(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending , 20 20 July 01 June 30 Check if applicable: C Name of organization Global Education Center D Employer identification number Address change Doing business as 62-1681169 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 4822 Charlotte Avenue Initial return 615-292-3023 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Nashville, TN 37209-3423 414,363 Application pending F Name and address of principal officer: Ellen S. Gilbert, Director H(a) Is this a group return for subordinates? Yes Vo 220 Robin Hill Road, Nashville, TN 37205-3535 H(b) Are all subordinates included? ☐ Yes No Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list, (see instructions) **√** 501(c)(3) 501(c) () \ (insert no.) J Website: ▶ www.globaleducationcenter.org H(c) Group exemption number Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: TN Part I Briefly describe the organization's mission or most significant activities: To use the arts of diverse cultures to highlight our commonalities and promote cross-cultural understanding and respect through interactive school and community programs and Activities & Governance professional development for preK-12 educators and diverse cultural artists with a goal of creating more inclusive communities Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 12 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h). 225,359 269,688 Revenue 9 Program service revenue (Part VIII, line 2g) 180,664 144,675 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 406,023 414,363 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 206,956 202,427 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 186,268 177,488 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 393,224 379,915 19 Revenue less expenses. Subtract line 18 from line 12 . 12,799 34,448 Assets or d Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . 161.704 120,438 Net A Fund 22 Net assets or fund balances. Subtract line 21 from line 20 171,380 205,828 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Ellen Type or print name and title Print/Type preparer's name Date Preparer's signature Check | if Paid self-employed Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

| Part I | |
|--------|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Global Education Center is a multicultural arts education center that uses the arts of diverse cultures to highlight the commonalities of all people and promote cross-cultural understanding and respect through interactive arts programming for schools and the |
| | community; professional development for prek-12 teachers; and support for and professional development of artists from diverse |
| | cultures with an overall goal of dispelling myths, dismantling stereotypes, alleviating fears, and creating more inclusive communities. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code: 71130) (Expenses \$ 140,325 including grants of \$) (Revenue \$ 50,580) |
| | Passport to Understanding school outreach serves approximately 35,000 students in over 100 settings, teaching about the many |
| | different cultural, ethnic and religious groups in our community through hands-on cultural museum presentations, drum and dance |
| | workshops/residencies, school assembly performances, in-school and out-of-school programming, home school programming, |
| | programming in the juvenile detention center, a multicultural concert series for schools, and multicultural family nights. The overall |
| | goal of our school programming is to use the arts of diverse cultures to help schools create safe, nurturing and welcoming |
| | environments for all students and families by providing resources that reflect the diversity of their student bodies and help aid in |
| | dispelling myths, dismantling stereotypes, unlearning biases and alleviating fears. The 2019-2020 academic year was cut short due to the COVID-19 pandemic, so we served fewer students than in previous years (21,670 rather than the 35,000 we typically serve). |
| | However, we have spent the past few months converting much of our school outreach programs to virtual and prerecorded offerings |
| | so that we can continue to serve area schools, many of which remain closed. |
| | |
| | |
| 4b | (Code: 71130) (Expenses \$ 160,004 including grants of \$) (Revenue \$ 90,595) |
| | Community outreach programs share the arts of diverse cultures through ongoing classes and workshops for children and adults; |
| | cultural presentations; artists' residencies; community performances; world music and dance concert series; literary arts series; |
| | documentary film series; summer multicultural arts camp for children and youth; after-school and weekend programming for under- |
| | served populations, including seniors, incarcerated youth, health-challenged women and teens, homeless individuals and families, immigrant and refugee families, and youth deemed by society to be "at-risk." We typically serve around 40,000 people each year; |
| | however, with our move to virtual and other online programming in March due to the COVID pandemic, we actually reached over |
| | 50,000 people during the fiscal year ending June 30, 2020. The overall goal of all Global Education Center programming is to expose |
| | members of the community to diverse art forms from different cultures in a safe, inclusive environment in a way that confronts biases, |
| | dismantles stereotypes, dispels myths, and alleviates fears while bringing high quality arts to members of our community who are |
| | traditionally underserved. This programming helps to create a healthier, more inclusive community for all of our citizens. |
| | |
| 40 | (Code: 71120) (Evpances \$ 41.010 including grapts of \$) (Payonus \$ 2.500) |
| 4c | (Code: 71130) (Expenses \$ 41,910 including grants of \$) (Revenue \$ 3,500) We offer professional development and support for preK - 12 educators and for culturally diverse and minority artists through |
| | workshops, master classes and residencies with visiting artists; multicultural arts integration institutes for teachers and school |
| | administrators; professional training workshops for community artists; consultation and mentoring of preK - 12 teachers and |
| | emerging artists; accessible space for classes, exhibits, rehearsals, and performances; performance and teaching opportunities for |
| | artists; and assistance in preparing curriculum guides and school programs, serving approximately 350 educators and 125 artists |
| | each year. The overall goal is to provide high quality training in multicultural arts integration for teachers and to bring some of the |
| | most talented artists of the world to train local artists and help them increase their repertoires and professionalism. Most of these |
| | services are offered free of charge. Even though much of our late spring and summer trainings had to be canceled this year due to |
| | COVID-19, we still managed to serve 320 teachers and 100 artists. |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ 342,239 |

