Form 990

# Paper Filed - efile reject on 11/15/21

Return of Organization Exempt From Income Tax

OMB No 1545-0047

| tion 501(c), 527, or 4947(a)(1) of the Interna  | ,                                    | itions)  | 2020                         |
|---|--------------------------------------|----------|------------------------------|
| <ul> <li>▶ Do not enter social security numbers on</li> <li>▶ Go to www irs gov/Form990 for instru</li> </ul> | this form as it may be made public 2 | 0/2      | Open to Public<br>Inspection |
| year beginning  | , 2020, and ending                   |          | , 20                         |
| of organization Georgia Alliance Education  | Fund Inc                             | D Employ | er identification number     |

|                                |               | the Treasul                  |                            | er social security numbers on this form a   | -                |            | / 1            | 12           | Open to Public             |  |  |  |  |
|--------------------------------|---------------|------------------------------|----------------------------|---|------------------|------------|----------------|--------------|----------------------------|--|--|--|--|
|                                |               | Je Service                   |                            | ww irs gov/Form990 for instructions an  |                  |            |                |              | Inspection                 |  |  |  |  |
|                                |               |                              | ar, or tax year beginnin   |   |                  | nd endir   | ng             |              | , 20                       |  |  |  |  |
| _                              |               | ipplicable                   |                            | orgia Alliance Education Fund Inc   |                  |            |                | D Empl       | oyer identification number |  |  |  |  |
| $\equiv$                       | ddress c      | -                            | Doing business as          | O box if mail is not delivered to street address)   |                  | Room/su    |                |              | 47-4735442                 |  |  |  |  |
| =                              | ame cha       | hone number<br>(404)636-6272 |                            |   |                  |            |                |              |                            |  |  |  |  |
|                                |               |                              |                            |   |                  |            |                |              |                            |  |  |  |  |
| $\equiv$                       |               | rn/terminated                |                            | vince, country, and ZIP or foreign postal code  |                  |            |                |              | s receipts                 |  |  |  |  |
| =                              | mended        |                              | Atlanta, GA 30357          |   |                  | -          |                | \$           | 2,710,061                  |  |  |  |  |
| ∐ A                            | pplicatio     | n pending                    | •                          | ncipal officer Christine White  |                  |            |                | -            | for subordinates? Yes No   |  |  |  |  |
|                                |               | - TS1                        | Same as C above            |   |                  | •          | H(b) Are all   |              | <del>-</del> -             |  |  |  |  |
| <u> </u>                       | ax-exem       |                              | (c)(3) 501(c) (            | ) ◀ (insert no )  | 527              | 2          | If "No,"       | attach a lı  | st See instructions        |  |  |  |  |
|                                | /ebsite       | ► N/A                        |                            |   |                  |            | H(c) Group     |              |                            |  |  |  |  |
|                                |               |                              | poration Trust Asse        | ociation Other >  | L Year of format | ion 201    | 5 м            | State of leg | gal domicile GA            |  |  |  |  |
| Par                            | <u>t     </u> | Summary                      |                            |   |                  |            |                |              |                            |  |  |  |  |
|                                | 1             |                              |                            | <del></del>   | organizatio      |            |                | n and e      | ducate                     |  |  |  |  |
|                                |               |                              |                            | ased research, analysis, and soluti   |                  |            |                |              |                            |  |  |  |  |
| e                              |               |                              |                            | Georgia including review of civic   | engagemen        | t organi   | zations        |              |                            |  |  |  |  |
| Governance                     |               |                              |                            | y outreach activities.  |                  |            |                |              |                            |  |  |  |  |
| Veri                           | 2             |                              | _                          | discontinued its operations or disposed   |                  | 25% of ı   | ts net asse    | ts           | ı                          |  |  |  |  |
| တိ                             | 3             |                              | •                          | rning body (Part VI, line 1a)   |                  |            |                | 3            | 3                          |  |  |  |  |
| <b>∞</b> ర                     | 4             |                              |                            | s of the governing body (Part VI, line 1b   | •                |            |                | 4            | 2                          |  |  |  |  |
| Activities &                   | 5             |                              |                            | calendar year 2020 (Part V, line 2a)  |                  | • • • • •  |                | 5            | 0                          |  |  |  |  |
| ct                             | 6             |                              | volunteers (estimate if r  | • •   |                  |            |                | 6            |                            |  |  |  |  |
| 4                              |               |                              |                            | Part VIII, column (C), line 12  |                  |            |                | 7a           | 0                          |  |  |  |  |
|                                | <u> </u>      | Net unrelated bu             | isiness taxable income     | from Form 990-T, Part I, line 11  |                  | <u>RE(</u> | CEIVE          | <u> 7b</u>   | 0                          |  |  |  |  |
|                                |               |                              |                            |   | 1/1              |            | Prior Year     |              | Current Year               |  |  |  |  |
|                                | 8             | Contributions and            | d grants (Part VIII, line  | 1h)   | [4]              | nec        | <b>A</b> 2 504 | 375          | 2,709,726                  |  |  |  |  |
| 3                              | 9             | Program service              | revenue (Part VIII, line   | e 2g)   | [3]              | D1 (2      |                | 100          | <u> </u>                   |  |  |  |  |
| Revenue                        | 10            |                              | •                          | (A), lines 3, 4, and 7d)  |                  |            |                | _108 ℃       | 335                        |  |  |  |  |
| ሜ                              | 11            | Other revenue (F             | Part VIII, column (A), lin | les 5, 6d, 8c, 9c, 10c, and 11e)  |                  | QGE        |                | IT           | 0                          |  |  |  |  |
|                                | 12            | Total revenue - a            | idd lines 8 through 11 (i  | must equal Part VIII, column (A), line 12   | )                |            |                | ,483         | <b>2</b> ,710,061          |  |  |  |  |
|                                | 13            |                              | - '                        | X, column (A), lines 1-3)   |                  |            | 283            | ,127         | 2,667,396                  |  |  |  |  |
|                                | 14            | Benefits paid to             |                            | _   | 0                |            |                |              |                            |  |  |  |  |
|                                | 15            |                              |                            |   |                  |            |                |              |                            |  |  |  |  |
| Expenses                       |               |                              | draising fees (Part IX, o  |   | 0                |            |                |              |                            |  |  |  |  |
| ben                            | b             | Total fundraising            | expenses (Part IX, col     | umn (D), line 25) ▶   | 0                | .          |                |              |                            |  |  |  |  |
| Ж                              | 17            |                              | (Part IX, column (A), lin  |   |                  | <u> </u>   |                | ,322         | 130,234                    |  |  |  |  |
|                                | 18            |                              |                            | equal Part IX, column (A), line 25)   |                  | <u> </u>   |                | ,449         | 2,797,630                  |  |  |  |  |
|                                | 19            | Revenue less ex              | penses Subtract line 1     | 18 from line 12   |                  |            | (20            | ,966)        | (87,569)                   |  |  |  |  |
| es<br>es                       |               |                              |                            |   |                  | Begin      | ning of Currer | nt Year      | End of Year                |  |  |  |  |
| etso                           | 20            | Total assets (Par            | rt X, line 16)             |   |                  |            | <u>3</u> 35    | ,615         | 332,623                    |  |  |  |  |
| Net Assets or<br>Fund Balances | 21            | Total liabilities (F         | Part X, line 26)           |   |                  |            |                |              | 73,684                     |  |  |  |  |
| _ <u>s</u> g                   | 22            | Net assets or fur            | nd balances Subtract       | line 21 from line 20  |                  |            | 335            | ,615         | 258,939                    |  |  |  |  |
| Par                            |               | Signature B                  |                            |   |                  |            |                |              |                            |  |  |  |  |
|                                |               |                              |                            | m, including accompanying schedules and statemen<br>cer) is based on all information of which preparer ha |                  | of my knov | viedge and bei | lef, it is   |                            |  |  |  |  |
|                                |               |                              |                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                  |            |                |              |                            |  |  |  |  |
| ٥.                             | Ī             | Christine                    |                            |   | <u> </u>         |            |                |              |                            |  |  |  |  |
| Sign                           | I             | Signature of o               | fficer                     |   |                  |            |                | Da           | te                         |  |  |  |  |
| Here                           | •             |                              | White, Executive D         | rector  |                  |            |                | <del></del>  |                            |  |  |  |  |
|                                |               | Type or print i              |                            |   | - <del>-</del>   |            |                |              |                            |  |  |  |  |
|                                |               | Print/Type preparer          | 's name                    | Preparer's signature  | Date             |            | Check          | X ıf         | PTIN                       |  |  |  |  |
| Paid                           |               | Cecily VM W                  | elch                       | Jr.   | 11-15-2          | -/<br>     | self-em        | ployed       | P00643322                  |  |  |  |  |
|                                | arer          | Firm's name                  |                            | ancial Advisors LLC   |                  | F          | ım's EIN 🕨     |              |                            |  |  |  |  |
| Use                            | Only          | Firm's address               | 5 Concours                 | se Pkwy 3000  |                  | P          | толе по        |              |                            |  |  |  |  |
|                                |               |                              | Atlanta GA                 | . 30328   |                  |            |                | 404-5        | 91-6777                    |  |  |  |  |
| May 1                          | he IRS        | S discuss this retu          | m with the preparer sh     | own above? (see instructions)   |                  |            |                |              | X Yes No                   |  |  |  |  |
| For P                          | aperw         | ork Reduction Act            | Notice, see the separa     | ate instructions  |                  |            |                |              | Form 990 (2020)            |  |  |  |  |

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| orm        | 990 (2020) • Georgia Alliance Education Fund Inc  | 47-4735442                            | Page 2       |
|------------|---|---------------------------------------|--------------|
|            | t III Statement of Program Service Accomplishments  |                                       |              |
| -          | Check if Schedule O contains a response or note to any line in this Part III  |                                       | П            |
| 1          | Briefly describe the organization's mission   |                                       |              |
|            | The organization works to inform and educate through the development of fact-based  |                                       |              |
|            | research, analysis, and solutions for policy makers through leaders, and the media in Georgia   |                                       |              |
|            | including review of civic engagement organizations and the performance of community outreach  |                                       |              |
|            | activities.   |                                       |              |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the                                  |                                       |              |
|            | prior Form 990 or 990-EZ?   | ☐ Yes                                 | ⊠ No         |
|            | 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  |                                       | ٠            |
| 4          | Describe the organization's program service accomplishments for each of its three largest program services, as measur                         | ed by                                 |              |
| •          | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c                       |                                       |              |
|            | the total expenses, and revenue, if any, for each program service reported  | , trio. 0,                            |              |
|            | the total experience, and revenue, in any, for each program control reported  |                                       |              |
| 4a         | (Code ) (Expenses \$ 2,753,028 including grants of \$ 2,753,028 ) (Revenue  | \$                                    |              |
| <b>∓</b> a | Facilitating alliance among organizations with similar missions so they work together as  | Ψ                                     |              |
|            | efficiently and effectively as possible. We created opportunities for shared learning to increase   |                                       | _            |
|            | collaboration and hone best practices. We also granted funds to 10 similar focused non-profit   |                                       |              |
|            | organizations   |                                       |              |
|            | <u>organizations</u>  |                                       |              |
|            |   |                                       |              |
|            |   | <del> </del>                          | <del></del>  |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
| 45         | (Code ) (Expenses \$ including grants of \$ ) (Revenue  | · · · · · · · · · · · · · · · · · · · |              |
| 4b         | (Code) (Expenses \$ including grants of \$ ) (Revenue   | \$                                    | ,            |
|            |   |                                       |              |
|            |   |                                       |              |
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|            |   |                                       | <del></del>  |
|            |   |                                       |              |
|            |   |                                       |              |
| 4c         | (Code) (Expenses \$ including grants of \$ ) (Revenue   | \$                                    | )            |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
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|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
|            |   |                                       |              |
|            | Other program services (Describe on Schedule O.)  | <u> </u>                              | <del></del>  |
| 4d         | Other program services (Describe on Schedule O )  (Expenses \$  | \                                     |              |
|            | Other program services (Describe on Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > 2,753,028 | )                                     |              |

| Form 990 (2020) | orm | 990 | (2020) |  |
|-----------------|-----|-----|--------|--|
|-----------------|-----|-----|--------|--|

