## Form **990-EZ**

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

► 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.

OMB No. 1545-0047

2020

Open to Public Inspection

B chock specials applicable:   Name changes   Name	Α	Fort	the 2020 calendar year, or tax year beginning 7/01 , 2020, and ending 6/30	, 2021		
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BLECKLEY COUNTY AND FAMILY CONNECTION CO			· lastrone	20.0042480		
Contributions gifts, grants, and similar amounts received   Contracts in contracts	<u> </u>		PIECKIEV COUNTY AND FAMILY CONNECTION CO			
Contributions, gifs, grants, and similar amounts received	┝		IP 0 R0X 516			
Apolitation penalong   G Accounting Method:     Cash     Accrual Other (specify)	-		COCHRAN, GA 31014-0516			
Garcecounting Method: Scash Accrual Other (specify)   H Check   Siff the organization is not required to attach Schedule G Form 90, 990-EZ, or 990-PF).  Website: N/A   H Check   Siff the organization is not required to attach Schedule G Form 90, 990-EZ, or 990-PF).  Form of organization: Significant of the state of	F			Group Exemption		
Website: * N/A	G					
Tax-exempt status (check only one)						
R   Form of organization:   X   Corporation   Trust   Association   Other	J	Tax-e				
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II)  Check if the organization used Schedule O to respond to any question in this Part I   87,043.  1 Contributions, gifts, grants, and similar amounts received.   1   87,043. 2 Program service revenue including government fees and contracts.   2   87,043. 3 Membership dues and assessments.   3   4   Investment income.   4   37. 5 a Gross amount from sale of assets other than inventory.   5 a   5   5   5 a Gross amount from sale of assets other than inventory.   5 a   5   5   6 Gaming and fundraising events:   5   5   5   6 Gaming and fundraising events (not including \$   6   6   6   7 a Gross income from gaming (attach Schedule G if greater than \$15,000).   6   6   6   6 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).   6   6   7 a Gross sales of inventory, less returns and allowances   7 a   5   8 Less: cost of goods sold.   7 b   7   8 Other revenue (describe in Schedule O).   8   8   7 total revenue (describe in Schedule O).   10   11   8   7   142,230.   10 Grants and similar amounts paid (list in Schedule O).   10   11   8   7   142,230.   11 Benefits paid to or for members.   11   1   9   140,574.   12 Salaries, other compensation, and employee benefits.   12   9   9   9   140,574.   18 Excess or (deficit) for the year (subtract line 17 from line 9).   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   140,574.   20 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   140,574.   10 Cort changes in net assets or fund balances (explain in Schedule O).   20   21   85,424.	K					
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Check if the organization used Schedule O to respond to any question in this Part L    1   Contributions, gifts, grants, and similar amounts received.   1   87,043.     2   Program service revenue including government fees and contracts.   2     3   Membership dues and assessments.   3   3     Investment income.   4   37.     5   Gross amount from sale of assets other than inventory.   5   5     5   Less: cost or other basis and sales expenses.   5   5     5   C   Garning and fundraising events.   5   5     5   Gross income from garning (attach Schedule G if greater than \$15,000).   6   6     6   Garning and fundraising events. (not including \$   5     6   Garning and fundraising events. (not including \$   5     6   Garning and fundraising events. (not including \$   6     6   C   C   C   C   C     6   C   C   C   C   C   C     7   A   Gross sales of inventory, less returns and allowances.   7   6     6   C   C   C   C   C   C   C     7   A   Gross sales of inventory, less returns and allowances.   7   7     8   C   C   C   C   C   C   C   C     9   Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.   9   87, 080.     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   93, 320.     13   Professional fees and other payments to independent contractors.   13     14   C   C   C   C   C   C   C   C   C     17   Total expenses. Add lines 1 to through 16   T   T   T   T   T   T   T   T   T	**************************************	asse	ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$ 87,080.		
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12   93,320.   13   Professional fees and other payments to independent contractors.   13   14   Occupancy, rent, utilities, and maintenance.   14     Printing, publications, postage, and shipping.   15     16   Other expenses (describe in Schedule O).   SEE SCHEDULE O   16   48,910.   17   Total expenses. Add lines 10 through 16.   17   142,230.   18   Excess or (deficit) for the year (subtract line 17 from line 9)   18   -55,150.   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).   20   Other changes in net assets or fund balances (explain in Schedule O).   20   21   85,424.						
Professional fees and other payments to independent contractors.  13  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (subtract line 17 from line 9).  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).  20 Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 18 through 20.  21 Net assets or fund balances at end of year. Combine lines 18 through 20.  21 85, 424.						
Total expenses. Add lines 10 through 16.  Net assets or fund balances at end of year. Combine lines 18 through 20.  Net assets or fund balances at end of year. Combine lines 18 through 20.  Net assets or fund balances at end of year. Combine lines 18 through 20.  13  14  Occupancy, rent, utilities, and maintenance. 14  15  Printing, publications, postage, and shipping. 15  16  48,910. 17  142,230. 18  Excess or (deficit) for the year (subtract line 17 from line 9). 18  19  10  11  12  13  14  15  16  17  142,230. 18  18  18  19  19  10  10  10  10  11  10  11  11	SeS			33,320.		
16 Other expenses (describe in Schedule O). SEE SCHEDULE O  17 Total expenses. Add lines 10 through 16. 17 142,230.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -55,150.  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). 19 140,574.  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 85,424.	ē					
16 Other expenses (describe in Schedule O). SEE SCHEDULE O  17 Total expenses. Add lines 10 through 16. 17 142,230.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -55,150.  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). 19 140,574.  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 85,424.	Exp					
Total expenses. Add lines 10 through 16			Printing, publications, postage, and shipping.			
18 Excess or (deficit) for the year (subtract line 17 from line 9)						
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).  Other changes in net assets or fund balances (explain in Schedule O).  Net assets or fund balances at end of year. Combine lines 18 through 20.  20  21  85, 424.			Figures or (deficit) for the year (cultiract line 17 from line 1)	142,230.		
21 Net assets of fund balances at end of year. Combine lines 18 through 20	22	ıδ	, , , , , , , , , , , , , , , , , , , ,	1550000000		
21 Net assets of fund balances at end of year. Combine lines 18 through 20	SSe	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)			
21 Net assets of fund balances at end of year. Combine lines 18 through 20	Net As	20		± 10/0/11		
00,1011						
	BΔ			30, 101,		

