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Independent Member BKR International

PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2020 calendar year, or tax year beginning and endir	ng				
В	Check if applicable	C Name of organization		D Employer identifie	cation number		
	Addres	PRESCHOOL ADVANTAGE, INC.					
	Name change			22-33600	99		
Initia returi Final returi		Number and street (or P.O. box if mail is not delivered to street address) 25 LINDSLEY DRIVE, SUITE 307	E Telephone number (973) 532-2501				
	termin- ated			G Gross receipts \$	1,040,829.		
	Amend return	MORRISTOWN, NJ 07960		H(a) Is this a group re	eturn		
	Application			for subordinates	? Yes X No		
	pendin	25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN,	NJ	H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	<u> </u>	If "No," attach a	list. See instructions		
_		e: WWW.PRESCHOOLADVANTAGE.ORG		H(c) Group exemption			
		·	_ Year c	of formation: 1995 N	1 State of legal domicile: NJ		
P		Summary		TETONIC EO D	DEGGIIOOT G		
& Governance	1 1	Briefly describe the organization's mission or most significant activities: ${\hbox{\hbox{$TO$}}}{\hbox{\hbox{$FUND$}}}$	SET	COUNTY.	RESCHOOLS		
rna		Check this box 🕨 🔲 if the organization discontinued its operations or disposed or			sets.		
ove		Number of voting members of the governing body (Part VI, line 1a)			18		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			18		
es &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5		
Ϋ́		Total number of volunteers (estimate if necessary)			99		
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē		Contributions and grants (Part VIII, line 1h)		654,736.	786,797.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
Вĕ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		51,119.	50,584.		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		238,487. 944,342.	17,473. 854,854.		
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		474,400.	263,378.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4/4,400.	203,370.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		220,656.	204,280.		
Expenses	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.		
oeu	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 78,015.		0.	0.		
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		78,696.	81,662.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		773,752.	549,320.		
		Revenue less expenses. Subtract line 18 from line 12		170,590.	305,534.		
Or Sec		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bed	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,629,706.	2,072,540.		
ASS	21	Total liabilities (Part X, line 26)		0.	38,451.		
	22	Net assets or fund balances. Subtract line 21 from line 20		1,629,706.	2,034,089.		
_	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s			/ knowledge and belief, it is		
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.			
		Signature of officer		 Date			
Sig	I			Date			
He	re	RAY HAWKINS, TREASURER Type or print name and title					
			10	ate Check	II PTIN		
Pai		Print/Type preparer's name CHRIS PERROTTA, CPA Preparer's signature CHRIS PERROTTA, CP	- 1	9/16/21 Check Lift self-employed			
	- 1	Firm's name NISIVOCCIA LLP	<u> </u>	Firm's EIN	22-1914888		
		Firm's address 200 VALLEY RD. SUITE 300		I IIIII 9 EIIV	T) T + O O O		
550	,	MT. ARLINGTON, NJ 07856		Phone no. (9	73) 328-1825		
	v the IF	RS discuss this return with the preparer shown above? See instructions		[1 Hono Ho. ()	X Yes No		