Georgia Alliance Education Fund Inc

ABCITMC 47-4735442 Page 3

| Part IV   | <br>Check  |         |     | •       | O - I | deal and |
|-----------|------------|---------|-----|---------|-------|----------|
| Part IV : | <br>- nack | IIRT AT | RAC | אביוווו | SCDA  | allies   |
| I GILIV 1 |            | iist Oi |     | luii Cu |       | uuics    |

|      |   |        | Yes | No                 |
|------|---|--------|-----|--------------------|
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |        |     |                    |
|      | complete Schedule A   | 1      | _X_ |                    |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors See instructions?   | 2      | Х   |                    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  |        |     |                    |
|      | candidates for public office? If "Yes," complete Schedule C, Part I   | 3      |     | _X_                |
| 4    | Section 501(c)(3) organizations 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  | 4      |     | X                  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |        |     |                    |
|      | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5      |     | _X                 |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   | ļ      |     |                    |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |        |     |                    |
|      | "Yes," complete Schedule D, Part I  | 6      |     | _X_                |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |        |     |                    |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7      |     | X                  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |        |     |                    |
|      | complete Schedule D, Part III   | 8      |     | _X                 |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |        |     |                    |
|      | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or  |        |     |                    |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9      |     | _X                 |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |        |     |                    |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10     |     | _X_                |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |        | ļ   |                    |
|      | VII, VIII, iX, or X as applicable   |        |     |                    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"  |        | - 1 |                    |
|      | complete Schedule D, Part VI  | 11a    |     | _X_                |
| b    | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more   |        |     |                    |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b    |     | _X_                |
| С    | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more  |        | -   |                    |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c    |     | _X_                |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets   |        | l   |                    |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d_   |     | _ <u>X</u> _       |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e    |     | _ <u>X</u> _       |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |        | İ   | .,                 |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f    |     | _ <u>X</u> _       |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | .      |     | v                  |
|      | Schedule D, Parts XI and XII  | 12a    |     | <u> </u>           |
| D    | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 401    | 1   | <b>V</b>           |
| 40   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b    |     | <del></del> _      |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13     |     | <u>X</u>           |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a    |     |                    |
| b    | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |        |     |                    |
|      | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV    | 145    |     | ~                  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   | 14b    |     | _ <u>X</u> _       |
| 10   |   | 45     |     | ~                  |
| 46   | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15     |     | _ <u>X</u> _       |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  | 16     | l   | ~                  |
| 17   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 10     |     | <u> </u>           |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17     | ŀ   | X                  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   | '      |     |                    |
| 10   | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18     | 1   | Х                  |
| 19   | Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?   | 0      |     |                    |
| 10   | If "Yes," complete Schedule G, Part III   | 19     | }   | <u>X_</u>          |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a    |     | $\hat{\mathbf{x}}$ |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b    |     | <del>-^</del>      |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   | 235    |     |                    |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21     | ×   |                    |
|      |   | Eorm ( |     |                    |

| Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 2? if "Yes," complete Schedule I, Parts 1 and III 22   | 1 0 | THE CHECKIST OF REQUIRED CONCIDENCES   |          | , —            |  |
|---|-----|--|----------|----------------|--|
| Pent IX. column (A), line 2" II "ves," complete Schedule I, Parts I and IIII  | 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |          | Yes            | No   |
| 22 Del the organization arewer "Nes" to Part VII. Section A. Inc. 3. 4, or 5 about compression of the organization scurrent and forms offices, dericotics, trustees, key employees, and highest compression of the programation was also exempt bond issues with an outstanding principal amount of more than \$100,000 as of the list did yof the year, that was issued after Docimber 31, 2002? If "Yes," anewer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  Did the organization inwest any processis of fisa-exempt bords beyond a temporary period exception?  24b Did the organization means are size of the second of   |     | · · · · · · · · · · · · · · · · · · ·  | 22       |                | X  |
| amothoyees? If "Yes," complete Schedule 4.  240. Did the organization have a time-except bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule K. If "No", go to line 25s.  246. Did the organization maintenia in escribow account other than a refunding escrive at any time during the year to defease say tax-exempt bonds of the scenario of the sc   | 23  |  |          |                |  |
| 24a Dd the organization have a tax-exempt bond issue with an audistanding principal amount of more than \$100,000 as of the lead stop of the year, that was seved after December 31, 2002 of "Yes," answer lines 24b through 24d and complete Schedule I, If "No," go to line 25a.  Did the organization manifism an escrow account other than a returding scrow at any time during the year to defease any tax-exempt bonds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization manifism an escrow account other than a returding scrow at any time during the year to defease any tax-exempt bonds?  25a Socion 501(c)(3), 501(c)(4), and 501(c)(20) organizations but the organization engage in an excess benefit transaction with a disqualified person during the year? "I'ves," complete Schedule I, Part I.  25a X b is the organization aware that 4 engaged in an excess benefit transaction with a disqualified person and the throughout the transaction has not been reported on any of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule I, Part II.  26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, complete Schedule I, Part IV  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV  29 Did the organization organization aparty to a business transaction or former officer, director, trustee, key and power organization organization organization organization and that is ter   |     | organization's current and former officers, directors, trustees, key employees, and highest compensated  |          |                |  |
| St00.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedulu K. If Nio," go to line 25a.  b Dd the organization minest any proceeds of tax-exempt bonds beyond a temporary penod exception?  c Dd the organization markers are escribed for the second of the complete Schedulus (1) and 10 (1) and     |     | employees? If "Yes," complete Schedule J   | 23       | X              |  |
| through 24d and complete Schedule K. If No." go to line 25a.  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tixe-exempt bonds?  24c  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tixe-exempt bonds?  24d  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization act as an "on-behalf of" issues for bonds outstanding at any time during the year?  25d  Did the organization and the press during the year? If Yes, "complete Schedule I, Part I.  1 b is the organization and the transaction than son tipe emperation and year? If Yes, "complete Schedule I, Part I.  25a  | 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  | 1        |                | 1  |
| b D dh the organization invest any proceeds of fax-exempt bonds beyond a temporary penid exception?.  D dit the organization market an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.  246  D dit the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?.  246  D do the organization and at as an 'on behalf of' issuer for bonds outstanding at any time during the year?.  246  S Section 50 (16/3), 501(16/4), and 501(16/29) and 5    |     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  | 1        |                |  |
| c Did the organization maintain an escrow account other than a refunding ascrive at any time during the year to defease any time-exemple bords?   |     | through 24d and complete Schedule K. If "No," go to line 25a   | 24a      |                | <u> </u>   |
| to defease any tax-exempt bords?  | b   |  | 24b      |                | ļ  |
| d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(x)), 501(x)0), 501(x)0, 401(x)0, 40510(x)0, 405    | С   |  |          | l              |  |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(25) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part J   |     |  |          | <u> </u>       | <b>-</b>   |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E22    28 Did the organization aproximation and prior any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or flounder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II   | d   |  | 24d      | <u> </u>       | <del> </del>                                     |
| b is the organization aware that it engaged in an excess benefit transaction with a disquisified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I.  25 Dd the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule I., Part II.  26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) of family member of any of these persons? If Yes, incomplete Schedule I., Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV IV instructions, for applicabile filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, incomplete Schedule I., Part IV IV See Schedule IIV See     | 25a |  |          |                |  |
| year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I   |     |  | 25a      |                | <u>X</u>   |
| Bit "Yes," complete Schedule L, Part I  | р   |  |          | Ì              | 1  |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II   |     |  | 051      |                |  |
| or former officer, director, truslee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II. 28 X Did the organization provide a grant or other assistance to any current or former officer, director, truslee, key employee, creator or founder, substantial contributor or employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, icomplete Schedule L, Part III X was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III X was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV X was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV X was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV X was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 2 was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 2 was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 2 was the organization receiver of more members or founder, or substantial contributor? If Yes, contribution organization receiver of any individual described in line 28a or 28b? If Yes, complete Schedule II, Part IV 2 was the organization receiver more than \$25,000 in non-cash contributions? If Yes, complete Schedule M 2 was the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I 3 was the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I 3 was complete Schedule N, Part II was the organization related to any tax-exempt or taxable entity? If Yes, c   |     |  | 25b      | <del> </del> - | <del>                                     </del> |
| controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part IL  | 26  |  |          | ŀ              |  |
| Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or grant selection committee member, or to a 35% controlled entity (including an employee) ethereof) or family member of any of these persons? If Yes, icomplete Schedule L, Part III IV instructions, for applicable filing thresholds, conditions, and exceptions?  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, icomplete Schedule L, Part IV  |     |  | 200      |                |  |
| employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contriolled entity (including an employee thereof) or family member of any of these persons? If Mesi, Complete Schedule L, Part III  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III  19 Instructions, for applicable filing thresholds, conditions, and exceptions)  28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? III  Yes, icomplete Schedule L, Part IV  28 X  28 X  28 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  Yes, icomplete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Ly the organization receive contributions of air, historical treasures, or other similar assets, or qualified  conservation contributions? If "Yes," complete Schedule M, part II  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 X  32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 X  32 Did the organization and 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III,  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III,  34 X  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-c   |     |  | 26       | <del> </del>   | <del>  ^</del>                                   |
| member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If Kes; complete Schedule L, Part III   | 27  |  | 1        | ŀ              |  |
| persons? If Mes,icomplete Schedule L, Part III  |     |  |          | l              |  |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions, for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, icomplete Schedule L, Part IV.  288 X  A family member of any individual described in line 289? If Yes, icomplete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, icomplete Schedule L, Part IV.  280 X  291 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  292 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  302 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I .  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  32 A X  33 Did the organization own 100% of an enbty disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .  33 A X  34 Was the organization orelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, III .  34 A X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, III e. 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? Under the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, III e. 2  36c S   |     |  | 27       |                |  |
| IV instructions, for applicable filing thresholds, conditions, and exceptions)   A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   Yes         | 20  |  | 21       | ├              | <del>  ^</del>                                   |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, icomplete Schedule L, Part IV.  A A35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, icomplete Schedule L, Part IV.  28c X  28d X  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, icomplete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 files are required to complete Schedule O for Part VI, lines 11b and 19? Note All Form 990 files are required to complete Schedule O for Part VI, lines 11b and 19? Note All Form 990 file | 20  |  |          |                |  |
| Yes,icomplete Schedule L, Part IV   28a   X   | 2   | •  | _        | ļ              |  |
| b A family member of any individual described in line 28a? If Mes, icomplete Schedule L, Part IV.  28b X  A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Mes, icomplete Schedule L, Part IV  29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29d X  29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II  30d The organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31d The organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31d The organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II.  33d Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34d X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transfers to an exempt non-chantable related organization of the organization make any transfers to an exempt non-chantable related organization of the organization make any transfers to an exempt non-chantable related organization of the organization of the organization make any transfers to an exempt non-chantable The organization of the organizatio   | a   |  | 28a      |                | ×  |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If   | b   | ·  |          | 1              |  |
| Mes,icomplete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule.M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 18 A 37 X  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 fliers are required to complete Schedule O for Part VI, lines 11b and 19? Note All Form 990 fliers are required to complete Schedule O for Part VI, line           |     |  |          |                | <del>                                     </del> |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  10 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I   |     |  | 28c      | Ì              | x  |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 29  |  |          | X              | <u> </u>   |
| conservation contributions? If "Yes," complete Schedule M   |     | -  |          |                |  |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b controlled entity within the meaning of sectio    |     |  | 30       |                | x  |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 33 X X 4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 5b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Innes 11b and 19? Note All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 15   | 31  |  | $\vdash$ |                |  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |     |  |          |                |  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |     |  | 32       |                | X  |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |          |                |  |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  |     | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33       | 1              | Х  |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36 Viviant of the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note All Form 990 filers are required to complete Schedule O  38 X  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Tenter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 34  |  |          |                |  |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |     | or IV, and Part V, line 1  | 34       |                | X  |
| controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a      |                | X  |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |          |                |  |
| related organization?If "Yes," complete Schedule R, Part V, line 2  |     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b      |                |  |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |          |                | 1  |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |     | related organization?If "Yes," complete Schedule R, Part V, line 2   | 36       | <u> </u>       | X  |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  19? Note All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |          |                |  |
| 19? Note All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   |     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37       | L              | X  |
| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   | 38  |  |          |                |  |
| Check if Schedule O contains a response or note to any line in this Part V  |     |  | 38       | <u> </u>       |  |
| Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | Par |  |          |                |  |
| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |     | Check it Schedule O contains a response or note to any line in this Part V   |          | T              | ╀  |
| b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable   |     | Enter the number consisted in Day 2 of Forms 1000 February |          | Yes            | No   |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |     |  | 1        | [              |  |
| reportable gaming (gambling) winnings to prize winners?   |     |  | 4        |                |  |
|   | С   |  | 1.       |                |  |
|   | FFA | reportable garring (garroning) wirnings to prize withlers  |          |                | 2020)  |

| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |                    |          |              |
|---------|---|--------------------|----------|--------------|
| •       |   |                    | Yes      | No           |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |                    | `        |              |
|         | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0                                  |                    |          | -            |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                      | 2b                 |          | X            |
|         | Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                            |                    |          |              |
| За      | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                       | 3a                 |          | X            |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule D                         | 3b                 |          |              |
| 4a      | 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)?                  | 4a                 |          | Х            |
| b       | If "Yes," enter the name of the foreign country ▶   |                    |          |              |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                  |                    |          |              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                               | 5a                 |          | Х            |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                    | 5b                 |          | Х            |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c                 |          |              |
| 6а      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                              |                    |          |              |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a                 |          | ×            |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or                      |                    |          |              |
| _       | gifts were not tax deductible?  | 6b                 |          |              |
| 7       | Organizations that may receive deductible contributions under section 170(c)  |                    |          | <b> </b>     |
| a       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                         | ,                  |          |              |
| ŭ       | and services provided to the payor?   | 7a                 |          |              |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                     | 7b                 |          |              |
| c       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                            | · · ·              |          |              |
| Ü       | required to file Form 8282?   | 7c                 |          |              |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   | -,-                |          | 41.          |
|         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                     | 7e                 | $\vdash$ | <u> </u>     |
| e<br>f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                        | 7f                 |          |              |
|         | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?    | 7g                 | ┢╾═┦     | <del> </del> |
| g       |   | 7 <u>9</u><br>7h   | $\vdash$ |              |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C.? |                    |          | y            |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                                | 8                  |          |              |
| 0       | sponsoring organization have excess business holdings at any time during the year?  | -                  |          |              |
| 9_      | Sponsoring organizations maintaining donor advised funds.   | 9a                 |          |              |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?  | <b>-</b>           |          |              |
| b<br>10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                   | 9b                 |          |              |
| 10      | Section 501(c)(7) organizations. Enter.   |                    |          | ,            |
|         | Initiation fees and capital contributions included on Part VIII, line 12  | ,                  |          | ٧            |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |                    |          |              |
| 11      | Section 501(c)(12) organizations Enter  |                    | . 1      |              |
| а       | Gross income from members or shareholders   |                    | . [      |              |
| Ь       | Gross income from other sources (Do not net amounts due or paid to other sources  |                    | ,        |              |
|         | against amounts due or received from them) [11b]  | 40-                |          | <del></del>  |
|         | Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?                           | 12a                |          |              |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |                    |          |              |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers   | a was projectively | -        |              |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  | 13a                |          |              |
|         | Note See the instructions for additional information the organization must report on Schedule O                                     | `                  |          |              |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which  |                    |          |              |
|         | the organization is licensed to issue qualified health plans  |                    |          |              |
| С       | Enter the amount of reserves on hand  |                    |          |              |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a                |          | X            |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                           | 14b                |          |              |
|         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                       |                    |          |              |
|         | excess parachute payment(s) during the year?  | 15                 |          | X            |
|         | If "Yes," see instructions and file Form 4720, Schedule N   |                    |          |              |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                     | 16                 |          | X_           |
|         | If "Yes," complete Form 4720, Schedule O  |                    |          |              |
|         |   | Form               | 000 /    | つつつへい        |

Part VI

For each "Yes" response to lines 2 through 7b below, and for a "No"

|     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction             | S   |                  | 550                              |
|-----|---|-----|------------------|----------------------------------|
|     | Check if Schedule O contains a response or note to any line in this Part VI   |     |                  | X                                |
| Sec | tion A. Governing Body and Management   |     |                  |                                  |
|     |   |     | Yes              | No                               |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |     |                  | į                                |
|     | If there are material differences in voting rights among members of the governing body, or  |     |                  |                                  |
|     | if the governing body delegated broad authority to an executive committee or similar  |     |                  |                                  |
|     | committee, explain on Schedule O.   |     | •                |                                  |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 2   |     |                  |                                  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |     |                  |                                  |
|     | any other officer, director, trustee, or key employee?  | 2   |                  | X                                |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct                           |     |                  | <del>  ^</del> -                 |
|     | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3   |                  | \                                |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4   |                  | X                                |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          |     |                  |                                  |
| 6   |   | 5   |                  | X                                |
|     | Did the organization have members or stockholders?  | 6   |                  | Χ_                               |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |     |                  |                                  |
|     | one or more members of the governing body?  | 7a  |                  | X                                |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |     |                  |                                  |
|     | stockholders, or persons other than the governing body?   | 7b  |                  | X                                |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during                              |     |                  | }                                |
|     | the year by the following   |     | *                | kan s <del>i kananan ses</del> a |
| а   | The governing body?   | 8a  | X                |                                  |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b  | Х                |                                  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |     |                  |                                  |
|     | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9   |                  | X                                |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)                     | •   |                  | ·                                |
|     |   |     | Yes              | No                               |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a |                  | Х                                |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |     |                  |                                  |
|     | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b |                  |                                  |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a | X                |                                  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | 110 | <del>, , ,</del> | 1                                |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line.13   | 12- | <del></del>      |                                  |
| b   | · · · · · · · · · · · · · · · · · · ·   | 12a | X                |                                  |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | <u> </u>         |                                  |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |     |                  |                                  |
| 40  | describe in Schedule O how this was done  | 12c |                  | X                                |
| 13  | Did the organization have a written whistleblower policy?   | 13  |                  | X                                |
| 14  | Did the organization have a written document retention and destruction policy?  | 14  |                  | <u> </u>                         |
| 15  | Did the process for determining compensation of the following persons include a review and approval by                              |     |                  | ļ                                |
|     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |     |                  |                                  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a |                  | _X_                              |
| b   | Other officers or key employees of the organization   | 15b |                  | <u> </u>                         |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |                  |                                  |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |     |                  |                                  |
|     | with a taxable entity during the year?  | 16a |                  | X                                |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      |     |                  | ļ                                |
|     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |     | l                |                                  |
|     | organization's exempt status with respect to such arrangements?   | 16b |                  |                                  |
| Sec | tion C. Disclosure  |     | 1                |                                  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► Georgia  |     |                  |                                  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)         |     |                  |                                  |
|     | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply                             |     |                  |                                  |
|     |   |     |                  |                                  |
| 19  | , ,   |     |                  |                                  |
| ı   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,         |     |                  |                                  |
| 20  | and financial statements available to the public during the tax year.   |     |                  |                                  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |     |                  |                                  |
|     | Christine White (404)636-6272, P O Box 77971, Atlanta, GA 30357   |     |                  |                                  |

| Independent Contractors   |                        |                |                      |         |              |                             |        |                                 |                               | _                                     |
|---|------------------------|----------------|----------------------|---------|--------------|-----------------------------|--------|---------------------------------|-------------------------------|---------------------------------------|
| Check if Schedule O contains a response   |                        |                |                      |         |              |                             |        | <u></u>                         | <u></u>                       |                                       |
| Section A Officers, Directors, Trustees, Key Employe  |                        |                |                      |         |              |                             |        |                                 | <del></del>                   |                                       |
| 1a Complete this table for all persons required to be liste   | ed Report co           | omper          | satio                | on fo   | or the       | e cale                      | ndar   | year ending with                | or within the                 |                                       |
| organization's tax year   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| List all of the organization's current officers, director   |                        |                |                      |         | idual        | ls or o                     | rgar   | iizations), regardle            | ss of amount of               |                                       |
| compensation Enter -0- in columns (D), (E), and (F) if no   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| <ul> <li>List all of the organization's current key employees</li> </ul>  | •                      |                |                      |         |              |                             |        |                                 |                               |                                       |
| List the organization's five current highest compen   |                        | •              |                      |         |              |                             |        |                                 |                               |                                       |
| who received reportable compensation (Box 5 of Form W-  | -2 and/or Bo           | x / of         | Form                 | 10      | 99-N         | (ISC)                       | of m   | ore than \$100,000              | from the                      |                                       |
| organization and any related organizations  |                        | at to contra   |                      |         |              |                             |        |                                 |                               |                                       |
| <ul> <li>List all of the organization's former officers, key en<br/>\$100,000 of reportable compensation from the organization</li> </ul> |                        |                |                      |         |              |                             | mpi    | oyees who receive               | ed more than                  |                                       |
| List all of the organization's former directors or trus   |                        |                |                      |         |              |                             | o fo   | rmar director or tr             | iston of the                  |                                       |
| organization, more than \$10,000 of reportable compensati   |                        |                |                      |         |              |                             |        |                                 | usice of the                  |                                       |
|   |                        | <i>J</i> , gui | -41101               | ····    | o an         | y i Ciai                    | eu e   | /gariizations                   |                               |                                       |
| See instructions for the order in which to list the persons al<br>Check this box if neither the organization nor any relationship.        |                        | tion co        | mno                  | ncat    | - od o       |                             | -ont   | officer director or             | trustos                       |                                       |
| Check this box if neither the organization nor any relative   | leu organizai          | T              | inbe                 |         | (C)          | ny cur                      | rent   | onicer, director, or            | trustee                       | · · · · · · · · · · · · · · · · · · · |
|   |                        | ļ              |                      |         | sition       |                             |        |                                 | ļ                             |                                       |
| (A)   | (B)                    |                |                      | eck n   | nore tl      | han one                     |        | (D)                             | (E)                           | (F)                                   |
| Name and title  | Average<br>hours       | 1              |                      | -       |              | s both a<br>/trustee        |        | Reportable compensation         | Reportable compensation       | Estimated amount of other             |
|   | per week               |                |                      |         |              |                             |        | from the                        | from related<br>organizations | compensation<br>from the              |
|   | (fist any<br>hours for | or d           | Insti                | Officer | Key          | Highest compensate employee | Former | organization<br>(W-2/1099-MISC) | (W-2/1099-MISC)               | organization and                      |
|   | related                | or director    | nstitulional trustee | ğ       | key employee | nest o                      | ner    |                                 |                               | related organizations                 |
|   | organizations          | 7 78           | ial fo               |         | oyee         | omp                         |        |                                 |                               |                                       |
|   | below<br>dotted line)  | 68             | stee                 |         |              | ensa                        |        |                                 |                               |                                       |
|   |                        |                |                      |         |              | ted                         |        |                                 |                               |                                       |
|   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| (1) Krista Brewer   | 200                    | ,              |                      |         |              |                             |        |                                 |                               | _                                     |
| Secretary   | 2.00                   | X              |                      |         |              | _                           |        | 0                               | 00                            | 0                                     |
| (2) William Hall Chair  | 2 00                   | x              |                      |         |              |                             |        | 0                               | o                             | 0                                     |
| (3) Margaret Robinson   | 20.00                  |                |                      |         |              |                             |        |                                 | 0                             |                                       |
| Former Executive Director   |                        | }              |                      |         |              |                             | х      | 0                               | 0                             | 0                                     |
| (4)   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
|   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| <u>(5)</u>  |                        |                |                      |         |              |                             |        | '                               |                               |                                       |
|   | <del></del>            |                |                      |         |              |                             |        |                                 |                               | <u> </u>                              |
| (6)   | } <b>-</b>             |                |                      |         |              |                             |        |                                 |                               |                                       |
| (7)   |                        |                | H                    |         |              |                             | _      | <del></del>                     | <del></del>                   | <del>-</del>                          |
| YZ  |                        | }              |                      |         |              |                             |        |                                 |                               |                                       |
| (8)   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
|   |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| (9)   | ļ - <b></b>            |                |                      |         |              |                             |        |                                 |                               |                                       |
|   |                        | <u> </u>       |                      |         |              |                             |        |                                 |                               |                                       |
| (10)  |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| (4.4)   |                        |                |                      |         |              |                             |        | <del></del>                     | <del></del>                   |                                       |
| (11)  |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| (12)  |                        | ļ —            |                      | -       |              |                             |        |                                 |                               |                                       |
| 7.=/  |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
| (13)  |                        |                |                      |         |              |                             |        |                                 |                               |                                       |
|   |                        | <u> </u>       |                      |         |              |                             |        |                                 |                               |                                       |
| (14)  |                        | ]              |                      |         |              |                             |        |                                 |                               |                                       |
|   |                        | L              |                      |         |              |                             |        |                                 |                               |                                       |
| EEA   |                        |                |                      |         |              |                             |        |                                 |                               | Form 990 (2020)                       |