	1 990-EZ (2020) COMMUNITIES IN		1/	30	-004	3178	Page 2
rai	Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)	estion in this Part II				X
	Strock if the organization doca con	caute o to respond to any qu		(A) Beginning of ye		(B) End of ye	•• —
22	Cash, savings, and investments			173,847		131,	
23	Land and buildingsOther assets (describe in Schedule O).	······································	<u></u>	2.,0,02,	23	101/	300.
24	Other assets (describe in Schedule O).	SEE SCHEDUL	E.O	6,625		9.	000.
25	Total assets			180,472		140,	
26	Total liabilities (describe in Schedule O	SEE SCHEDUL	E.O	39,898			481.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	140,574			424.
What	Statement of Program Service A Check if the organization used So is the organization's primary exempt purpose? SER	chedule O to respond to any E SCHEDULE O	question in this Part II		(c)(3)	Expenses uired for section and 501(c)(4)	
	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	accomplishments for each of e manner, describe the servi each program title.	its three largest progra ces provided, the num	am services, as ber of persons		nizations; optiona hers.)	al
28	SEE SCHEDULE O	<del></del>					
				<b></b>	]		
			<b></b>				
	(Grants \$ 36,122.) If the	nis amount includes foreign g	rants, check here		28 a	106,	108.
29				. <del></del>			
			<b></b>				
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here		29 a		
30							
				· <b></b>			
				· <b></b>			
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here		30 a		
31	Other program services (describe in Sch	nedule O)					
	(Grants \$ ) If the	nis amount includes foreign g	rants, check here	▶ □	31 a		
32	Total program service expenses (add li	nes 28a through 31a)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32	106,	108
	the state of the s						
rar	t IV List of Officers, Directors,	Trustees, and Kev Emi	<b>plovees</b> (list each one eve	n if not compensated — :	see the i	nstructions for Part IV	)
rar	t IV List of Officers, Directors, Check if the organization used So	Trustees, and Key Emp chedule O to respond to any	oloyees (list each one eve question in this Pag≱al	n if not compensated —	see the i	nstructions for Part IV	) П
<u> </u>	List of Officers, Directors, Check if the organization used So  (a) Name and title	Trustees, and Key Emp chedule O to respond to any (b) Average hours per week devoted to position	ployees (list each one ever question in this Part I) (c) Reportable compensation (Forms W-2/1099/MISC) (if het paid, enter -0-)	(d) Health benefit contributions to emplemental plans, and de	s, oyee	(e) Estimated amo	unt of
	Check if the organization used So	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Part ()	<u> </u>	s, oyee	(e) Estimated amo	unt of
KEN	Check if the organization used So  (a) Name and title  YOUNGBLOOD	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Park () (c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter -0-)	(d) Health benefit veontributions to employee the plans, and de compensation	s, oyee ferred	(e) Estimated amo	unt of
KEN CHA	Check if the organization used So  (a) Name and title  YOUNGBLOOD IRMAN	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Part ()	(d) Health benefit veontributions to employee the plans, and de compensation	s, oyee	(e) Estimated amo	unt of
KEN CHA PAT	Check if the organization used So  (a) Name and title  YOUNGBLOOD  IRMAN  SY WASHBURN	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Park () (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit veontributions to empthement benefit plans, and decompensation	s, oyee ferred	(e) Estimated amo	ount of tion
KEN CHA PAT VIC	Check if the organization used So  (a) Name and title  YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Park (No. 1907) (c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter -0-)	(d) Health benefit veontributions to empthement benefit plans, and decompensation	s, oyee ferred	(e) Estimated amo	unt of
KEN CHA PAT VIC DEB	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER	(b) Average hours per week devoted to position	question in this Part () (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.	(e) Estimated amo	ount of tion 0.
KEN CHA PAT VIC DEB	Check if the organization used Social Name and title  YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY	thedule O to respond to any  (b) Average hours per  week devoted to	question in this Park () (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred	(e) Estimated amo	ount of tion
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title  YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY	(b) Average hours per week devoted to position	question in this Part () (c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.	(e) Estimated amo	ount of tion 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0. 0.
KEN CHA PAT VIC DEB SEC TOD	Check if the organization used Social Name and title YOUNGBLOOD IRMAN SY WASHBURN E CHAIRMAN BIE BUTLER RETARY D BISHOP	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099/MISC) (if not paid, enter-0-)  0	(d) Health benefit contributions to employee the plans, and de compensation	s, oyee ferred  0.  0.	(e) Estimated amo	0 . 0 .