Checklist of Required Schedules

| | | | 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 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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 | | 1 |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | 1 |
| 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 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI | 11a | 1 | |
| 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 | | 1 |
| 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 | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 1 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ٧ |
| b | 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 | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 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 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| b 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | _ | - |
| 21 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |

| Part | Checklist of Required Schedules (Continued) | | | |
|---------|--|-----|-----|----|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 20 | | |
| • | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 1 |
| 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-EZ? If "Yes," complete Schedule L, Part I | 25b | | 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 of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 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) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | 1 |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | 1 |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 1 |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 34 | 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 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| 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 | | 1 |
| 37 | 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 | 37 | | 1 |
| 38 | 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 | 1 | |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | 41 |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 10 | Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 1 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 1 |

| Part | 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 7 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 1 | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | · |
| - | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | OD | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country ▶ | 40 | | |
| D. | 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 | | 1 |
| **** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | - |
| C | | 50 | | _ |
| 6a | 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 | | 1 |
| 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). | 0.0 | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | and services provided to the payor? | 7a | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | - · |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| С | required to file Form 8282? | 7c | | 1 |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 10 | | - |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract? . | 7f | - | 1 |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7.11 | - | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | 0.0 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 199 |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | 18.0 |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 1 440 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 1 | |
| 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 | | | |
| 350 | the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | 1 | |
| 00.7% | excess parachute payment(s) during the year? | 15 | | 1 |
| | 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 | | 1 |
| | If "Yes," complete Form 4720, Schedule O. | | | 100 |

| Part ' | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | struc | tions. |
|---------|---|------------|-------------|---------|
| Section | on 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 . 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 on line 1a, above, who are independent . 1b 12 | | | |
| 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 | 1 | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders? | 5 | | 1 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7a | | 1 |
| b | one or more members of the governing body? | 1 a | | _ |
| 2 | stockholders, or persons other than the governing body? | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 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 | 1 | |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue Co | ode.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| 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 | 1 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | , | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a 12b | 1 | - |
| b | | 120 | V | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | 1 | _ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 1 | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | 1 | |
| b | Other officers or key employees of the organization | 15b | 1 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 46- | | , |
| b | with a taxable entity during the year? | 16a | | 1 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| - | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | f inter | est p | oolicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | > | |

| | (2019) | |
|--|--------|--|
| | | |
| | | |

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average | | Position o not check more than one ox, unless person is both an | | | | | (D) Reportable | (E) Reportable compensation | (F) Estimated amount |
|--|---|-------------------------|---|---------|--------------|------------------------------|--------|---|--|---|
| | hours | officer and a dire | | | direct | ector/trustee) | | compensation | | of other |
| | per week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Dr. Steven Damo | 1 | | | | | | | | | |
| Board President | | | | 1 | | | | 0 | 0 | 0 |
| (2) Andrea McClain | .5 | | | | | | | | | |
| Board Vice President | | | | 1 | | | | 1,175 | 0 | 0 |
| (3) Monica E Cooley | 2 | | | | | | | | | - |
| Board Secretary | 1 | | | 1 | | | | 0 | 0 | 0 |
| (4) Dr. Gayathri Narasimham | 1.5 | | | | | | | | | |
| Board Treasurer | T | | | 1 | | | | 0 | 0 | 0 |
| (5) Manju Bala | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (6) Amy J Bryant | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (7) Jervon Dailey | .5 | | | | Г | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (8) Thomasa Daugherty | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (9) Andrea Fanta | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (10) Naoko Ozaki | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (11) Mayra Yu Ramirez | .5 | | | | | | | | | |
| Board Member | | 1 | | | | | | 0 | 0 | 0 |
| (12) Montanez Wade | .5 | | | | | | | | | |
| Board Member (passed away mid-term) | | 1 | | | | | | 0 | 0 | 0 |
| (13) Dhru Upender (replaced Montanez Wade) | .5 | | | | | | | | | |
| Board Member | | 1 | | | | - | | 0 | 0 | 0 |
| (14) Ellen S. Gilbert | 60 | | | | | | | | | : |
| Director | | | | | 1 | | | 42,250 | 0 | 0 |