Form 990 (2020) - Georgia Alliance Education Fund Inc 47-4735442

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

Page 7

| (A) Name and title  | (B) Average hours per week  | (do i                         | not che                 | Po:<br>eck m | (C)<br>sition<br>nore the<br>rson is |                              | n                   | (D)  Reportable compensation from the | (E)  Reportable  compensation  from related | (F) Estimated amo                              |         |
|---|---|-------------------------------|-------------------------|--------------|--------------------------------------|------------------------------|---------------------|---------------------------------------|---|--|---------|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | or director                   | Institutional frustee   | Officer      | Key employee                         | Highest compensated employee | Former              | organization<br>(W-2/1099-MISC)       | organizations<br>(W-2/1099-MISC)            | from the<br>organization a<br>related organiza |         |
| (15)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (16)  |   |                               |                         |              |                                      |                              |                     | -                                     |   |  |         |
| (17)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| <u>(18)</u>   |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| <u>(19)</u>   |   |                               |                         |              |                                      |                              |                     |                                       |   | ,  |         |
| (20)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| <u>(21)</u>   |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (22)  | <del>-</del>  |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (23)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (24)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (25)  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| Subtotal     Total from continuation sheets to Part VII, Section     Total (add lines 1b and 1c)      Total number of individuals (including but not limit  | Α   |                               | bove                    | <br>         | ho re                                | eceive                       | ►<br>•<br>•<br>• mo | 0<br>ore than \$100,000               | 0<br>of                                     |  | 0       |
| reportable compensation from the organization   | <u> </u>  |                               |                         |              |                                      |                              |                     |                                       |   | Yes  | 0<br>No |
| <ul> <li>Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul</li> <li>For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual</li></ul> | le J for such<br>eportable cor<br>an \$150,000                              | indıvıd<br>npensa<br>17 If "Y | lual<br>ation<br>es," ( | and<br>com   | <br>I othe                           | er com                       | <br>ipen:           | sation from the                       |   | 3 X  |         |
| 5 Did any person listed on line 1a receive or accrue<br>for services rendered to the organization? If "Yes  | compensatio   | n from                        | any                     | unr          |                                      | _                            |                     |                                       |   | 5 X  | •       |
| Section B. Independent Contractors  |   |                               |                         |              |                                      |                              |                     |                                       |   | 1 3 1 X 1                                      |         |
| <ol> <li>Complete this table for your five highest compensation from the organization. Report compensation.</li> </ol>  |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| (A) Name and business addres  |   |                               |                         |              |                                      |                              |                     | (B) Description of service            |   | (C)<br>Compensation                            |         |
| Georgia Alliance for Progress LLC, PO Box 1703  | 83 Atlanta  | GA 30                         | 307                     |              |                                      |                              | Man                 | nagement Service                      | e   | 223,38   | 9       |
|   |   |                               |                         |              |                                      |                              |                     |                                       |   |  |         |
| Total number of independent contractors (including)   | g but not limi  | ted to                        | those                   | e lis        | ted a                                | above)                       | who                 | <b>.</b>                              |   |  |         |
| received more than \$100,000 of compensation fro  | m the organi  | zation                        | <u> </u>                |              |                                      |                              | _                   |                                       | 1   |  |         |

Georgia Alliance Education Fund Inc Statement of Revenue Form 990 (2020)
Rant VIII

|  |                | Check if Schedule O cor       | ntains a    | a response                              | or n     | ote to any line in th                 | ns Part VIII  | <u></u>  |  |   |
|--|----------------|-------------------------------|-------------|---|----------|---------------------------------------|---|--|--|---|
|  | , .            |                               |             |   |          |                                       | (A)<br>Total revenue  | (B) Related or exempt function revenue   | (C)<br>Unrelated<br>business revenue   | (D) Revenue excluded from tax under sections 512614 |
|  | _ 1a           | Federated campaigns           |             | L                                       | 1a       |                                       |   |  |  |   |
|  | b              | Membership dues               |             | 1b                                      |          |                                       |   |  |  |   |
| र र  | c              | Fundraising events            |             | ſ                                       | 1c       |                                       | 7   |  |  |   |
| iran<br>oun  | d              | Related organizations         |             | Γ                                       | 1d       |                                       | 1   |  |  |   |
| s, G<br>Am   | e              | Government grants (contri     |             | s)                                      | 1e       |                                       | 1   |  |  |   |
| Contributions, Cifts, Grants and Other Similar Amounts | t              | All other contributions, gift |             |   |          |                                       | Taran Santan  |  |  |   |
| ns,<br>Sim   | '              | and similar amounts not in    | _           |   | 1f       | 2,709,726                             |   |  |  |   |
| er er  | l g            | Noncash contributions incl    |             | <del>-</del>                            | ···      | 2,700,720                             | 1   |  |  |   |
| 퉏ᅙ   | 9              | lines 1a-1f                   |             | '                                       | 1g       | \$ 177,210                            |   |  |  |   |
| ÖË   | h              |                               |             | _ L                                     |          | φ 177, <u>210</u>                     | 2,709,726   |  |  |   |
|  | <del>  "</del> | Total Add lines 1a-11         |             | • | <u>·</u> |                                       | 2,709,720   |  | ######################################   | **************************************              |
|  | 20             |                               |             |   |          | Business Code                         | 350000 x 60000000000000000000000000000000   | **************************************   | (1988) (1972) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988) (1988)  | 30000000000000000000000000000000000000              |
| 0  | 2a             |                               |             |   | _        |                                       | <del> </del>  | <del></del>  | <del> </del>   |   |
| , ∑ •  | b              |                               |             |   |          |                                       | ļ   |  |  |   |
| Ser  | C              | <del></del>                   |             | <del> </del>                            | _        | <del></del>                           | ļ   |  | <u> </u>   |   |
| ev.  |                | <del></del>                   |             | <del></del>                             |          | <del></del>                           | <del> </del>  | <u> </u>   | <del> </del>   |   |
| Program Service<br>Revenue                             | e              |                               |             |   | _        |                                       |   |  | , , , , , , , , , , , , , , , , , , ,  |   |
| <u>a</u>   |                | All other program service re  |             |   |          |                                       |   | 98080778598784307843883  | Saturday Company Compa | 1 MC 200 200 2 CAR A WAY                            |
|  | g              | Total Add lines 2a-2f         | • • • • •   | <u> </u>                                |          |                                       | <del></del>   | \$60.000.000 <u>60.000</u>   |  | <u> </u>  |
|  | 3              | Investment income (includir   | -           |   |          | and .                                 | 205   | 005  |  |   |
|  | ١.             | other similar amounts)        |             |   |          | ▶,                                    | 335   | 335  |  |   |
|  | 4              | Income from investment of the |             | •                                       | oroce    |                                       | ļ- <del></del> -  |  |  |   |
|  | 5              | Royalties                     | <del></del> |   |          | · · · · · · · · · · · · · · · · · · · | 4855-8764-1479-25-12-12-25-25-25-25-25-25-25-25-25-25-25-25-25  | 255-02-5-625-02-625-02-625-02-62   | 5000 500050 Sikk@0000000000000   | 200000000000000000000000000000000000000             |
| _  | ١.             | _                             | <b>—</b>    | (ı) Real                                |          | (ii) Personal                         |   |  |  |   |
|  |                | Gross rents                   | 6a          |   |          |                                       |   |  |  |   |
|  |                | Less rental expenses          | 6b          |   |          |                                       |   |  |  |   |
|  | С              | Rental income or (loss)       | 6c          |   |          |                                       |   |  |  |   |
|  | d              | Net rental income or (loss)   | ·····       | · · · · · · · · · · · · · · · · · · ·   |          |                                       | LONGING STREET, N. M. A. C. L. C.   | COLUMN STATE OF THE STATE OF TH | 21 432 WAS VEST VALUE (C)  | BOOK V (C. N. J. A. L. S. C. CONNAUVERS VM          |
|  | 7a             | Gross amount from             | _           | (i) Secunties                           |          | (II) Other                            |   |  |  |   |
|  |                | sales of assets               |             |   |          |                                       |   |  |  |   |
|  |                | other than inventory          | 7a          |   |          | ,                                     |   |  |  |   |
|  | b              | Less cost or other basis      |             |   |          |                                       |   |  |  |   |
| Θ  |                | and sales expenses            | 7b          |   |          |                                       |   |  |  |   |
| evenue   | -c             | Gain or (loss)                | 7c          |   |          | <u> </u>                              |   | 240  |  |   |
| Şe   | d              | Net gain or (loss)            |             |   | <u> </u> |                                       |   |  |  |   |
| Other Re   | 8a             | Gross income from fundrais    | sing        |   |          |                                       |   |  |  |   |
| ₽  | 1              | events (not including \$:     |             |   | Ì        | -                                     |   |  |  |   |
|  |                | of contributions reported or  | line        |   |          |                                       |   |  |  |   |
|  |                | 1c). See Part IV, line 18 .   |             |   | 8a       |                                       |   |  |  |   |
|  | ь              | Less direct expenses          |             |   | 8b       |                                       |   |  |  |   |
|  | С              | Net income or (loss) from fu  | undrais     | ing events                              |          |                                       |   |  |  | · <del>-</del>                                      |
|  |                | Gross income from gaming      | •           |   |          |                                       |   |  |  |   |
|  | ľ              | activities, See Part IV, line |             |   | 9a       |                                       |   |  |  |   |
|  | . ь            |                               | <i>.</i>    |   | 9b       |                                       |   |  |  |   |
| ,  | 1              | Net income or (loss) from g   |             |   |          | ·                                     | ANGEL SALES AND A STATE OF THE | 03427 KANADEL 2011 KANADE  | - X - X - X - X - X - X - X - X - X - X  | 107 · 1 · 11277 / 2 ( 200 mm - 7 )                  |
|  | i              | Gross sales of inventory, le  |             | ~                                       |          | <u> </u>                              |   |  |  | 1927/2024/2024                                      |
|  | 104            | returns and allowances        |             |   | 10a      | ,                                     |   |  |  |   |
|  | b.             | Less cost of goods sold .     |             |   | 10b      |                                       |   |  |  |   |
|  |                | Net income or (loss) from s   |             |   |          | L                                     | VARIABLE AND A CONTRACTOR AND SOME  | CTEGORY AS ANY AND   | TRANSPORTE TO THE PROPERTY OF  | No. of the second                                   |
|  | <u> </u>       |                               |             |   |          | Business Code                         |   |  |  | 2766 (20.45.20.45                                   |
|  | 11a            |                               |             |   |          |                                       | THE RESERVE THE PROPERTY AND THE PROPERTY AND THE   | A COUNTY OF THE PROPERTY OF THE STATE OF THE | The sales and the sales of the  | The amendates contract tracker I                    |
| ous<br>ar  | ь              |                               |             |   | _        | <del></del>                           |   |  |  |   |
| llan<br>Jen  | C              |                               |             |   |          |                                       |   |  |  | ,   |
| Miscellanous<br>Revenue                                | , d            | All other revenue             | _           |   |          |                                       |   |  |  |   |
| Ź  |                | Total Add lines 11a-11d       |             |   |          | <b>&gt;</b>                           |   |  |  | X28666  |
|  |                | Total revenue See instruct    |             |   |          |                                       | 2,710,061   | 335  | 0  | 0   |
|  |                |                               |             |   |          |                                       |   |  |  |   |

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Fundraising 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,667,396 2,667,396 Grants and other assistance to domestic individuals See Part IV, line 22 ... ...... 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ' Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ....... 10 Payroll taxes ...... Fees for services (nonemployees) 44,122 88,244 44,122 Legal..... ..... Accounting ..... 960 480 480 Professional fundraising services See Part IV, line 17. Investment management fees ... . ..... Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... Advertising and promotion .... 12 Office expenses .......... 13 14 15 Royalties . . . . ..... 16 17 Travel ...... . ...... Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 35.000 35.000 19 20 Interest ..... . 21 Payments to affiliates ..... Depreciation, depletion, and amortization ..... 23 Insurance ...... Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 6,030 Advocacy 6,030 All other expenses Total functional expenses Add lines 1 through 24e 2,797,630 2,753,028 44,602 Joint costs. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