	n 990-EZ (2020) COMMUNITIES IN SCHOOLS OF COCHRAN/ 30-0043	178	P	age :
Pa	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.	SEE	SCH	0
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	100	Yes	No
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they refle	.   33 ect	<u> </u>	Х
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	. 34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
ì	(such as those reported on lines 2, 6a, and 7a, among others)?			X
	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	. 330	<u> </u>	
		. 35 c	ļ	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	. 36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 50 bid the organization file Form 1120-POL for this year?	0. . <b>37.b</b>		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
ŀ	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38 a		Х
20	amount involved	0.		
		0. 0.		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	<del>]  </del>		
	section 4911 • 0.; section 4912 • 0.; section 4955 •			
k	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	_		
c	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	. 40 b		Х
	managers or disqualified persons during the year under sections 4912, 4955, and 4958   [Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	<u>0.</u>		
·		o.		
ε	All organizations. At any time during the tax year, was the organization a party to a prohibited tax		4:5:00	
41	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filed NONE	40 e	İ	Х
• •	NONE ROLL			
	The organization's hooks are in care of by DAMELA MOODE.			
42 a	The organization's			
	books are in care of ► PAMELA MOORE Cocated at ► P. O. BOX 516 COCHRAN GA		<u>-43</u> 0	0
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	<u></u>	Yes	No
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 42b		Х
	If 'Yes,' enter the name of the foreign country •	_ 133		,
	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?	. 42c		Х
	If 'Yes,' enter the name of the foreign country ►	<u> </u>	I,	
		_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			/n
43	and enter the amount of tax-exempt interest received or accrued during the tax year	'		N/A
	and offer the amount of the oxompt interest received of desired during the tax year		Yes	N/A No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a		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	5.005	<b>188</b> 188	
С	Did the organization receive any payments for indoor tanning services during the year?	44 b		<u>X</u>
	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	666		11
	If 'No,' provide an explanation in Schedule O			***
	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,'	45 a		<u> X</u>
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b	000000000000000000000000000000000000000	<u>X</u>
BAA	TEEA0812L 10/26/20	Form <b>990</b>	)- <b>EZ</b> (2	2020)