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	
'	Briefly describe the organization's mission: PRESCHOOL ADVANTAGE PROVIDES FUNDING FOR QUALIFIED CHILDREN TO ATTEND
	OUR PARTNER PRESCHOOLS.
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:) (Expenses \$ 390,004 · including grants of \$ 263,378 ·) (Revenue \$
	PRESCHOOL ASSISTANCE: THE FIRST YEARS OF A CHILD'S LIFE ARE CRITICAL TO
	LAYING THE FOUNDATION FOR A LIFETIME LOVE OF LEARNING. EARLY CHILDHOOD
	EDUCATION SETS THE STAGE FOR FUTURE GROWTH AND PROPELS CHILDREN ONTO THEIR EDUCATIONAL PATHS. DESPITE THE UNDENIABLE IMPORTANCE OF A SOLID
	EDUCATIONAL START, MANY LOCAL CHILDREN HAVE NO MEANS TO ATTEND
	PRESCHOOL. PRESCHOOL ADVANTAGE SERVES THE POPULATION OF STRUGGLING
	FAMILIES WHO DO NOT QUALIFY FOR GOVERNMENT FUNDED PROGRAMS BECAUSE THEY
	EARN ABOVE THE POVERTY LEVEL, BUT ARE STILL EARNING BELOW THE LEVEL OF
	SUSTAINABILITY FOR OUR REGION. THESE FAMILIES SIMPLY CANNOT AFFORD THE
	COST OF A PRESCHOOL FOR THEIR CHILD THUS HINDERING THE CHILD'S SUCCESS
	AND OPPORTUNITIES LATER IN LIFE. THE LACK OF SOURCES OF ASSISTANCE FOR
	WORKING FAMILIES UNABLE TO SUPPORT THE COST OF PRESCHOOL LED TO THE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 390,004.
	Form 990 (2020

PRESCHOOL ADVANTAGE, INC.

Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f		110		\vdash
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- V
4=	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV 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	Х	
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			.,
0.4	Schedule J	23		Х
24 a	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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		X
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%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_ A
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		х
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If res, complete Schedule N, Fart I	31		21
JZ.	Schedule N, Part II	32		х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
07	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Form **990** (2020)

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Form 990 (2020) PRESCHOOL ADVANTAGE, INC. 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 5								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
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		Х					
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).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l					
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
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	_							
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
''	Gross income from members or shareholders 11a								
h	Gross income from other sources (Do not net amounts due or paid to other sources 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							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
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								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
		Form	990	(2020)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	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 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	27	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	. J J 111y	,	
	Own website Another's website X 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 interest policy, an	d finar	ncial	
	statements available to the public during the tax year.		'	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NANCY BANGIOLA - (973) 532-2501			
	25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 07960			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(do	not c	Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated highest compensated employee		from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
(1) NANCY BANGIOLA	40.00							20 100	•	1 250
EXECUTIVE DIRECTOR	40.00			Х				39,102.	0.	1,350.
(2) MOLLY DUNN	40.00			l				25 240	•	•
PRIOR EXECUTIVE DIRECTOR				Х				35,348.	0.	0.
(3) ADRIENNE KIRBY	8.00			l						
PRESIDENT		Х		Х				0.	0.	0.
(4) BETTE SIMMONS	2.00			l						
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) RAY HAWKINS	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) GAIL REUTHER	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) LAUREN DIEMAR	2.00									
TRUSTEE		Х						0.	0.	0.
(8) MARK CARDONE	2.00									
TRUSTEE		Х						0.	0.	0.
(9) CAROLYN SIMPSON	2.00			l						
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) JOSHUA MACKOFF	2.00									
TRUSTEE		Х						0.	0.	0.
(11) ROBERT PETERSON	2.00									
TRUSTEE		Х						0.	0.	0.
(12) KYLE COLWELL	2.00									
TRUSTEE		Х						0.	0.	0.
(13) JUDITH PIERCE	2.00									
TRUSTEE		Х						0.	0.	0.
(14) DENISE LANZA	2.00									
TRUSTEE		Х						0.	0.	0.
(15) YVETTE LONG	2.00									_
TRUSTEE		Х		<u> </u>			L	0.	0.	0.
(16) GINGER MICHAELS	2.00								_	_
TRUSTEE		Х		<u> </u>	_		_	0.	0.	0.
(17) KAREN LOMBARDO	2.00								_	_
TRUSTEE		Х						0.	0.	0. Form 990 (2020)