| Pan | Section A. Officers, Directors, | rustees, | Key I | =m | pio | yee | s, an | ar | ilgnest Compe | nsated Emplo | yees (cor | itinuea) | |
|-----------------------|--|---|--------------------------------|-----------------------|----------|--------------|------------------------------|--------------------------|---------------------------------|----------------------------------|----------------------------|----------|--|
| | | | | | | C) | | | | | | | |
| | (A) | (B) Position (do not check more than of | | | | | | nne | (D) | (E) | (E) (F) | | |
| | Name and title | Average | box, | unles | ss pe | rson | is both | an | Reportable | Reportable | Estimated of oth | | |
| | hours per week | | | | _ | or/trust | | compensation from the | compensation from related | compen | | | |
| | | (list any hours for | ndiv or di | nstit | Officer | Key employee | High empl | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from | | |
| | | related | rect | utic | œ. | emp | est o | Je, | (VV-2/1099-IVIISC) | (W-2/1099-MISC) | organizati related orga | | |
| | | organizations | al tru | nal | | oloye | e | | | | | | |
| | | below dotted line) | Individual trustee or director | Institutional trustee | | ä | Highest compensated employee | | | | | | |
| | | 100 | | ee | | | ated | | | | | | |
| (15) | Charles H. Gilbert | 40 | | | | | | | | | | | |
| Music | & Youth Program Director | | | | | 1 | | | 40,800 | 0 | | 0 | |
| | uis Alejandro Rivera | 40 | | | | ١, | | | | | | | |
| The second section is | & Studio Director | 200 | | | - | 1 | | _ | 40,800 | 0 | | 0 | |
| | Shannon L. Holland | 30 | | | | 1 | | | 20 120 | | | 0 | |
| The second second | es Manager Tirra M. Hargrow | 20 | - | | \vdash | V | - | | 29,120 | 0 | | | |
| | School Coordinator | 20 | | | | 1 | | | 16,760 | 0 | | 0 | |
| - | leimy E Gilbert | 20 | | | \vdash | Ť | | | 10,700 | | | | |
| | Program & Spanish Language Coordinator | | | | | 1 | | | 16,705 | 0 | | 0 | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | - | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| | | | | | | L | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | | | <u> </u> | | L | | | | | | | | |
| 1b | Subtotal | | | | | | | | 196,010 | 0 | | 0 | |
| C | Total from continuation sheets to Part | | | | * | | | | 0 | 0 | | 0 | |
| d | Total (add lines 1b and 1c) | | | | | | | D 100 | 196,010 | | of | 0 | |
| 2 | reportable compensation from the organi | | וו טו נו | 1056 | 9 1151 | leu | above | 2) VV | no received mon | e man \$100,000 | OI | | |
| | The second secon | | | | | | | | | | Ye | es No | |
| 3 | Did the organization list any former of | officer, dire | ector, | tru | iste | e, l | кеу е | mpl | loyee, or highes | t compensated | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | 3 | 1 | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | |
| | organization and related organizations individual | | | | | | f "Ye | s, " | complete Sched | dule J for such | | | |
| E | | | | | | | | | | | 4 | 1 | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | 5 | 1 | |
| Secti | on B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five high | | | | | | | | | | | | |
| | compensation from the organization. Rep | ort compen | satio | n foi | r the | e ca | lenda | r ye | ear ending with or | within the organ | ization's t | ax year. | |
| | (A) Name and business add | Iress | | | | | | | (B) Description of sen | rices (| (C) Compensatio | n | |
| N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | 144-411 | | |
| 2 | Total number of independent contractor | ors (includin | ng bu | ut n | not I | limi | ted to | th | nose listed abov | e) who | | | |
| | received more than \$100,000 of compens | | | | | | | | 0 | | | | |