Form 990	-EZ (2020) COMMUNITIES IN SCHO	OOLS OF COCHRAI	N/	30-00	43178	P	age 4
<b>46</b> Did	the organization engage, directly or indire	etty in political camps	oign pativities on behalf	of or in appacition to		Yes	No
can	didates for public office? If 'Yes,' complete	e Schedule C, Part I	aign activities on benan	or or in opposition to	46		Х
Part VI		s Only				s	<u> </u>
	Check if the organization used	Schedule O to res	nond to any questic	on in this Part VI			
						Yes	No
<b>47</b> Did 1	the organization engage in lobbying activities uplete Schedule C, Part II	or have a section 501(h	n) election in effect during	the tax year? If 'Yes,'	[47]		
	ne organization a school as described in s						X
	the organization make any transfers to an						X
	es,' was the related organization a section						- 47
50 Com emp	plete this table for the organization's five hig loyees) who each received more than \$100,0	hest compensated empli 00 of compensation from	oyees (other than officers n the organization. If there	, directors, trustees, and to e is none, enter 'None.'	кеу		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heafth benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE	·						
	I number of other employees paid over \$						
51 Com	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep is none, enter 'None.'	endent contractors who e	ach received more than \$	100,000 of		
	(a) Name and business address of each independent of	VS.	(b) Type	of service	(c) Compe	ensation	n
NONE							
			•				
						-	
	<del> </del>	<b></b>					
					<u></u>		
<b>52</b> Did t	I number of other independent contractors the organization complete Schedule A? No	ote: All section 501(c)	(3) organizations must a		► X Yes		
	pleted Schedule Aes of perjury, I declare that I have examined this return.			e best of my knowledge and hel			No
true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	r) is based on all information	of which preparer has any know	ledge.			
C!	Signature of officer			Date	***************************************		
Sign Here	DAMETA MOORE			EXECUTIVE DIRE	ርሞለክ		
	Type or print name and title				JIUK		
	Print/Type preparer's name	Preparer & signature	Date		TIN		
Paid	H. ROBERT BENNETT, JR CPA	H. ROBERT BENNETT	, JR CPA 5/12/22	Check L if self-employed P	00331284		
Preparer	Firm's name ► GIDDENS BENNETT & C	0. PC					
Use Only	Firm's address ► 106 FIRST STREET			Firm's EIN	58-167559	9	
	COCHRAN, GA 31014			Phone no. (478	934-7642	<u> </u>	
	RS discuss this return with the preparer sh	own above? See instr	uctions		. ► X Yes		No
BAA					Form 990	-EZ (2	2020)