(B) Beginning of year End of year 335,613 Cash - non-interest-bearing ..... 312,118 Savings and temporary cash investments .... . .... 2 2 3 Pledges and grants receivable, net ..... ...... 3 14,500 4 Accounts receivable, net ...... 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ..... 6 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges ......... 9 Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D ..... 10a 10b | Less accumulated depreciation . . . . . 10c b 6.005 11 Investments - publicly traded securities ...... 11 12 Investments - other securities See Part IV, line 11 .... .... 12 13 13 14 Intangible assets ... . ..... 14 15 15 16 Total assets Add lines 1 through 15 (must equal line 33) ..... 335,615 16 332,623 17 Accounts payable and accrued expenses ..... ..... 17 6,030 18 67,654 19 19 20 20 Tax-exempt bond liabilities ..... Escrow or custodial account liability Complete Part IV of Schedule D ...... 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 22 23 Secured mortgages and notes payable to unrelated third parties ..... 23 24 Unsecured notes and loans payable to unrelated third parties ...... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .... ...... Total liabilities Add lines 17 through 25 ..... 0 26 **▶** 🛛 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33 Net assets without donor restrictions ..... 335,615 27 258,939 Net Assets or Fund Balances 27 Net assets with donor restrictions ...... 28 ▶ 🗌 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33 29 29 Capital stock or trust principal, or current funds .. ...... 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds ...... 335,615 32 258,939 32 Total net assets or fund balances ...... 33 335,615 332,623

| Form | 990 (2020) Georgia Alliance Education Fund Inc  | 47-4735442    |       | _ Pa           | age 12 |
|------|---|---------------|-------|----------------|--------|
| Par  | rt XI Reconciliation of Net Assets  | <del></del>   |       |                |        |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                     |               |       | _              |        |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | _ 1           | 2,    | 710,0          | 61     |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2             | 2,    | 797,6          | 30     |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3             |       | (87,5          | 69)    |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                       | 4             |       | 335,6          | 615    |
| 5    | Net unrealized gains (losses) on investments  | 5             |       |                |        |
| 6    | Donated services and use of facilities  | 6             |       |                |        |
| 7    | Investment expenses   | 7             |       | •              |        |
| 8    | Prior period adjustments  | 8             |       | 10,8           | 893    |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)  | 9             |       |                | 0      |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                   |               |       |                |        |
| _    | 32, column (B))   | 10            |       | 258,9          | 939    |
| Pai  | rt XII Financial Statements and Reporting   | <del></del> : |       |                |        |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                    |               |       |                |        |
|      |   | -             |       | Yes            | No     |
| 1    | Accounting method used to prepare the Form 990.   Cash  Accrual  Other  |               |       |                |        |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in           | <del></del>   |       |                |        |
|      | Schedule O  |               | _     |                | -      |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                 |               | 2a    |                | X      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or          |               |       | ,              |        |
|      | reviewed on a separate basis, consolidated basis, or both   |               |       | ١. ١           | /      |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |               | ,     | ( meaning      |        |
| b    | Were the organization's financial statements audited by an independent accountant?                              |               | 2b    |                | X      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a         |               |       | , ,            |        |
|      | separate basis, consolidated basis, or both   |               | ٠,٠,٠ | 89 3           |        |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis                                    |               |       |                |        |
| c    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of  |               | 1     |                | 1      |
|      | the audit, review, or compilation of its financial statements and selection of an independent accountant?       |               | 2c    |                |        |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on   |               | · ^   |                |        |
|      | Schedule O  |               |       | Haracarray and |        |
| 3а   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the |               |       |                | 1      |
|      | Single Audit Act and OMB Circular A-133?  |               | 3a    |                |        |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the    |               |       |                |        |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits         |               | 3b    |                |        |
| EEA  |   |               | Form  | 990 (2         | 2020)  |

#### SCHEDULE A (Form 990 or 990-EZ)

# 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.

OMB No 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

| Geor    | gia      | Alliance Education Fund Inc               |                                 |                            |                |               | 47-4735442               |                    |
|---------|----------|---|---------------------------------|----------------------------|----------------|---------------|--------------------------|--------------------|
| Parl    | 11       | Reason for Public Charity                 | Status. (All orga               | anizations must cor        | nplete th      | is part ) :   | See instructions.        |                    |
| The o   | rgar     | nization is not a private foundation bec  |                                 |                            |                |               |                          |                    |
|         | Ň        | A church, convention of churches, or      |                                 |                            |                |               |                          | $\cap$             |
|         | Ĭ.       | A school described in section 170(b)      |                                 |                            | , ,,           | ,, ,,,        |                          | 1)/                |
|         | Ħ.       | A hospital or a cooperative hospital s    |                                 | •                          | , ,            |               |                          | $\cup$ /           |
|         | $\equiv$ |   |                                 |                            |                | •             | 1\/A\/w\ Enter the       |                    |
| 4       | Ш        | A medical research organization ope       | rated in conjunctio             | n with a nospital descrit  | eu in secu     | )(ط)011 110   | T)(A)(III) Enter the     |                    |
| _       | П        | hospital's name, city, and state          | C. C                            | <del></del>                |                |               |                          | <del>-</del>       |
| 5       | Ш        | An organization operated for the bene     | _                               | iniversity owned or oper   | ated by a g    | jovernment    | al unit described in     |                    |
|         | _        | section 170(b)(1)(A)(iv) (Complete F      | •                               |                            |                |               |                          |                    |
| 6       | Щ        | A federal, state, or local government     |                                 |                            |                |               |                          |                    |
| 7       | X        | An organization that normally receive     | s a substantial part            | of its support from a go   | vernmental     | unit or from  | n the general public     |                    |
|         |          | described in section 170(b)(1)(A)(vi).    | (Complete Part II               | )                          |                |               |                          |                    |
| 8       |          | A community trust described in section    | on 170(b)(1)(A)(vi)             | (Complete Part II)         |                |               |                          |                    |
| 9       |          | An agricultural research organization     | described in section            | on 170(b)(1)(A)(ıx) oper   | ated in cor    | junction wi   | th a land-grant college  | e                  |
|         |          | or university or a non-land-grant colle   | ge of agriculture (s            | ee instructions) Enter th  | ne name, ci    | ty, and state | e of the college or      |                    |
|         |          | university                                |                                 | ·                          |                | •             | -                        |                    |
| 10      | П        | An organization that normally receive     | s <sup>-</sup> (1) more than 33 | 1/3% of its support from   | n contributi   | ons, memb     | ership fees, and gross   |                    |
|         | _        | receipts from activities related to its e | ` '                             | • • •                      |                | •             |                          |                    |
|         |          | support from gross investment income      | •                               | •                          |                | •             |                          |                    |
|         |          | acquired by the organization after Ju     |                                 | •                          |                | -             | om basinesses            |                    |
| 11      | П        | An organization organized and opera       | ,                               |                            |                | ,             |                          |                    |
|         | =        | •   | · ·                             | •                          |                | . , , ,       | corn, out the numerous   |                    |
| 12      | П        | An organization organized and operation   | •                               | •                          |                |               | • • •                    |                    |
|         |          | of one or more publicly supported org     |                                 | ` ` ` `                    |                |               | ` , ,                    |                    |
|         |          | Check the box in lines 12a through 12     |                                 | • • • • • •                |                |               |                          | •                  |
|         | а        | Type I A supporting organization          | •                               | -                          |                | -             |                          | ng                 |
|         |          | the supported organization(s) the         |                                 | •                          | rity of the o  | irectors or   | trustees of the          |                    |
|         |          | supporting organization. You mu           | •                               |                            |                |               |                          |                    |
|         | b        | Type II A supporting organizatio          | •                               |                            | • •            | _             | , , , ,                  |                    |
|         |          | control or management of the sur          | porting organization            | on vested in the same pe   | ersons that o  | control or m  | nanage the supported     |                    |
|         |          | organization(s) You must compl            | ete Part IV, Section            | ns A and C                 |                |               |                          |                    |
|         | С        | Type III functionally integrated A        | supporting organi               | zation operated in conn    | ection with    | , and functi  | ionally integrated with, |                    |
|         |          | its supported organization(s) (see        | e instructions) You             | must complete Part IV      | , Sections A   | A, D, and E   |                          |                    |
|         | d        | ☐ Type III non-functionally integrate     | ed. A supporting or             | ganization operated in o   | connection     | with its sur  | oported organization(s   | )                  |
|         |          | that is not functionally integrated       | The organization g              | enerally must satisfy a d  | listribution i | equirement    | t and an attentiveness   |                    |
|         |          | requirement (see instructions) Y          | ou must complete                | Part IV, Sections A and    | D, and Pa      | rt V          |                          |                    |
|         | е        | Check this box if the organization        | received a written              | determination from the II  | RS that it is  | a Type I, T   | ype II, Type III         |                    |
|         |          | functionally integrated, or Type III      |                                 |                            |                | • •           |                          |                    |
|         | f        | Enter the number of supported organ       | •                               |                            |                |               |                          |                    |
|         | g        | Provide the following information about   |                                 |                            |                |               |                          |                    |
|         |          | Name of supported organization            | (II) EIN                        | (III) Type of organization | (IV) Is the or | oanization    | (v) Amount of monetary   | (vi) Amount of     |
|         | (-)      |   | (,                              | (described on lines 1-10   | listed in you  | - 1           | support (see             | other support (see |
|         |          |   |                                 | above (see instructions))  | docum          | ent?          | instructions)            | instructions)      |
|         |          |   |                                 |                            | Yes            | No            |                          |                    |
|         |          |   |                                 |                            | 163            |               | ·                        |                    |
| (A)     |          |   |                                 |                            |                |               |                          |                    |
|         |          |   |                                 |                            | -              |               |                          |                    |
| (B)     |          |   |                                 |                            |                |               |                          |                    |
|         |          |   |                                 |                            | <del> </del>   |               |                          |                    |
| (C)     |          |   |                                 |                            | 1              |               |                          |                    |
|         |          |   |                                 |                            | ļ              |               |                          |                    |
| (D)     |          |   |                                 |                            |                | ŀ             |                          |                    |
|         |          |   |                                 |                            | <u> </u>       |               |                          |                    |
| Έ\      |          |   |                                 |                            |                |               |                          |                    |
| (E)<br> |          |   |                                 |                            |                | <u> </u>      |                          |                    |
| Total   |          |   |                                 |                            |                |               |                          | <del></del> -      |

(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) (b) 2017 (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ..... 235,000 296,025 504,375 504,375 2,709,726 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ....... The value of services or facilities furnished by a governmental unit to the organization without charge ..... Total. Add lines 1 through 3 ...... 235,000 296,025 504,375 504,375 2,709,726 4,249,501 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) ...... 1,316,215 Public support Subtract line 5 from line 4 2,933,286 Section B. Total Support (b) 2017 Calendar year (or fiscal year beginning in) (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4... 235,000 296,025 504,375 504,375 2,709,726 4,249,501 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from sımılar sources 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) ...... Total support. Add lines 7 through 10 ... 12 Gross receipts from related activities, etc (see instructions) ............. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ....... 69 03 15 Public support percentage from 2019 Schedule A, Part II, line 14 ...... 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 ..... 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 ..... 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 ...... 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...... instructions

