Advertising and Promotion		1,766.
Conferences, Conventions, and Meetings		323.
Insurance		746.
Office Expenses		2,345.
Travel		1,449.
Total	\$	22,096.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,421.	\$ 1,773.
Prepaid Expenses and Deferred Charges	1,075.	891.
Total	\$ 2,496.	\$ 2,664.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 295.
Accrued Expenses	2,900.	1,665.
Deferred Revenue	14,445.	17,568.
Payroll Liabilities	553.	23.
Total	\$ 17,898.	\$ 19,551.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Education

Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

Description	Grants	Program Service Expenses
General Admin		6,981.
Includes Foreign Grants	No	
Total	\$ 0.	\$ 6,981.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No