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Part VII Section A. Officers, Directors, True (A)	(B)				C)	<u></u>		(D)	(E)			(F)	
Name and title	Average Position							Reportable	Reportable		Fo	timate	2d
Name and the	hours per	oer (do not check more than of box, unless person is both						1	compensation	n	l	nount	
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from related			other	
	(list any	director						the	organization		com	pensa	ition
	hours for	or dire	a.			ated		organization	(W-2/1099-MIS	SC)	l	om the	
	related organizations	stee	truste		س ا	bens		(W-2/1099-MISC)			ı ~	anizati	
	below	ual tru	ional		ploye	t com						d relati anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iizati	0113
(18) RICK THEONI	2.00	=	=	0	~	Τ ω	ш.						
TRUSTEE		Х						0.		0.			0.
(19) EUGENE HUANG	2.00												
PAST PRESIDENT		Х						0.		0.			0.
(20) MATT MIRETT	2.00									•			•
TRUSTEE		Х		Ш	_	_		0.		0.			0.
		1											
		┢		\vdash		╁	H						
		1											
						t							
						_							
		4											
		┢		\vdash		┢							
		1											
1b Subtotal		<u> </u>	<u> </u>		<u> </u>	1		74,450.		0.		1,3	50.
c Total from continuation sheets to Part V								0.		0.		_ , -	0.
d Total (add lines 1b and 1c)								74,450.		0.		1,3	
Total number of individuals (including but								1	0,000 of reportable	e			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer			•		•		•		•				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s													Х
and related organizations greater than \$15											4		$\stackrel{\wedge}{\vdash}$
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				•			ted organization or indiv			5		Х
Section B. Independent Contractors	ipicio ocircadi	C 0 1	01 31	ucii	perc	3011							
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)				_				(B)			(0		
Name and business	address	N	INC	<u> </u>			_	Description of s	services		ompe	nsatio	n
							\dashv						
							\exists						
							\dashv						
2 Total number of independent contractors	including but r	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the organ					(0		,					

		Check if Schedule O contains a response or note to any lin	ne in this Part VIII
		Officer if deficiency of contains a response of flote to any in	te in this Part VIII (A) Total revenue Related or exempt function revenue Total revenue Revenue excluded business revenue from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 323,466. d Related organizations 1d 1e 36,700. f All other contributions, gifts, grants, and similar amounts not included above 1f 426,631. g Noncash contributions included in lines 1a-1f 1g \$ 835. h Total. Add lines 1a-1f	786,797.
		Business Code	
ice	2	a	
Program Service Revenue		b	
m S		C	
gra Re		d	
Pro		f All other program service revenue	
		g Total. Add lines 2a-2f	
	3	Investment income (including dividends, interest, and	
		other similar amounts)	25,570. 25,570
	4	Income from investment of tax-exempt bond proceeds	
	5	Royalties	
		(i) Real (ii) Personal	
	6		
		b Less: rental expenses 6b	
		c Rental income or (loss) 6c	
		d Net rental income or (loss) a Gross amount from sales of (i) Securities (ii) Other	
	/ :	a ssets other than inventory 7a 187, 238.	
		b Less: cost or other basis	
e ne		and sales expenses 76 162, 224.	
/en		c Gain or (loss) 7c 25,014.	
Revenue		d Net gain or (loss)	25,014. 25,014
Jer		a Gross income from fundraising events (not	
₹		including \$323,466. of	
		contributions reported on line 1c). See	
		Part IV, line 18 8a 24,624.	
		b Less: direct expenses 8b 23,613.	1 011
		c Net income or (loss) from fundraising events	1,011.
	9	a Gross income from gaming activities. See Part IV, line 19 9a 16,600.	
		b Less: direct expenses	16,462. 16,462
		a Gross sales of inventory, less returns	10,102
		and allowances	
		b Less: cost of goods sold 10b	
		c Net income or (loss) from sales of inventory	
s		Business Code	
e e	11 :	a	
Miscellaneous Revenue	- 1	b	
3ev		с	
Mis		d All other revenue	
		e Total. Add lines 11a-11d	954 954 0 0 0 60 057
	12	Total revenue. See instructions	854,854. 0. 0. 68,057