| P   | Support Schedule for Organizati   |                  |  | ` '\ '                                |  |                  |              |
|-----|---|------------------|--|---------------------------------------|--|------------------|--------------|
|     | (Complete only if you checked the   |                  |  |                                       |  |                  | nder Panzil. |
|     | If the organization fails to qualify  | under the te     | ests listed bel                                  | ow, please c                          | omplete Part                                     | II.)             |              |
|     | ction A. Public Support   |                  |  |                                       |  |                  |              |
| Cal | endar 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                                     |                  |  |                                       |  | 1                | 1            |
|     | received (Do not include any "unusual grants ")                                       |                  |  | ļ                                     |  |                  | İ            |
| 2   | Gross receipts from admissions, merchandise   |                  |  |                                       |  |                  |              |
|     | sold or services performed, or facilities   |                  |  |                                       |  |                  |              |
|     | furnished in any activity that is related to the<br>organization's tax-exempt purpose |                  |  |                                       |  |                  | i            |
| 3   | Gross receipts from activities that are not an  |                  | <del></del>                                      |                                       | <del> </del>                                     |                  | -            |
| 5   | unrelated trade or business under section 513.  |                  |  |                                       |  |                  |              |
|     |   | <del></del>      |  |                                       | <del>                                     </del> | <del>/</del>     | <del> </del> |
| 4   | Tax revenues levied for the   |                  |  |                                       |  |                  |              |
|     | organization's benefit and either paid to   |                  |  | 1                                     |  |                  |              |
|     | or expended on its behalf   |                  |  |                                       | /_/_   |                  |              |
| 5   | The value of services or facilities   |                  |  |                                       |  |                  |              |
|     | furnished by a governmental unit to the   |                  |  | i                                     |  |                  |              |
|     | organization without charge   |                  |  |                                       |  | <u></u>          |              |
| 6   | Total Add lines 1 through 5   |                  |  |                                       |  |                  |              |
| 7a  | Amounts included on lines 1, 2, and 3   |                  |  |                                       |  |                  |              |
|     | received from disqualified persons  |                  |  |                                       |  |                  |              |
| b   | Amounts included on lines 2 and 3   |                  |  |                                       |  |                  |              |
|     | received from other than disqualified   |                  |  |                                       |  |                  |              |
|     | persons that exceed the greater of \$5,000  |                  |  |                                       |  |                  |              |
|     | or 1% of the amount on line 13 for the year   |                  | ļ  |                                       |  | ļ                | ļ            |
| С   |   |                  | <del>                                     </del> |                                       |  | <del> </del>     | <del> </del> |
| _   | Public support (Subtract line 7c from   |                  | /  |                                       | · · · · · · · · · · · · · · · · · · ·            |                  | <del></del>  |
| 8   | • • •   | ,                |  |                                       |  |                  |              |
|     | line 6.)  |                  |  | <u> </u>                              | , ,  | L                | <u> </u>     |
|     | ction B. Total Support  | (-) 0040         | 1 (1) (2017                                      | (-) 0040                              | (4) 2040   | (-) 0000         | (f) T-4-1    |
|     | endar year (or fiscal year beginning in)  | (a) 2016         | (b) 2017   | (c) 2018                              | (d) 2019   | (e) 2020         | (f) Total    |
| 9   | Amounts from line 6   |                  | /  |                                       | <u> </u>   |                  |              |
| 10a | Gross income from interest, dividends,  | _                | ,  |                                       |  |                  | 1            |
|     | payments received on securities loans, rents,   |                  |  |                                       |  |                  |              |
|     | royalties, and income from similar sources  |                  |  |                                       |  |                  |              |
| b   | Unrelated business taxable income (less   |                  | İ  |                                       |  |                  |              |
|     | section 511 taxes) from businesses  |                  |  |                                       |  |                  | 1            |
|     | acquired after June 30, 1975  |                  |  |                                       |  |                  |              |
| c   | Add lines 10a and 10b   |                  |  |                                       |  |                  |              |
|     | Net income from unrelated business  | /                |  |                                       |  |                  |              |
|     | activities not included in line 10b, whether  |                  |  |                                       |  |                  |              |
|     | or not the business is regularly carried on   |                  |  |                                       |  |                  |              |
| 12  | Other income Do not include gain or   |                  |  |                                       | <del></del>                                      |                  |              |
| 12  | loss from the sale of capital assets  |                  | l  |                                       |  | ļ                |              |
|     | (Explain in Part VI.)   |                  |  |                                       |  |                  |              |
| 12  | ,   | <del> </del>     |  |                                       |  |                  |              |
| 13  | Total support. (Add lines 9, 10c/11,  |                  |  |                                       |  |                  |              |
|     | and 12.) [  |                  | <u> </u>   |                                       | L  |                  | ļ            |
| 14  | First 5 years. If the Form 990 is for the organ                                       |                  |  |                                       |  | ection 501(c)(3  |              |
|     | organization, check this box and stop here .  |                  | <u> </u>   | · · · · · · · · · · · · · · · · · · · |  |                  | <b>•</b>     |
|     | ction C. Computation of Public Support Po   |                  | · <u> </u>                                       |                                       |  |                  |              |
| 15  | Public support percentage for 2020 (line 8, c   | olumn (f), divi  | ded by line 13,                                  | column (f))                           |  | 15               | %            |
| 16  | Public support percentage from 2019 Schedi  | ule A, Part III, | line 15  |                                       |  | 16               | %            |
|     | ction D. Computation of Investment Incom  |                  |  |                                       |  |                  |              |
| 17  |   |                  |  | ine 13. column                        | ı (f))   | 17               | %            |
| 18  | Investment income percentage from 2019 So   |                  | •  |                                       |  | 18               | %            |
|     | 33 1/3% support tests - 2020 If the organiza  |                  |  |                                       |  |                  |              |
| .00 | 17 is not more than 33 1/3%, check this box   |                  |  |                                       |  |                  |              |
| h   | 33 1/3% support tests - 2019. If the organiza   |                  |  |                                       |  |                  |              |
| n   |   |                  |  |                                       |  |                  |              |
| 20/ | Jine 18 is not more than 33 1/3%, check this  |                  |  |                                       |  |                  |              |
| 24  | Private foundation If the organization did not  | LUTIECK a DOX    | on line 14, 19a                                  | , טוואס, cnecl                        | s unis dox and s                                 | see instructions | > ► [        |

Rart W Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
  - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| an v   | <u>, . )                                    </u> | <del></del>                            |
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|  | Yes  | No                                     |
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| Рa          | rt釟火 Supporting Organizations (continued)  |   |
|-------------|--|---|
|             |  | Yes No  |
| 11          | Has the organization accepted a gift or contribution from any of the following persons?  |   |
| а           | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and                 |   |
|             | 11c below, the governing body of a supported organization?   | 11a   |
| h           | A family member of a person described in line 11a above?   | 11b   |
|             |  |   |
| C           | A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                  |   |
| <del></del> | detail in Part VI.   | 11c   |
| Sec         | ction B. Type I Supporting Organizations   | <del></del> r                                     |
|             |  | Yes No  |
| 1           | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or     |   |
|             | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |   |
|             | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)        |   |
|             | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |   |
|             | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |   |
|             | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year                | 1   |
| 2           | Did the organization operate for the benefit of any supported organization other than the supported                            | 176-25 1 1290 Legic 1                             |
| _           | · · · · · · · · · · · · · · · · · · ·  |   |
|             | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part                |   |
|             | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                         |   |
| <del></del> | supervised, or controlled the supporting organization  | 2   |
| Sec         | tion C Type II Supporting Organizations  |   |
|             |  | Yes No  |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors               |   |
|             | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                  |   |
|             | or management of the supporting organization was vested in the same persons that controlled or managed                         |   |
|             | the supported organization(s).   | 1   |
| Sec         | tion D. All Type III Supporting Organizations  |   |
|             |  | Yes No  |
| 1           | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                 | 3488 K 38 W 13                                    |
|             | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax          |   |
|             | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |   |
|             | organization's governing documents in effect on the date of notification, to the extent not previously provided?               |   |
| 2           | · · · · · · · · · · · · · · · · · · ·  | 2.522-82 (2-6628) (22.75-94                       |
| 2           | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported               |   |
|             | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how             |   |
| _           | the organization maintained a close and continuous working relationship with the supported organization(s)                     | 2   |
| 3           | By reason of the relationship described in line 2, above, did the organization's supported organizations have                  | 10000 02 V 30 00 00 00 00 00 00 00 00 00 00 00 00 |
|             | a significant voice in the organization's investment policies and in directing the use of the organization's                   |   |
|             | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                   |   |
|             | supported organizations played in this regard  | 3   |
| <u>Sec</u>  | tion E. Type III Functionally Integrated Supporting Organizations  |   |
| 1           | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in          | structions)                                       |
| а           | The organization satisfied the Activities Test. Complete line 2 below  |   |
| b           | The organization is the parent of each of its supported organizations. Complete line 3 below                                   |   |
| С           | The organization supported a governmental entity Describe in Part VI how you supported a government entity (                   | see instructions)                                 |
| 2           | Activities Test Answer lines 2a and 2b below.  | Yes No  |
| а           | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of             | (2) 24 (2.75) 24 (4.04)                           |
| _           | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                     |   |
|             | those supported organizations and explain how these activities directly furthered their exempt purposes,                       |   |
|             |  |   |
|             | how the organization was responsive to those supported organizations, and how the organization determined                      |   |
|             | that these activities constituted substantially all of its activities.   | 2a  |
| b           | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,            |   |
|             | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in                   |   |
|             | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in                   |   |
|             | these activities but for the organization's involvement.   | 2b  |
| 3           | Parent of Supported Organizations. Answer lines 3a and 3b below.   | 14.5 SEE SEE                                      |
| а           |  |   |
|             | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.                                 | 3a  |
| h           | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each            |   |
| ~           | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard               | 3-0000000000000000000000000000000000000           |
|             | or no supported organizations in Tres, describe in Fait vi the role played by the organization in this regard                  | 3b  |

| Sectio | instructions. All other Type III non-functionally integrated supporting organiz<br>n A - Adjusted Net Income |     | (A) Prior Year | (B) Current Yea<br>(optional) |
|--------|--|-----|----------------|-------------------------------|
| 1 N    | et short-term capital gain   | 1   |                |                               |
| 2 R    | ecoveries of prior-year distributions  | 2   |                |                               |
| 3 0    | ther gross income (see instructions)   | 3   |                |                               |
| 4 A    | dd lines 1 through 3   | 4   |                | -                             |
| 5 D    | epreciation and depletion  | 5   |                |                               |
| 6 P    | ortion of operating expenses paid or incurred for production or collection                                   |     |                |                               |
| of     | gross income or for management, conservation, or maintenance of  | 1 1 |                |                               |
| pr     | operty held for production of income (see instructions)  | 6   |                |                               |
| 7 0    | ther expenses (see instructions)   | 7   | <del></del>    |                               |
|        | djusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8   |                |                               |
|        | n B - Minimum Asset Amount   |     | (A) Prior Year | (B) Current Yea<br>(optional) |
| 1 A    | ggregate fair market value of all non-exempt-use assets (see   |     |                |                               |
| ın     | structions for short tax year or assets held for part of year).  |     |                |                               |
|        | verage monthly value of securities   | 1a  |                |                               |
| b A    | verage monthly cash balances   | 1b  |                |                               |
| _      | air market value of other non-exempt-use assets  | 1c  |                |                               |
| d To   | otal (add lines 1a, 1b, and 1c)  | 1d  |                |                               |
| _      | scount claimed for blockage or other factors   |     |                |                               |
|        | explain in detail in Part VI):   |     |                |                               |
| 2 A    | equisition indebtedness applicable to non-exempt-use assets  | 2   |                |                               |
|        | ubtract line 2 from line 1d  | 3   |                |                               |
| 4 C    | ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,                                   |     |                |                               |
| se     | ee instructions).  | 4   |                |                               |
| 5 N    | et value of non-exempt-use assets (subtract line 4 from line 3)  | 5   |                |                               |
| _      | ultiply line 5 by 0 035  | 6   |                |                               |
| 7 R    | ecoveries of prior-year distributions  | 7   |                |                               |
| 8 M    | ınimum Asset Amount (add line 7 to line 6)   | 8   |                |                               |
| Sectio | n C - Distributable Amount   |     | ,              | ' Current Year                |
| 1 A    | djusted net income for prior year (from Section A, line 8, Column A)   | 1   |                |                               |
| 2 Eı   | nter 0 85 of line 1  | 2   |                |                               |
| 3 M    | ınımum asset amount for prior year (from Section B, line 8, Column A)  | 3   |                |                               |
| _      | nter greater of line 2 or line 3   | 4   |                |                               |
|        | come tax imposed in prior year   | 5   |                |                               |
| 6 D    | stributable Amount Subtract line 5 from line 4, unless subject to  |     |                |                               |
|        | nergency temporary reduction (see instructions)  | 6   |                |                               |

| Sec | etion D - Distributions   | Supporting Organization    | one (continued)  |  | Current Year  |
|-----|---|----------------------------|--|--|---|
| 1   | Amounts paid to supported organizations to accomplish exen      | npt purposes               |  | 1  |   |
| 2   | Amounts paid to perform activity that directly furthers exempt  |                            |  | <del>                                     </del> |   |
|     | organizations, in excess of income from activity                | parpodos or capported      | *  | 2  | , ,   |
| 3   | Administrative expenses paid to accomplish exempt purpose       | s of supported organiza    | ions   | 3  |   |
| 4   | Amounts paid to acquire exempt-use assets                       | o or supported organiza    | 10113  | 4  |   |
| 5   | Qualified set-aside amounts (prior IRS approval required) - pi  | rovide details in Part VI) |  | 5  | ,   |
| 6   | Other distributions (describe in Part VI) See instructions      | ovide detaile in rait vij  |  | 6  |   |
| 7   | Total annual distributions. Add lines 1 through 6               |                            |  | 7  |   |
| 8   | Distributions to attentive supported organizations to which the | e organization is respons  | sive   | Ė  |   |
|     | (provide details in Part VI) See instructions.                  | ,                          |  | 8  | i e   |
| 9   | Distributable amount for 2020 from Section C, line 6            |                            |  | 9  | <del></del>   |
|     | Line 8 amount divided by line 9 amount                          | <del></del>                | <u>-</u> -   | 10   |   |
|     |   |                            | (ii)   |  | (III)   |
| Sec | tion E - Distribution Allocations (see instructions)            | (i)                        | Underdistributions   |  | Distributable   |
|     | ,   | Excess Distributions       | Pre-2020   |  | Amount for 2020   |
| 1   | Distributable amount for 2020 from Section C, line 6            |                            |  |  | ,   |
| 2   | Underdistributions, if any, for years prior to 2020             |                            | Considerable to the second additional and A  | VV / 52  |   |
|     | (reasonable cause required - explain in Part VI). See           |                            |  |  |   |
|     | instructions.   |                            |  | '  |   |
| 3   | Excess distributions carryover, if any, to 2020                 |                            |  |  |   |
| а   | From 2015   |                            |  |  |   |
| b   | From 2016   |                            |  | XX   |   |
| С   | From 2017   |                            |  |  |   |
| d   | From 2018   |                            |  |  |   |
| е   | From 2019   |                            |  |  |   |
| f   | Total of lines 3a through 3e                                    |                            |  |  |   |
| g   | Applied to underdistributions of prior years                    |                            |  |  |   |
| h   | Applied to 2020 distributable amount                            | 96.56                      |  | <b>100</b>                                       | CONTRACTOR OF THE PROPERTY OF |
|     | Carryover from 2015 not applied (see instructions)              |                            |  |  |   |
| J   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                            |  |  |   |
| 4   | Distributions for 2020 from                                     |                            |  | **   |   |
|     | Section D, line 7.  |                            |  |  |   |
|     | Applied to underdistributions of prior years                    |                            |  | ,  |   |
| b   | Applied to 2020 distributable amount                            |                            |  | X (1)  |   |
|     | Remainder. Subtract lines 4a and 4b from line 4.                |                            |  |  |   |
| 5   | Remaining underdistributions for years prior to 2020, if        |                            |  |  |   |
| 1   | any. Subtract lines 3g and 4a from line 2. For result           |                            |  | í  |   |
|     | greater than zero, explain in Part VI See instructions.         |                            |  |  |   |
| 6   | Remaining underdistributions for 2020 Subtract lines 3h         |                            |  |  |   |
|     | and 4b from line 1. For result greater than zero, explain in    |                            |  |  |   |
|     | Part VI See instructions  |                            |  |  |   |
|     | Excess distributions carryover to 2021. Add lines 3j            |                            |  |  |   |
|     | and 4c  |                            |  |  |   |
|     | Breakdown of line 7   |                            |  |  |   |
|     | Excess from 2016  | 200                        |  |  |   |
|     | Excess from 2017  | 7000                       | on coolies coolies coolies of the co |  |   |
|     | Excess from 2018  |                            |  |  |   |
|     | Excess from 2019  |                            |  |  |   |
| , е | Excess from 2020  |                            |  |  |   |

|         | m 990 of \$90-E2) 2020 Page 8  |
|---------|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part        |
|         | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section   |
|         | B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, |
|         | 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,   |
|         | lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)                          |
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### SCHEDULE C . (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