| Part VIII | Statement | of | Revenue |
|-----------|-----------|----|---------|
|-----------|-----------|----|---------|

| | | Check if Schedule O contains a resp | onse or note to an | y line in this Pa | art VIII | | 🗆 |
|---|------|--|--|---------------------------------|--|--------------------------------------|--|
| | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| its ts | 1a | Federated campaigns 1 | a 0 | | | RV PAGE 1 | |
| ran | b | Membership dues 1 | 4,225 | | | | |
| O E | C | Fundraising events 1 | 0 | | | | |
| ifts ar A | d | Related organizations 1 | 0 1 | | 1 -1 () | | |
| nii G | е | Government grants (contributions) 1 | 203,263 | | | | |
| tions er Sir | f | All other contributions, gifts, grants, and similar amounts not included above 1 | f 62,200 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in | | | | | |
| no pu | | | 9 \$ 0 | | | | |
| 0 0 | h | Total. Add lines 1a-1f | | 269,688 | | | |
| 0 | 0 | | Business Code | | | | |
| vic. | 2a | School Outreach | 71130 | 50,580 | | 0 | 0 |
| Program Service Revenue | b | Community Outreach Professional Development | 71130 | 90,595 | | | |
| Wer m | d | Professional Development | 71130 | 3,500 | 0 | 0 | 0 |
| gra | 0 | | - | | | | |
| ro | f | All other program service revenue | - | | | | |
| а. | g | Total. Add lines 2a–2f | | 144,675 | | | |
| | 3 | Investment income (including dividen | | 144,075 | | | |
| | | other similar amounts) | | 0 | 0 | 0 | 0 |
| | 4 | Income from investment of tax-exempt | | 0 | | 0 | |
| | 5 | Royalties | | 0 | | 0 | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | 0 0 | | | | |
| | b | Less: rental expenses 6b | 0 0 | | | | |
| | С | Rental income or (loss) 6c | 0 0 | | | | |
| | d | Net rental income or (loss) | 🕨 | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | 0 0 | | | | |
| ne | b | Less: cost or other basis | | | | | |
| Revenue | | and sales expenses . 7b | 0 0 | | | | |
| <u>ڪ</u> | C | Gain or (loss) 7c | 0 0 | | | | |
| 0 | d | Net gain or (loss) | ▶ | 0 | 0 | 0 | 0 |
| Oth | 8a | Gross income from fundraising events (not including \$ | | | | | |
| | | of contributions reported on line 1c). See Part IV, line 18 8 | a 0 | | | | ST. LYWY YE |
| | b | Less: direct expenses 8 | | | | | |
| | С | Net income or (loss) from fundraising e | vents > | 0 | | 0 | 0 |
| | 9a | Gross income from gaming | | | | | 100 H = 101 H g |
| - 9 | | activities. See Part IV, line 19 . 9 | 0 | | | | |
| | b | Less: direct expenses 9 | 0 | | | | |
| į. | С | Net income or (loss) from gaming activi | ties 🕨 | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of inventory, less | | | | | S I I I I I |
| | | returns and allowances 10 | | | | | |
| 9 | b | Less: cost of goods sold 10 | | | | | |
| | С | Net income or (loss) from sales of inver | The second secon | 0 | 0 | 0 | 0 |
| SD | | | Business Code | Account of the same of the same | | | |
| neo ne | 11a | 422442342242543555555555555555555555555 | 4 | 0 | | 0 | 0 |
| Miscellaneous Revenue | b | | | 0 | | 0 | 0 |
| 3e | C | An | - | 0 | | 0 | 0 |
| Mis | d | All other revenue | | 0 | | 0 | 0 |
| | 12 | Total. Add lines 11a–11d | | 414.363 | | | |
| | 1 de | . C.d. revenue. See moductions | | 414 363 | ı nı | n | |

Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must comp | lete all columns. All | other organizations | must complete colu | ımn (A). | |
|---|-----------------------|------------------------|-----------------------|--------------------|--|
| Check if Schedule O contains a response | or note to any line | e in this Part IX . | | | |
| Do not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising | |

| | Check if Schedule O contains a response | | in this Part IX | | |
|----------|---|-----------------------|------------------------------------|---|--|
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 187,705 | 168,935 | 13,139 | 5,631 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 0 | 0 | 0 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 332 | 332 | 0 | 0 |
| 10 | Payroll taxes | 14,722 | 13,249 | 1,031 | 442 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | 0 | 0 | 0 |
| b | Legal | 0 | 0 | 0 | 0 |
| C | Accounting | 4,800 | 0 | 4,800 | 0 |
| d e | Lobbying | 0 | 0 | 0 | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | 0 | |
| 9 | (A) amount, list line 11g expenses on Schedule O.) | 0 | 0 | 0 | 0 |
| 12 | Advertising and promotion | 6,400 | 6,400 | 0 | 0 |
| 13 | Office expenses | 13,257 | 11,804 | 1,437 | 16 |
| 14 | Information technology | 0 | 0 | 0 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 45,533 | 42,389 | 2,201 | 943 |
| 17 18 | Travel | 4,353 | 4,353 | 0 | 0 |
| 10 | for any federal, state, or local public officials | | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 1,729 | 1,729 | 0 | 0 |
| 20 | Interest | 6,247 | 5,623 | 437 | 187 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization . | 11,421 | 10,279 | 799 | 343 |
| 23 | Insurance | 9,319 | 8,386 | 653 | 280 |
| 24 | 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.) | | | | |
| а | Contracted teaching and performing artists | 62,175 | 62,175 | 0 | 0 |
| b | Repairs and maintenance | 3,744 | 3,369 | 262 | 113 |
| C | Miscellaneous licenses and fees | 4,606 | 0 | 4,606 | 0 |
| d | Property and other business taxes | 3,572 | 3,216 | 251 | 105 |
| 95 | All other expenses | 070.01 | 040.000 | 00.000 | 0.000 |
| 25 26 | Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) | 379,915 | 342,239 | 29,616 | 8,060 |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|----------------------|---|--------------------------|----------|--------------------|
| 1 | Cash—non-interest-bearing | 9,315 | 1 | 22,086 |
| 2 | Savings and temporary cash investments | 0 | 2 | 0 |
| 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| 4 | Accounts receivable, net | 17,975 | 4 | 9,807 |
| 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 | 0 | 5 | 0 |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | 0 | 6 | 0 |
| 7 8 9 | Notes and loans receivable, net | 0 | 7 | 0 |
| 8 | Inventories for sale or use | 0 | 8 | 0 |
| - | Prepaid expenses and deferred charges | 11,102 | 9 | 0 |
| 10a | 37, 27, 27, 27, 27, 27, 27, 27, 27, 27, 2 | | | |
| lo | S. A. CONTROL OF THE SECTION OF THE | 294,692 | 100 | 284,011 |
| 11 | Investments—publicly traded securities | 294,092 | 11 | 204,011 |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | 0 | - 1000 | 10,362 |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 333,084 | 16 | 326,266 |
| 17 | Accounts payable and accrued expenses | 20,075 | | 15,687 |
| 18 | Grants payable | 0 | 18 | 0 |
| 19 | Deferred revenue | 25,000 | 19 | 0 |
| 20 | Tax-exempt bond liabilities | 0 | 20 | 0 |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| 22 | Loans and other payables to any current or former officer, director, | | | |
| Ē | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 22 | controlled entity or family member of any of these persons | 0 | | 0 |
| 2.0 | Secured mortgages and notes payable to unrelated third parties | 116,629 | | 104,751 |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| 00 | of Schedule D | 0 | 25 | 0 |
| 26 | Total liabilities. Add lines 17 through 25 | 161,704 | 26 | 120,438 |
| 200 | Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 171,380 | 27 | 204,828 |
| 28 | Net assets with donor restrictions | 0 | 28 | 1,000 |
| 27 28 29 30 31 32 33 | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | * 1 |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 31 | | | 0.000000 | |
| 32 | Total net assets or fund balances | 171,380 333,084 | | 205,828 |