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	262 270	262 270		
_	individuals. See Part IV, line 22	263,378.	263,378.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	75,800.	37 900	15,160.	22 740
_	trustees, and key employees	73,800.	37,900.	15,100.	22,740
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	93,141.	46,571.	18,628.	27 0/12
7	Other salaries and wages	93,141.	40,3/1·	10,020.	27,942
8	Pension plan accruals and contributions (include	2,432.	1,216.	486.	720
•	section 401(k) and 403(b) employer contributions)	16,803.	8,402.	3,360.	730 5,041
9	Other employee benefits	16,104.	8,052.	3,221.	4,831
10	Payroll taxes	10,104.	0,032.	3,221•	4,031
11	Fees for services (nonemployees):				
a		308.		308.	
b	5 ·····	9,424.		9,424.	
C	5 ······	7,4240		7, 444.	
	Lobbying Professional fundraising convices. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	// / L 100/ 11 05 F				
g	column (A) amount, list line 11g expenses on Sch 0.)	12,278.		12,278.	
12	Advertising and promotion	1,642.		1,642.	
13	Office expenses	15,298.	7,649.	3,060.	4,589
14	Information technology	2,303.	.,025	230.	2,073
15	Royalties	2,0001			2,0,0
16		28,869.	14,435.	5,773.	8,661
17	Occupancy	20,0001		377734	0,002
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	449.		449.	
20	Interest			1	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,000.		3,000.	
23	Insurance	920.		920.	
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 0.)				
а	MISCELLANEOUS	2,498.		2,498.	
b	REPAIRS AND MAINTENANCE	2,196.	1,098.	439.	659
c	PUBLIC RELATIONS	1,303.	1,303.		
d	DIRECT APPEAL	749.			749
е	All other expenses	425.		425.	
25	Total functional expenses. Add lines 1 through 24e	549,320.	390,004.	81,301.	78,015
26	Joint costs. Complete this line only if the organization	-	-	-	
-	reported in column (B) joint costs from a combined				
	, , , ,				
	educational campaign and fundraising solicitation.				

Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,721.	1	3,047.
	2	Savings and temporary cash investments	333,259.	2	686,536		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	r officer, director,				
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		15,354.			
	b	Less: accumulated depreciation	10b	13,204.	3,250.	10c	2,150
	11	Investments - publicly traded securities			1,278,768.	11	1,369,999
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			8,708.	14	6,808
	15	Other assets. See Part IV, line 11	4,000.	15	4,000		
	16	Total assets. Add lines 1 through 15 (must ed			1,629,706.	16	2,072,540
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr		—		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	0.	0.5	38,451.
	00	of Schedule D		·····	0.		38,451
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			0.	26	30,431
es		and complete lines 27, 28, 32, and 33.	ieck iiei	e 21			
auc	27	Net assets without donor restrictions			1,629,706.	27	2,034,089.
3al	28	Net assets with donor restrictions			1/025/1000	28	270317003
Dd I	20	Organizations that do not follow FASB ASC				20	
Ē		and complete lines 29 through 33.	900, CII	eck liefe			
ō	29	Capital stock or trust principal, or current fund	le			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,629,706.	32	2,034,089.
~	33	Total liabilities and net assets/fund balances			1,629,706.	33	2,072,540.
	_ 00	Total habilities and flet assets/fully balafiles			=, == = ,	55	Form 990 (202