► Complete if the organization is described below

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| •            | Section 501(c)(4), (5), or (6) orga     | inizations. Complete Part III                  |                       |  |  |
|--------------|---|--|-----------------------|--|--|
| Nam          | e of organization                       |  |                       | Employer ident                             | fication number                                    |
| Ge           | eorgia Alliance Education Fu            | nd Inc   | _                     | 47-4                                       | 735442   |
| Pai          | rt I-A Complete if the                  | organization is exempt under sec               | ction 501(c) or i     | is a section 527 organiz                   | ation  |
| 1            | Provide a description of the orga       | anizations direct and indirect political cam   | paign activities in F | Part IV (See instructions for              |  |
|              | definition of "political campaign a     | activities")                                   |                       |  |  |
| 2            | Political campaign activity exper       | nditures (See instructions)                    |                       | ▶ \$                                       |  |
| 3_           | Volunteer hours for political cam       | paign activities (See instructions)            | <u></u>               |  |  |
| Pai          | rt I-B Complete if the                  | organization is exempt under sec               | ction 501(c)(3).      |  |  |
| 1            | Enter the amount of any excise t        | ax incurred by the organization under sec      | tion 4955             | ····· \$                                   |  |
| 2            | · · · · · · · · · · · · · · · · · · ·   | ах incurred by organization managers un        |                       |  |  |
| 3            | If the organization incurred a sec      | ction 4955 tax, did it file Form 4720 for this | s year?               | •    | Yes No   |
| 4a           |   |  | • • • • • •           |  | Yes No   |
| _ <u>b</u> _ | If "Yes," describe in Part IV           | -  |                       | <del></del>                                |  |
| <u>Pa</u>    |   | organization is exempt under sec               |                       |  |  |
| 1            | , ,                                     | ded by the filing organization for section 5   | 27 exempt function    | 1  |  |
|              |   |  |                       | ▶ \$                                       |  |
| 2            | •                                       | ganization's funds contributed to other org    | •                     | ion  |  |
|              |   |  |                       | ▶ \$                                       |  |
| 3            |   | res Add lines 1 and 2 Enter here and on        | Form 1120-POL,        | _  |  |
|              |   |  |                       | ▶ \$                                       |  |
| 4            |   | orm 1120-POL for this year?                    |                       |  | Yes No   |
| 5            |   | employer identification number (EIN) of a      |                       | <del>-</del>                               |  |
|              | • | or each organization listed, enter the amou    | •                     | -  |  |
|              |   | ons received that were promptly and direct     |                       |  |  |
|              | as a separate segregated fund (         | or a political action committee (PAC). If a    | dditional space is n  | eeded, provide information in I            | Part IV  |
|              | (a) Name                                | (b) Address                                    | (c) EIN               | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
|              |   |  |                       | funds If none, enter -0-                   | promptly and directly                              |
|              |   |  |                       |  | delivered to a separate                            |
|              |   |  |                       |  | political organization If none, enter -0-          |
|              | 4)                                      |  |                       |  |  |
|              | 1)<br>                                  |  |                       | <u> </u>                                   |  |
| (            | 2)                                      |  |                       |  |  |
|              |   |  |                       | <u> </u>                                   | <u> </u>   |
| (:           | 3)                                      |  |                       |  |  |
|              |   |  |                       |  |  |
| (4           | 4)                                      |  |                       |  |  |
|              |   |  |                       |  | _  |
| (:           | 5)                                      |  |                       |  |  |
|              | 6)                                      |  |                       |  |  |
| - (1         | U I                                     |  |                       | I  | 1  |

| Sche | dule C (Form 990 or 990-EZ) 2020 Georgia Alliance          | Education Fund         | Inc                     |                                  | <u>47-47354</u>                                  | 4 <u>2 Page</u> 2                     |
|------|--|------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| Pa   | art II-A Complete if the organization                      | is exempt unde         | er section 501(c)(      | <ol><li>and filed Forn</li></ol> | n 5768 (election u                               | nder                                  |
|      | section 501(h)).   |                        |                         |                                  |  |                                       |
| ٩    | Check ► ☐ if the filing organization belongs to            | an affiliated group    | (and list in Part IV ea | ich affiliated group m           | nember's name,                                   |                                       |
|      | address, EIN, expenses, and share                          | e of excess lobbying   | ng expenditures)        |                                  |  |                                       |
| 3    | Check ► ☐ if the filing organization checked b             | ox A and "limited o    | control" provisions app | oly                              |  |                                       |
|      | Limits on Lobby  | ing Expenditures       |                         |                                  | (a) Filing                                       | (b) Affiliated                        |
|      | (The term "expenditures" me                                | ans amounts paid o     | or incurred )           |                                  | organization's totals                            | group totals                          |
| 1a   | Total lobbying expenditures to influence public o          | pınıon (grassroots     | lobbying)               |                                  |  | <u> </u>                              |
| b    | Total lobbying expenditures to influence a legisla         | itive body (direct lo  | bbying)                 |                                  |  |                                       |
| C    | Total lobbying expenditures (add lines 1a and 1b           | ) . <i>.</i>           |                         |                                  |  |                                       |
| d    | Other exempt purpose expenditures                          |                        |                         |                                  |  |                                       |
| е    | Total exempt purpose expenditures (add lines 1c            | and 1d)                |                         |                                  |  |                                       |
| f    | Lobbying nontaxable amount. Enter the amount to            | from the following to  | able in both            |                                  |  |                                       |
|      | columns.   |                        |                         |                                  |  |                                       |
|      | If the amount on line 1e, column (a) or (b) is:            | The lobbying           | nontaxable amount is    |                                  |  |                                       |
|      | Not over \$500,000   | 20% of the ar          | mount on line 1e        |                                  |  |                                       |
|      | Over \$500,000 but not over \$1,000,000                    | \$100,000 plu          | s 15% of the excess of  | over \$500,000                   |  |                                       |
|      | Over \$1,000,000 but not over \$1,500,000                  | \$175,000 plu          | s 10% of the excess of  | over \$1,000,000                 |  |                                       |
|      | Over \$1,500,000 but not over \$17,000,000                 | \$225,000 plu          | s 5% of the excess ov   | /er \$1,500,000                  |  |                                       |
|      | Over \$17,000,000  | \$1,000,000            |                         |                                  |  |                                       |
| g    | Grassroots nontaxable amount (enter 25% of line            | e 1f)                  |                         |                                  |  |                                       |
| h    | Subtract line 1g from line 1a If zero or less, ente        | r-0                    |                         |                                  |  |                                       |
| ı    | Subtract line 1f from line 1c If zero or less, enter       | · <b>-</b> 0           |                         |                                  |  |                                       |
| J    | If there is an amount other than zero on either line       | e 1h or line 1i, did t | he organization file Fo | orm 4720                         |  |                                       |
|      | reporting section 4911 tax for this year?                  | <u>.</u> <u></u>       |                         |                                  |  | Yes No                                |
|      |  |                        | ng Period Under se      |                                  |  | · · · · · · · · · · · · · · · · · · · |
|      | (Some organizations that made a sec                        | tion 501(h) electi     | on do not have to       | complete all of the              | five columns below                               |                                       |
|      | See  | e the separate in      | structions for lines    | 2a through 2f.)                  |  |                                       |
|      |  |                        |                         |                                  |  |                                       |
|      | Lobby  | ing Expenditures D     | uring 4-Year Averagir   | ng Period                        |  |                                       |
|      | Calendar year (or fiscal year                              | (a) 2017               | (b) 2018                | (c) 2019                         | (d) 2020   | (e) Total                             |
|      | beginning in)  | <b>,</b> , ,           | (1)                     | (-)                              | (-,  | (-,                                   |
|      |  |                        |                         |                                  |  |                                       |
| 2a   | Lobbying nontaxable amount                                 |                        |                         |                                  |  |                                       |
| b    | Lobbying ceiling amount                                    |                        |                         | ,                                |  |                                       |
|      | (150% of line 2a, column (e))                              |                        | ,                       |                                  |  |                                       |
| С    | Total lobbying expenditures                                |                        |                         |                                  | ]  |                                       |
| d    | Grassroots nontaxable amount                               |                        |                         |                                  |  |                                       |
| e    | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                        | _                       | \$                               | , x  |                                       |
| f    | Grassroots lobbying expenditures                           |                        |                         |                                  | <del>                                     </del> |                                       |

Schedule C (Form 990 or 990-EZ) 2020

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? .. ..... Х Х b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? .... Х c X Mailings to members, legislators, or the public? ...... d Publications, or published or broadcast statements? Х е Х Grants to other organizations for lobbying purposes? ...... Х Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Х h Х Other activities? ..... Total Add lines 1c through 1i ..... J Х Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ......... If "Yes," enter the amount of any tax incurred under section 4912 ...... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ....... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members ...... Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 2 political expenses for which the section 527(f) tax was paid) 2a Carryover from last year ...... 2b 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ....... 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying Taxable amount of lobbying and political expenditures (See instructions) ..... Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (See instructions), and Part II-B, line 1. Also, complete this part for any additional information