| ٩ |
|---|
| 2 |
| |

| 011111 01 | (£010) | | 1.0 | ge mm |
|-----------|---|------|-----|----------|
| Part | XI Reconciliation of Net Assets | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | 1 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 41 | 4,363 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 37 | 9,915 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | - 3 | 34,448 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | 17 | 1,380 |
| 5 | Net unrealized gains (losses) on investments | | | 0 |
| 6 | Donated services and use of facilities | | | 0 |
| 7 | Investment expenses | | | 0 |
| 8 | Prior period adjustments | | | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| 11111111 | 32, column (B)) | | 20 | 5,828 |
| Part | XII Financial Statements and Reporting | | | |
| | 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 | 1 | 1 | 1 |
| | Schedule O. | 1000 | | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | 1 |
| | 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: | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | cata | | WE |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | 1 | |
| | 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: | | - | |
| | ✓ 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 | | | |
| | 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. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | 1020 |
| | Single Audit Act and OMB Circular A-133? | 3a | | 1 |
| b | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | 3b | | L |
| | | For | aan | (2010) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

| GLUI | SAL EDUCATION CENTER | | | | | 62-16 | 81169 |
|-------|---|---|---|--------------------------|---------------------------------------|---|---|
| Pai | t I Reason for Public Cha | rity Status (All | organizations must | comple | te this p | art.) See instruction | ons. |
| The o | organization is not a private found | ation because it i | s: (For lines 1 through | 12, che | ck only or | ne box.) | |
| 1 | ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | |
| 2 | ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | |
| 3 | A hospital or a cooperative ho | | | | | | |
| 4 | A medical research organizati | | | | | | (iii). Enter the |
| | hospital's name, city, and stat | e: | | | | | |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned o | or operate | ed by a government | al unit described in |
| 6 | A federal, state, or local gover | nment or govern | mental unit described | in section | on 170(b) | (1)(A)(v). | |
| 7 | An organization that normally described in section 170(b)(1 | receives a subs | tantial part of its sup | | | | n the general public |
| 8 | ☐ A community trust described | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | |
| 9 | An agricultural research organ or university or a non-land-gra university: | ization described ant college of agr | d in section 170(b)(1) riculture (see instruction | (A)(ix) op ons). Ente | erated in er the nan | conjunction with a l ne, city, and state of | and-grant college the college or |
| 10 | An organization that normally receipts from activities related support from gross investmen acquired by the organization a | to its exempt fu t income and un | nctions—subject to c related business taxa | ertain exc ble incon | ceptions, ne (less se | and (2) no more tha ection 511 tax) from | n 331/3% of its |
| 11 | An organization organized and | | 수 하시다 나를 살아보니 아이를 하지 않는데 하시는데 나를 하시다. | | | | |
| 12 | An organization organized and of one or more publicly supp | | | | | | |
| | Check the box in lines 12a thro | | | | | | |
| а | ☐ Type I. A supporting organ | | | | | | |
| | the supported organization supporting organization. Y | ou must comple | ete Part IV, Sections | A and B | | | |
| b | Type II. A supporting orga control or management of | | | | | | |
| | organization(s). You must | | | | persons | that control of man | age the supported |
| С | Type III functionally integ its supported organization | | | | | | ally integrated with, |
| d | Type III non-functionally that is not functionally inte requirement (see instructional properties) | grated. The orga | nization generally mu | st satisfy | a distribu | ution requirement an | |
| е | Check this box if the organ functionally integrated, or | | | | | | e II, Type III |
| f | Enter the number of supported | | | | | * * * * * * * | ¥8 ¥6 |
| g | Provide the following information | | | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | organization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| /A) | | | | | | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |

Total

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | 3.75.57.37.0 | | , p | | 3/ | |
|--------|--|------------------|-----------------|------------------------|---------------------------------------|-----------------|------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 140,431 | 201,276 | 230,654 | 225,359 | 269,688 | 1,067,408 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 237,146 | 217,229 | 190,668 | 180,664 | 144,675 | 970,382 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 | 377,577 | 418,505 | 421,322 | 406,023 | 414,363 | 2,037,790 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | 0 | 0 | 4,500 | 4,000 | 0 | 8,500 |
| 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 | | Ĭ | 1,000 | 1,000 | | 3,000 |
| | p parties to the state of the s | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 8 | Add lines 7a and 7b | 0 | 0 | 4,500 | 4,000 | 0 | 8,500 |
| 04 | line 6.) | | | | | | 2,029,290 |
| | on B. Total Support | 110015 | #1 0040 T | 410047 | 100010 | 4.3.0040 | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | 377,577 | 418,505 | 421,322 | 406,023 | 414,363 | 2,037,790 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 0 | 0 | 0 | 0 | 0 | 0 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0 | 0 | 0 | 0 | 0 | 0 |
| С | Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | | 0 | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 0 | | 400.000 | 0 | 0 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop her | | | | | ar as a section | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2019 (line 8 | | | 3 column (fl) | or or or at an | 15 | 99 % |
| 16 | Public support percentage from 2018 Sch | | | | | 16 | 99 % |
| | on D. Computation of Investment Inc | | | er 1001 1001 1001 1000 | · · · · · · · · · · · · · · · · · · · | 1.0 | 33 70 |
| 17 | Investment income percentage for 2019 (I | | | v line 13. colur | nn (fl) | 17 | 0 % |
| 18 | Investment income percentage from 2018 | | 120,000 | E.O. 30 | | 18 | 0 % |
| 19a | 331/3% support tests—2019. If the organi 17 is not more than 331/3%, check this box | zation did not | check the box | on line 14, an | d line 15 is mo | ore than 331/3% | , and line |
| b | 331/3% support tests-2018. If the organiz | ation did not ch | eck a box on I | ine 14 or line 1 | 9a, and line 16 | is more than 33 | 31/3%, and |
| 00 | line 18 is not more than 331/3%, check this b | | | 10 | | 7010 1755 | |
| 20 | Private foundation. If the organization di | u not check a c | ox on line 14, | 19a, 01 19b, C | HECK THIS DOX 8 | and see msuuc | LIUIS - |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

20'

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization Employer identification number **GLOBAL EDUCATION CENTER** 62-1681169 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year C Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X \$

| Part | III Organizations Maintaining | Collections of A | rt, Hist | orical T | reasures, c | or Ot | her Similar Ass | ets (continued) |
|---------|---|----------------------|------------|----------------|-------------------------|--------|-------------------------|----------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and other | er recor | ds, checl | k any of the | follow | ring that make sig | gnificant use of its |
| а | ☐ Public exhibition | | | | or exchange | | | |
| b | Scholarly research | | е | _ Other | | | | |
| С | Preservation for future generations | | | | 1 50 10 10 | | 8 2 3 | .c. 8 22 8 |
| 4 | Provide a description of the organizat XIII. | ion's collections an | id expla | in how th | ney further th | ne org | anization's exem | pt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | |
| Part | | | 1,50,0 | 5054813 303 | N 32 (NOTOCYNY 2 | | 75 55 | |
| | Complete if the organization 990, Part X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | 2 2 3 | | | | | |
| b | If "Yes," explain the arrangement in Pa | art XIII and complet | e the fo | llowing ta | able: | - | | |
| | | | | | | - | | nount |
| C | Beginning balance | | | | | 10 | | |
| d | Additions during the year | | | | | 1d | | |
| e | Distributions during the year | | | | | 1e | | |
| f 2a | Ending balance | | | | | _ | | □ Ves □ No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | |
| Par | | arryum orrook more | 11 1110 07 | ip ici ici ici | | | | |
| | Complete if the organization | answered "Yes" | on For | m 990, F | Part IV, line | 10. | | |
| | | (a) Current year | (b) Prio | | (c) Two years | | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of t | he current vear end | balanc | e (line 1a | , column (a)) | held | as: | |
| a | Board designated or quasi-endowmer | nt 🕨 | % | , , | , | | | |
| b | Permanent endowment ▶ | % | | | | | | |
| C | Term endowment ▶ % | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 10 | 0%. | | | | | |
| 3a | Are there endowment funds not in the | e possession of the | organiz | zation tha | at are held ar | nd ad | ministered for the | |
| | organization by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | 8 8 8 | | | | | 3a(i) |
| | | | 25 25 0 | | | | | 3a(ii) |
| b 4 | If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses | | | | | | | 3b |
| Part | | | 1 5 CHGC | Willellt It | urius. | | | |
| I all | Complete if the organization | | on For | m 990. F | Part IV. line | 11a. | See Form 990. | Part X. line 10. |
| | Description of property | (a) Cost or othe | er basis | (b) Cost of | or other basis ther) | (c) | Accumulated epreciation | (d) Book value |
| 1a | Land | | 89,800 | | | | | 89,800 |
| b | Buildings | | 338,629 | | | | | 338,629 |
| С | Leasehold improvements | | | | | | | H-N |
| d | Equipment | | 29,504 | | | | | 29,504 |
| ее | Other | . | | | | | 173,922 | (173,922) |
| Total | Add lines 1a through 1e (Column (d) n | nust equal Form 99 | O. Part) | Column | (B) line 10c | 1 | | 284 011 |