Page	1	2
raye		_

Total revenue (must equal Part VIII, column (A), line 12) 1 854, 8 2 Total expenses (must equal Part IX, column (A), line 25) 2 549, 3 3 Revenue less expenses. Subtract line 2 from line 1 3 3.05, 5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,629, 7 5 Net unrealized gains (losses) on investments 5 98, 8 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 034, 0 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Separate basis Consolidated basis or both: Separate basis Consolidat	Pa	rt XI Reconciliation of Net Assets					_
2 549,3 3 Revenue less expenses. Subtract line 2 from line 1 3 05,5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI					
2 549,3 3 Revenue less expenses. Subtract line 2 from line 1 3 05,5 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:							
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities To Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Pother changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other, explain in Schedule O. Accounting method used to prepare the Form 990: Cash Accrual Other, explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? Both consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Reprior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 1 Net unrealized gains (losses) on investments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances at end of year. Combine labele O. 9 Investment expenses 9 Other changes in the asset or fund balances at end of year. Consolidated and separate basis or both: 9 Separate basis	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,034,0 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			
7 Investment expenses 7 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,034,0 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	5	Net unrealized gains (losses) on investments	5		9	8,8	<u>49.</u>
7 Investment expenses 7 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,034,0 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	6	Donated services and use of facilities	6				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH O 12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? 16 "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: 16 Separate basis Consolidated basis Both consolidated and separate basis 17 Separate basis Consolidated basis Both consolidated and separate basis 28 X 29 X 20 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: 29 X 20 X 21 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: 20 X 21 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? 20 X 21 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	7		7				
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Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	9		9				0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
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Yes	Pa	rt XII Financial Statements and Reporting					
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII					X
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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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		consolidated basis, or both:					
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
		review, or compilation of its financial statements and selection of an independent accountant?					
2e. As a result of a foderal guard, use the experimentary required to undergo an audit are audited as act footh in the Circle Audit							
As a result of a rederal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
Act and OMB Circular A-133?		A LOUIS OF A LOOS					X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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** PRESCHOOL ADVANTAGE, INC. 22-3360099 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one 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 hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	260,559.	351,979.	652,424.	654,736.	786,797.	2,706,495.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	060 550	254 252	650 404	654 536				
4	Total. Add lines 1 through 3	260,559.	351,979.	652,424.	654,736.	786,797.	2,706,495.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						040 510		
	column (f)						249,512.		
	Public support. Subtract line 5 from line 4.						2,456,983.		
	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2016 260, 559.	(b) 2017 351, 979.	(c) 2018 652, 424.	(d) 2019 654,736.	(e) 2020 786, 797.	(f) Total		
	Amounts from line 4	200,339.	331,379.	032,424.	034,/30.	700,797.	2,706,495.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	15,742.	15,890.	30,414.	33,835.	25,570.	121,451.		
_	and income from similar sources	13,742.	13,090.	30,414.	33,033.	43,370.	121,431.		
9	Net income from unrelated business								
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
11	assets (Explain in Part VI.)						2,827,946.		
12	Gross receipts from related activities,	etc (see instruction	one)			12	2,027,310.		
13	First 5 years. If the Form 990 is for the			fourth or fifth tax	vear as a section !				
10	organization, check this box and stor				-				
Sec	ction C. Computation of Publ								
	Public support percentage for 2020 (column (f))		14	86.88 %		
15	Public support percentage from 2019					15	88.65 %		
16a	33 1/3% support test - 2020. If the o					nore, check this bo	x and		
	stop here. The organization qualifies as a publicly supported organization ▶ X								
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization				
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization			
18	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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.)

Section A. Public Support	, <u>'</u>	,				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•		•	•	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		<u> </u>	<u> </u>	` '		
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired offer June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						>
Section C. Computation of Public	c Support Pe	ercentage				
15 Public support percentage for 2020 (lir	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 202	(line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 20	019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the o					33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the o						
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c			
5b 5c 6 7 8 9a 9b 9c			
5c 6 7 8 9a 9b 9c 10a	5a		
5c 6 7 8 9a 9b 9c 10a	5b		
6 7 8 9a 9b 9c 10a			
7 8 9a 9b 9c			
9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c 10a	8		
9b 9c 10a			
9c 10a	9a		
10a	9b		
10a			
	9с		
10b	10a		
	10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	$oxed{oxed}$	
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
3601	tion b. All Type III Supporting Organizations		V	NI.
	Did the appropriation may ride to each of the appropriate depressions by the least day of the fifth security of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	igsquare	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	ш	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
. 8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRESCHOOL ADVANTAGE, INC.