| SCHEDULE I<br>(Form 990)  | Gove                                     | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | ssistance to O lividuals in the                      | rganizations,<br>United States   |   |                                       | OMB No 1545-0047                   |
|---|--|---|--|--|---|---------------------------------------|------------------------------------|
| Department of the Treasury Internal Revenue Service   |  | ► So to www irs gov/Form990 for the latest information  | Go to www irs gov/Form990 for the latest information | st information   |   | )                                     | Open to Public                     |
| Name of the organization  |  |   |  |  | j   | Employer identification number        | number                             |
| Georgia Alliance Education Fund Inc   Part I.   General Information on Grants and Assistance                              | rants and Assista                        | luce  |  |  |   | 47-4735442                            |                                    |
| es the  | substantiate the amorants or assistance? | ount of the grants or assist  | ance, the grantees' elig                             | grants or assistance, the grantees' eligibility for the grants or assistance, and  | assistance, and   |                                       | X Yes No                           |
| igi<br>Igi  | cedures for monitorin                    | g the use of grant funds in   | the United States                                    |  |   |                                       |                                    |
| Part II Grants and Other Assistance to Domestic Organizations Part IV, line 21, for any recipient that received more than | to Domestic Orgaient that received in    |   | : Governments. Cor II can be duplicated              | and Domestic Governments. Complete if the organization ansv \$5,000. Part II can be duplicated if additional space is needed | and Domestic Governments. Complete if the organization answered "Yes" on Form 990, \$5,000. Part II can be duplicated if additional space is needed | on Form 990,                          |                                    |
| 1 (a) Name and address of organization or government  | (b) EIN                                  |   | (d) Amount of cash<br>grant                          | (e) Amount of non-<br>cash assistance  | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)   | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Progeorgia State Table Inc<br>1530 Dekalb Avenue Suite A  | 46-1064042                               | 50103   | 400 000  |  |   |                                       | Voter                              |
| Alianta GA 3030/  | 40-1004042                               | 50100   | 400,000  |  |   |                                       | Education                          |
| (2) Georgia Budget and Policy G<br>50 Hurt Plaza SE Suite 720<br>Atlanta GA 30303   | 55-0860376                               | 501C3   | 20,000   |  |   |                                       | Voter<br>Education                 |
| (3) Georgia Investor Action Fun   |  |   |  |  |   |                                       |                                    |
| (9)<br>PO Box 170515<br>Atlanta GA 30317  | 47-4777204                               | 501C4   | 1,000,000  |  |   |                                       | Voter<br>Education                 |
| (4)BVM Capacity Building Insti  |  |   |  |  |   |                                       |                                    |
| 4751 Best Rd 490<br>Atlanta GA 30337  | 82-3835203                               | 501c3   | 20,000   |  |   |                                       | Voter<br>Education                 |
| (5) Progress Georgia, Inc   |  |   |  |  |   |                                       |                                    |
| 834 Inman Village Pkwy NE 2   | RF.2273152                               | 50104   | 236 402  |  |   |                                       | Voter                              |
| (A) State Leadership Project  | 2010122                                  |   | 761,007  |  |   |                                       | - dadaioi                          |
| PO Box 223  |  | 0   | 6  |  |   |                                       | Voter                              |
| Raleigh NC 27602  | 83-4006980                               | 501C3   | 550,000  |  |   |                                       | Education                          |
| (7)Coalition for Peoples Agend<br>501 Pulliam Street Room 410<br>Atlanta GA 30312-2755                                    | 31-1770856                               | 501C3   | 150,000  |  |   |                                       | Voter<br>Education                 |
| (8) Black Male Initiative   |  |   |  |  |   |                                       |                                    |
| 5512 Rosewood PI  | 02 2826585                               | 50103   | 000  |  |   |                                       | Voter                              |
| (9) Georgia Stand Up  |  |   | 000  |  |   |                                       | חמרמונו                            |
| FO BOX 3447<br>Sacramento CA 95817-0447   | 27-1384265                               | <del>5</del> 01C3   | 100,000  |  |   |                                       |                                    |
| (10RepGA Institute, Inc   |  |   |  |  |   |                                       |                                    |
| 1579 F Monroe Dr 244<br>Atlanta GA 30324  | 82-3668416                               | 501c3   | 13,250   |  |   |                                       | Voter<br>Education                 |
| 2 Enter total number of section 501(c)(3) and government organizations list   | nd government organı                     | zations listed in the line 1 table  | '  |  |   | <b>A</b>                              |                                    |
| 3 Enter total number of other organizations listed in the line 1 table  | listed in the line 1 tab                 | le  |  |  |   | <b>^</b>                              |                                    |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990 EEA   | structions for Form 99                   | 00  |  |  |   | · γ                                   | Schedule I (Form 990) (2020)       |

| reguired in Part I, line 2; Part III, column (b); and any other additional information.   | Part III can be duplicated if additional space is needed. | space is needed          |                          |                                  |   |                                       |
|---|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information. | (a) Type of grant or assistance                           | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          |                          |                                  |   |                                       |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          | :                        |                                  |   |                                       |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          |                          |                                  |   |                                       |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b): and any other additional information. |   |                          |                          |                                  |   |                                       |
| Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          |                          |                                  |   |                                       |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          |                          | ,                                |   |                                       |
| Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |   |                          |                          |                                  |   |                                       |
| Schedule I (Forms)  | 1   |                          |                          |                                  |   |                                       |
| Sohedule I (Form S  |   |                          |                          |                                  |   |                                       |
| Somethia (Fams)   |   |                          |                          |                                  |   |                                       |
| Semedule I (Fams)   |   |                          |                          |                                  |   |                                       |
| Schedule I (Form S  | į   |                          |                          |                                  |   |                                       |
| Schedule I (Form 5  |   |                          |                          |                                  |   |                                       |
| Schedule I (Form §  |   |                          |                          |                                  |   |                                       |
| Schedule I (Form §  |   |                          |                          |                                  |   |                                       |
| Schedule I (Form 9  |   |                          |                          |                                  |   |                                       |
| Schedule I (Form 9  |   |                          |                          |                                  |   |                                       |
|   |   |                          |                          |                                  |   | Schedule I (Form 990) (2020)          |

## SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23
 ► Attach to Form 990
 ► Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Georgia Alliance Education Fund Inc.

 Inspection Employer identification number 47-4735442

| [Pa         | TT   Questions Regarding Compensation  |          | 1    |            |
|-------------|--|----------|------|------------|
| 1a          | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items  First-class or charter travel Housing allowance or residence for personal use  Travel for companions Payments for business use of personal residence  Tax indemnification and gross-up payments Health or social club dues or initiation fees  Discretionary spending account Personal services (such as maid, chauffeur, chef)   |          | Yes  | No         |
| b           | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b       | <br> |            |
|             | - Company Transfer of the Comp | <u> </u> |      | -          |
| 2           | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2        |      |            |
| 3           | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Independent compensation consultant  Compensation survey or study  Approval by the board or compensation committee  | ,        |      |            |
| 4           | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.   |          |      |            |
| а           |  | 4a       |      | <u>X</u> _ |
|             | Participate in or receive payment from a supplemental nonqualified retirement plan?  | 4b       |      | X          |
| C           | Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  | 4c       | >    |            |
| 5<br>a<br>b | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III   | 5a<br>5b |      | X<br>X     |
| 6           | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  |          |      |            |
| а           | S .  | 6a       |      | _X         |
| p           | Any related organization?  | 6b       | , -  | X          |
|             | If "Yes" on line 6a or 6b, describe in Part III  |          | ,    |            |
| 7           | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  | 7        |      |            |
| 8           | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject   |          |      | _X_        |
| 0           | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe   |          |      |            |
|             | in Part III  | 8        |      | X          |
| _           |  |          |      |            |
| 9           | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?   | 9_       |      |            |

Schedule J (Form 990) 2020 Georgia Alliance Education Fund Inc

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

ounts for that individual (D) and (F) an miles colum 990 Part VII Section A line 1a instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

| (B) Breakdown of W-2 and/or 1099-MISC compensation |              | (B) Breakdown of         | Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                     | box tramontod (7)                              | oldereting (O)            | Total of columns      | ontespondo (3)   |
|--|--------------|--------------------------|--|-------------------------------------|--|---------------------------|-----------------------|--|
| (A) Name and Title                                 |              | (i) Base<br>compensation | (ii) Bonus & incentive compensation            | (iii) Other reportable compensation | (v) retirement and other deferred compensation | (U) vantaxane<br>benefits | (E) (I)(B) (B)(I)-(D) | (r) Compensation<br>in column (B) reported<br>as deferred on prior<br>Form 990 |
| Margaret Robinson                                  | Ξ            | 0                        | 0  | 0                                   | 0  | 0                         | 0                     | 0  |
| 1 Former Executive Dire                            | 3            | 0                        | 0  | 0                                   | 0  | 0                         | 0                     | 0  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 2  | ( <u>E</u> ) |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 4  | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 5  | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Θ            |                          |  |                                     |  |                           | :                     |  |
| 9  | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 7  | <b>E</b>     |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 8  | (E)          |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 6  | 1            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 10   | (II)         |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 11   | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 12   | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 13   | (II)         |                          |  |                                     |  |                           |                       |  |
|  | Θ            |                          |  |                                     |  |                           |                       |  |
| 14   | Ξ            |                          |  |                                     |  |                           |                       |  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 15   | Ξ            |                          |  |                                     |  |                           |                       | ļ  |
|  | Ξ            |                          |  |                                     |  |                           |                       |  |
| 16   | (II)         |                          |  |                                     |  |                           |                       |  |
| EEA  |              |                          |  |                                     |  |                           | Sche                  | Schedule J (Form 990) 2020   |

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

▶ Attach to Form 990

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Georgia Alliance Education Fund Inc

Employer identification number 47-4735442

| Part | I Types of Property                           |                               |  |   |                       |       |          |    |
|------|---|-------------------------------|--|---|-----------------------|-------|----------|----|
| _    |   | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method<br>noncash cor |       |          |    |
| 1    | Art - Works of art                            |                               |  |   |                       |       |          |    |
| 2    | Art - Historical treasures                    |                               |  |   |                       |       |          |    |
| 3    | Art - Fractional interests                    |                               |  |   |                       |       |          |    |
| 4    | Books and publications                        |                               | 2 " A"   |   |                       |       |          |    |
| 5    | Clothing and household                        |                               | ٠, ٥   |   |                       |       |          |    |
|      | goods   |                               |  |   |                       |       |          |    |
| 6    | Cars and other vehicles                       |                               |  |   |                       |       |          |    |
| 7    | Boats and planes                              |                               |  |   |                       |       |          |    |
| 8    | Intellectual property                         |                               |  |   |                       |       |          |    |
| 9    | Securities - Publicly traded                  | X                             | 6  | 177,210   | Publicaly T           | raded |          |    |
| 10   | Secunties - Closely held stock                |                               |  |   |                       |       |          |    |
| 11   | Securities - Partnership, LLC,                |                               |  |   |                       |       |          |    |
|      | or trust interests                            |                               |  |   |                       |       |          |    |
| 12   | Secunties - Miscellaneous                     |                               |  |   |                       |       |          |    |
| 13   | Qualified conservation                        |                               |  |   |                       |       |          |    |
|      | contribution - Historic                       |                               |  |   |                       |       |          |    |
|      | structures                                    |                               |  |   |                       |       |          |    |
| 14   | Qualified conservation                        |                               |  |   |                       |       |          |    |
|      | contribution - Other                          |                               |  |   |                       |       |          |    |
| 15   | Real estate - Residential                     |                               |  |   |                       |       |          |    |
| 16   | Real estate - Commercial                      |                               |  |   |                       |       |          |    |
| 17   | Real estate - Other                           |                               |  |   |                       |       |          |    |
| 18   | Collectibles                                  |                               |  |   |                       |       |          |    |
| 19   | Food inventory                                |                               |  |   |                       |       |          |    |
| 20   | Drugs and medical supplies                    |                               |  | _   |                       |       |          |    |
| 21   | Taxidermy                                     |                               |  |   | _                     |       |          |    |
| 22   | Historical artifacts                          |                               |  |   |                       |       |          |    |
| 23   | Scientific specimens                          |                               |  |   |                       |       |          |    |
| 24   | Archeological artifacts                       |                               |  |   |                       |       |          |    |
| 25   | Other ► ()                                    |                               |  |   |                       |       |          |    |
| 26   | Other ► ()                                    |                               |  |   |                       |       |          |    |
| 27   | Other ► ()                                    |                               |  |   |                       |       |          |    |
| 28   | Other ► (                                     |                               |  |   |                       |       |          |    |
| 29   | Number of Forms 8283 received by the          | organization                  | duning the tax year for contribut                      | ions for  | ł                     |       |          |    |
|      | which the organization completed Form         | 8283, Part V,                 | Donee Acknowledgement .                                |   | 29                    |       |          |    |
|      |   |                               |  |   |                       |       | Yes      | No |
| 30a  | Dunng the year, did the organization rece     | eive by contri                | bution any property reported in                        | Part I, lines 1 through   |                       | ١.    | 4        |    |
|      | 28, that it must hold for at least three year | rs from the d                 | ate of the initial contribution, an                    | d which isn't required  |                       |       |          |    |
|      | to be used for exempt purposes for the e      | entre holding                 | period?  |   |                       | 30a   |          | Х  |
| b    | If "Yes," describe the arrangement in Pai     | rt II                         |  |   |                       |       |          |    |
| 31   | Does the organization have a gift accept      | ance policy t                 | hat requires the review of any n                       | onstandard  |                       |       |          |    |
|      | contributions?                                |                               |  |   |                       | 31    |          | X  |
| 32a  | Does the organization hire or use third p     | arties or rela                | ted organizations to solicit, prod                     | cess, or sell noncash   |                       |       |          |    |
|      | contributions?                                |                               |  |   |                       | 32a   | <u> </u> | X  |
| þ    | If "Yes," describe in Part II                 |                               |  |   |                       |       |          |    |
| 33   | If the organization didn't report an amoun    | nt in column (                | (c) for a type of property for whi                     | ch column (a) is checked,   |                       | 1     |          |    |
|      | describe in Part II                           |                               |  |   |                       |       | <u> </u> |    |

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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

Open to Public Inspection Employer identification number

| Georgia Alliance Education Fund Inc   | 47-4735442  |
|---|-------------|
| 01 Form 990 governing body review (Part VI, line 11)                                      |             |
| An electronic copy of the return is submitted to each board member for comment. After the | 3           |
| comment perod, the Executive Director authorizes the filing of the return                 |             |
|   |             |
| 02. Governing documents, etc, available to public (Part VI, line 19)                      |             |
| All public documents are open for public inspection. Requests for access should be made   | to          |
| the organization  |             |
|   |             |
| 03 General explanation attachment   |             |
| In fullfillment of its charitable mission Georgia Alliance Education Fund, Inc. works to  | <del></del> |
| inform and educate through the developmen of fact-based research, analysis, and solution  | ns          |
| for policy makers through leaders, and the media in Georgia                               |             |
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