| Fant | Reconciliation of Revenue per Audited Financial Statem | | Return. | |
|-----------|--|--|-----------------|---|
| | Complete if the organization answered "Yes" on Form 990, | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 414,363 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | i ii | | |
| а | Net unrealized gains (losses) on investments | 2a (| 2 | |
| b | Donated services and use of facilities | 2b (| 2 | |
| С | Recoveries of prior year grants | 2c (| 0 | |
| d | Other (Describe in Part XIII.) | 2d |) | |
| е | Add lines 2a through 2d | 5 50 000 500 500 100 500 60 40 | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 1 - 1 | 3 | 414,363 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a (| 2 | |
| b | Other (Describe in Part XIII.) | 4b | 4 1 | |
| | Add lines 4a and 4b | | 4c | 0 |
| 5 Post | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 | 414,363 |
| Part | | | er Heturn. | |
| 4 | Complete if the organization answered "Yes" on Form 990, | | T a T | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 379,915 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 10.1 | | |
| a | Donated services and use of facilities | 2a (| 2 | |
| b | Prior year adjustments | 2b (| 2 | |
| d | Other (Describe in Part XIII.) | 2c (| | |
| | Add lines 2a through 2d | | 20 | |
| 3 | Subtract line 2e from line 1 | | 2e 3 | 270.015 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | 0 | 379,915 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | A-1112 A-142 | 45 | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin | | 5 | 379,915 |
| | XIII Supplemental Information. | | | 379,913 |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | nd 4. Part IV lines 1b and 2b | o Part V line 4 | 1. Part X line |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | to provide any additional in | formation. | ,, , , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | 5-5-0-1. I. II 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 1. 10 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | | | | |
| | | *************************************** | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

GLOBAL EDUCATION CENTER

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

Name of the organization

Employer identification number

62-1681169

| Part VI Section A2. One full-time employee is the son of the executive director. Having grown up at the Global Education Center and being |
|--|
| very familiar with its programs, staff and participants, he majored in Spanish, Latin American Studies and International Relations in both |
| undergraduate and graduate school so that he could be of benefit to the Global Education Center in working with its diverse families and |
| further its mission. One part-time teaching artist is married to this full-time employee. |
| Part VI Section A8a and b. All meetings, both board and committees, are documented with minutes; action items are highlighted. |
| Part VI Section A9. One board member has moved to another state but continues serving on the board, joining meetings via internet or via |
| phone, attending in person whenever it is convenient for her. She covers her own travel costs when attending in person. |
| Part VI Section B11a and b. Board members are sent the 990 via email for their review before filing. |
| Part VI Section B12a, b and c. All board members are asked to review and sign the Conflict of Interest Policy at the first meeting of each new |
| fiscal year and are reminded at each meeting to reveal possible conflicts. |
| Part VI Section B13 and 14. Organization has written Whistleblower and Document Retention Policies on file at the Global Education Center, |
| 4822 Charlotte Avenue, Nashville, TN 37209, as well as on-line at www.GivingMatters.com and www.guidestar.org. |
| Part VI Section C18 and 19. All governing documents, Conflict of Interest Policy, and financial statements, including annual audit and 990 are |
| kept on-site at the Global Education Center, 4822 Charlotte Avenue, Nashville, TN 37209, as well as on-line at www.GivingMatters.com and |
| www.guidestar.org. |
| Part VII Section A. Board member Andrea McClain performs occasionally at school and community functions as a member of one of our |
| dance ensembles. As a board member, she donates far more of her time than she is paid. Ms. McClain received a total of \$1,175 during the |
| 2019 calendar year for performances, primarily to cover costs for travel and costuming. |
| Part X Line 14. Under intangible assets, we show an expense of \$10,362 for a commissioned piece of music, representing our 50 per cent |
| share of co-commissioning this work for performances. |
| Part XII 2c. Our board does have a finance and audit committee, chaired by our board treasurer, that reviews the draft audit and assists with |
| the preparation of the 990 each year. Both documents are reviewed by the full board, and the audit company presents the final audit at a |
| board meeting, typically in September. |
| |
| |