Employer identification number 22-3360099

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	Is 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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
Pai	1 3		, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
7	Associated for a second in a second in a second to the second to		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ration easements during the year
0	▶ \$ Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 17	O(b)(4)(D)(i)
8		•	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.	ote to the organization's imanolal states	Herita triat describes trie
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	•	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		·
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

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08510916 784010 01502R001

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical ⁻	reasures, o	or Othe	er Similar As	sets(contil	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following tha	ıt make s	significant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or e	kchange progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they furthe	the organizati	on's exe	mpt purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical tr	easures, or oth	er simila	r assets		
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang						: IV, line 9, oi	r
	reported an amount on Form 990, Par	t X, line 21.	_					
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contributi	ons or other as	sets not	included		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:					
							Amoun	 t
С	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	en provided on	Part XIII			
	t V Endowment Funds. Complete if							
	·	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years b	ack (e) Four	r years back
1a	Beginning of year balance	1,024,957.	854,02	3. 902	2,947.	844,2		858,991.
b	Contributions	, ,			6,260.	•		
	Net investment earnings, gains, and losses	141,867.	170,92	948	8,996.	106,2	62.	53,745.
	Grants or scholarships	,	· · · · · · · · · · · · · · · · · · ·			,		
	Other expenditures for facilities							
	and programs			346	6,183.	44,9	69.	64,924.
f	Administrative expenses					2,5		3,584.
	End of year balance	1,166,824.	1,024,95	7. 854	4,028.	902,9		844,228.
2	Provide the estimated percentage of the curr	· · · · ·		-	, -	,	<u> </u>	
	Board designated or quasi-endowment	100.0000	%	(4)) 11014 40.				
	Permanent endowment • .0000	%						
	Term endowment • .0000 9							
·	The percentages on lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posses	-	ation that are held	and administe	red for t	he organization		
ou	by:	331011 OF THE OFGENIZE	ation that are nece	and administ	ica ioi t	ne organization		Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on Schedule F				3b	
4	Describe in Part XIII the intended uses of the						55	
	t VI Land, Buildings, and Equipm		willett farias.					
	Complete if the organization answered) Part IV line 11a	See Form 990) Part X	line 10		
	Description of property	(a) Cost or ot	· · · · · · · · · · · · · · · · · · ·	st or other		ccumulated	(d) Boo	k value
	bescription of property	basis (investm		s (other)		preciation	(u) 500	N value
12	Land	'	.5.16, 543	2 (01.101)	40	J. 30141.011		
	Land		+					
	Buildings Leasehold improvements							
d				15,354.		13,204.		2,150.
	Equipment Other			,				_,
	. Add lines 1a through 1e. (Column (d) must ed		X column (R) line	10c)				2,150.

Schedule D (Form 990) 2020 PRESCHOOL AI	OVANTAGE, INC	2. 22	-3360099 Page
Part VII Investments - Other Securities.	•		gc
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the o	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(-) Described on a fill-biller.	on round 990, Fait IV, IIIIe	THO GITTI. GEET GITT 990, FAIT A, IIII 20	(b) Book value
(a) Description of liability (1) Federal income taxes			(S) DOOR VAIGO
(2) OTHER LIABILITIES			38,451
(3)			

(4) (5) (6) (7)

(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

38,451.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Sche	dule D (Form 990) 2020 PRESCHOOL ADVANTAGE, INC.			22-3	360099 Page
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	953,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		98,849.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	98,849
3	Subtract line 2e from line 1			3	854,854
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 5 4 0 5 4
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	854,854
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				<u> </u>
1	Total expenses and losses per audited financial statements			1	549,320
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	5.40.000
3	Subtract line 2e from line 1			3	549,320
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	5 4 2 2 2 2
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	549,320
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	and 2b; Part V, line	4; Part X	(, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional inform	mation.		
PAI	RT V, LINE 4:				
THE	E INTENDED USE OF THE ORGANIZATION'S ENDOW	MENT F	UNDS IS TO	PRO	VIDE
MIL	NIMUM WORKING CAPITAL IN SUPPORT OF THE MI	SSION	OF THE ORG	ANIZ	ATION.
PAI	RT X, LINE 2:				
THE	E ORGANIZATION IS A NOT-FOR-PROFIT CORPORA	T MOLT.	HAT IS EXE	MPT	FROM
	20MB #3MBG INDED GEGETON 504/5//0/ 07	T3100		~~-	
TNC	COME TAXES UNDER SECTION 501(C)(3) OF THE	INTERN	AL REVENUE	COD	E AND

CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE FOUNDATION. OF NEW JERSEY, CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ACCOUNTING STANDARDS

CODIFICATION, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION

THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR

EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING

RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX

POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2020. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS.

NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. THE ORGANIZATION DID NOT HAVE AMOUNTS ACCRUED FOR THE YEARS ENDING DECEMBER 31, 2020 AND 2019.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH
THE UNITED STATES FEDERAL AND STATE OF NEW JERSEY JURISDICTIONS ON AN
ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE AND THE
APPLICABLE FORM CRI WITH THE STATE. THE ORGANIZATION IS SUBJECT TO
EXAMINATIONS AT ANY TIME WITHIN CERTAIN STATUTORILY DEFINED PERIODS FROM
THE LATEST FILING DATE FOR FEDERAL AND FOR NEW JERSEY.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	ıs and	the latest informat	ion.		Inspection
Name of the organization								entification number
		OL ADVANTAGE, INC.					22-336	
	complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply			
a Mail solicitat					overnment grants			
	email solicitations			-	nment grants			
c Phone solici		g Special	fundra	aising	events			
d In-person so		or and agreement with any individual	(in alu	dina a	fficare directors true	nt	0.4	
•		or oral agreement with any individual art VII) or entity in connection with p		-			, or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	s No
		viduals or entities (fundraisers) pursu						
compensated at le				a.g. o				
	· · · · · ·					()	A	1
(i) Name and addres	s of individual	(ii) Activity	fundr	Did raiser ustody	(iv) Gross receipts	to (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(ii) Activity	or cor	ntrol of utions?	from activity	1	fundraiser ed in col. (i)	organization
			Yes	No		1101		
			165	NO				
								1
								+
								1
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration
-								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

		of fundraising event contributions and gr	ross income on Form 990	-		-	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
				GOLF OUTING		col. (c))	
e			(event type)	(event type)	(total number)	(
Revenue	1	Gross receipts	235,916.	112,174.		348,090.	
	2	Less: Contributions	216,942.	106,524.		323,466.	
	3	Gross income (line 1 minus line 2)	18,974.	5,650.		24,624.	
	4	Cash prizes					
Se	5	Noncash prizes					
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8					0.4.60.4	
	9	Other direct expenses		5,650.		24,624.	
		Direct expense summary. Add lines 4 throug				24,624. 0.	
Pa	rt l	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization				0.	
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, IIIle 19, 01	reported more than		
		¥	(a) Dinne	(b) Pull tabs/instant	(a) Other remains	(d) Total gaming (add	
anne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue							
	1	Gross revenue			16,600.	16,600.	
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses			138.	138.	
		·	Yes %	Yes %	X Yes 100.00 %		
	6	Volunteer labor	No No	No No	No No		
	7	138.					
		Net remine in a series of the	7 forms than 4 tours (A)			16,462.	
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (d)			10,402.	
9 Enter the state(s) in which the organization conducts gaming activities: NJ a Is the organization licensed to conduct gaming activities in each of these states?							
		the organization licensed to conduct gaming a No," explain:		SIAIES!		. Las Londo	
40	141	and any of the annual action to	analead average to the st	amada akad akada 10 .		Yes X No	
		ere any of the organization's gaming licenses r Yes," explain:	evokea, suspenaea, or t	eminated during the tax	year?	Yes X No	
	_						

Schedule G (Form 990 or 990-EZ) 2020

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Sch	nedule G (Form 990 or 990-EZ) 2020 PRESCHOOL ADVANTAGE, INC. 22-	<u>3360099</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name NANCY BANGIOLA		
	Address ▶ 25 LINDSLEY DRIVE, SUITE 307 - MORRISTOWN, NJ 07960		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Description of services provided P		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		X No
	retain the state gaming license?	L Yes	LAJ NO
į,	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III 103 0,	55, 105,
	100, 100, 10, and 110, as applicable. The provide any additional information.		
_			

