

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning		, 2022, and ending		, 20	
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		GTO CONFERENCES INC		95-3825262	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		24 ASBURY LN		(615) 283-8363	
<input type="checkbox"/> Final return/terminated		Room/suite		F Group Exemption Number	
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Application pending		HERMITAGE, TN 37076			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).			
I Website: _____					
J Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
					\$ 55,162

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	54,450
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	655	
b	Less: cost of goods sold	7b	325	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	330	
8	Other revenue (describe in Schedule O)	8	50	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,837	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	40,049
	13	Professional fees and other payments to independent contractors	13	3,667
	14	Occupancy, rent, utilities, and maintenance	14	1,774
	15	Printing, publications, postage, and shipping	15	243
	16	Other expenses (describe in Schedule O)	16	11,761
17	Total expenses. Add lines 10 through 16	17	57,494	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(2,657)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	49,800
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,143

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2022)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	14,588	22	31,912
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	36,758	24	17,113
25 Total assets	51,346	25	49,025
26 Total liabilities (describe in Schedule O)	1,546	26	1,882
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	49,800	27	47,143

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **EDUCATION WITH CHRISTIAN MARRIAGE PRIN**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 COUNSELING AND COACHING - 350 MARRIAGE COACHING AND/OR SESSIONS HELD IN PERSON, BY PHONE, OR VIDEO CONFERENCE.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	0
29 MARRIAGE NEWSLETTERS AND OTHER RESOURCES - ELECTRONIC NEWSLETTERS SENT MONTHLY TO OVER 1500 SUBSCRIBERS; MARRIAGE TIPS AND INSTRUCTIVE ARTICLES AND BLOG POSTS PUBLISHED TO			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	0
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a).		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HAROLD GILLOGLY JR. PRESIDENT AND EXECUTIVE DIRECTOR	45.00	0	0	0
BETTE GILLOGLY EXECUTIVE DIRECTOR	20.00	0	0	0
CLIFF MCKEITHAN BOARD CHAIRMAN	0.50	0	0	0
RANDALL BROWN VICE PRESIDENT	0.25	0	0	0
DONNA BROWN SECRETARY	0.25	0	0	0
RICHARD STORY TREASURER	0.25	0	0	0

Part V

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed:		
42 a The organization's books are in care of: <u>HAROLD J GILLOGLY JR</u> Telephone no. <u>615-283-8363</u> Located at: <u>24 ASBURY LN, HERMITAGE, TN</u> ZIP + 4 <u>37076</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	HAROLD J GILLOGY			
	Signature of officer		Date	
	HAROLD J GILLOGY, PRESIDENT EXECUTIVE DIR			
Paid Preparer Use Only	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Dan R Robinson	Dan R Robinson	04-13-2023	XXXXXXXXXX
	Firm's name	Firm's EIN		
	Firm's address			
ABS Tax and Accounting				
4811 Lebanon Road Suite 100				
Hermitage TN 37076		Phone no. 615-883-8828		

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

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Overflow Statement

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

GTO CONFERENCES INC

FEIN

95-3825262

Description

Amount

EXECUTIVE COMPENSATION	\$ 6,544
DIRECTORS HOUSING ALLOWANCE	31,200
NON CASH DIRECTOR COMPENSATION	2,305
Total:	\$ 40,049

Description

Amount

WEBSITE DEVELOPMENT	\$ 2,500
IT SERVICES	65
OTHER PROFESSIONAL SERVICES	1,102
Total:	\$ 3,667

Description

Amount

INTERNET	\$ 950
TELEPHONE	555
WEB HOSTING	269
Total:	\$ 1,774

Description

Amount

POSTAGE	\$ 243
Total:	\$ 243