Schedule G	i (Form 990 or 990-EZ)	PRESCHOOL	ADVANTAGE,	INC.	22-3360099 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Infor	mation (continued))		<u> </u>
	• • •				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public OMB No. 1545-0047

Inspection

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Name	Name of the organization PRESCHOOL ADVANTAGE	ADVANTAG	E, INC.					Employer identification number $22-3360099$	mber 99
Part I	1 General Information on Grants and Assistance	and Assistance							
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, th€	e grantees' eligibilit	y for the grants or ass	sistance, and the selec		
	criteria used to award the grants or assistance?	stance?						∐ Yes ∏	§ □
~	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	t funds in the Unite	ed States.				
Part II	t II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations and Domesti	ic Governments.	Somplete if the orga	anization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	t IV, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	tional space is nee	ded.				
-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
0 0	Enter total number of section 501(c)(3) and government organizations li	and government or	rganizations listed in th	sted in the line 1 table					
20	Enter total number of other organizations listed in the line 1 table	Is listed in the line	1 table						
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2020	2020

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Page 2

Schedule I (Form 990) 2020 PRESCHOOL ADVANTAGE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UITION ASSISTANCE	8	263,378.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
IUITION ASSISTANCE IS APPLIED TO S	зсноог ти	SCHOOL TUITION AND	IS NOT USED	D FOR OUTSIDE	
PURPOSES. TUITION ASSISTANCE IS A	AWARDED I	IN ACCORDANCE WITH		ESTABLISHED	
GUIDELINES.					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PRESCHOOL ADVANTAGE, INC. **Employer identification number** 22-3360099

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOUNDING OF PRESCHOOL ADVANTAGE IN MORRISTOWN IN 1995. TO DATE, WE HAVE FUNDED ALMOST 1,500 HALF-DAY PRESCHOOL TUITIONS FOR OVER 1,000 CHILDREN.

FORM 990, PART VI, SECTION B, LINE 11B:

PRESCHOOL ADVANTAGE, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

PRESCHOOL ADVANTAGE, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF IS DETERMINED TO EXIST, MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization PRESCHOOL ADVANTAGE, INC.

Employer identification number 22-3360099

IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT. IN ADDITION, WHENEVER A
LARGE PURCHASE OR OTHER TRANSACTION FOR SERVICES ARE PROVIDED THEY ARE
REVIEWED FOR APPROVAL. THE TRUSTEES ARE REQUIRED TO MAKE FULL DISCLOSURE OF
ANY INTEREST THEY, THEIR FAMILY, OR ORGANIZATION MAY HAVE. THE BOARD THEN
DECIDES IF INVOLVEMENT WOULD CONSTITUTE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY. THE QUALIFICATIONS AND EXPERIENCE OF THE INDIVIDUAL ARE ALSO TAKEN INTO ACCOUNT WHEN DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

PRESCHOOL ADVANTAGE, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 07960. IN ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 25 LINDSLEY DRIVE, SUITE 307, MORRISTOWN, NJ 07960.

FORM 990, PART XII, LINE 1

PRESCHOOL ADVANTAGE, INC. USES THE MODIFIED CASH BASIS OF ACCOUNTING
FOR FINANCIAL STATEMENT PURPOSES.

FORM 990, PART XII, LINE 2C

01502R01

Name of the organization PRESCHOOL ADVANTAGE, INC.	Employer identification number 22-3360099
PRESCHOOL ADVANTAGE, INC. HAS ESTABLISHED AN AUDIT COMMIT	TEE TO OVERSEE
THE AUDIT PROCESS, ENGAGE INDEPENDENT AUDITORS, AND REVIE	W IRS FORM 990
ON AN ANNUAL BASIS.	

01502R01