## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public

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/Form990EZ for instructions and the latest information.

A I	or the	2020 calenda	r year, or tax year beginning 01/01/2020 and ending	12	/31/202	20
B	Check if ap	oplicable:	C Name of organization	_		entification number
	Address c		83-3188994			
	Name cha	E Telep	ohone nu	umber		
=	Initial retu			50	8-395-4768	
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	mption
=		on pending	FRAMINGHAM, MA, 01701	Nun	nber 🕨	•
G	Account	ting Method:		H Check	▶ 🗌 if	f the organization is <b>not</b>
	Vebsite		.EDEM2.ORG			ach Schedule B
JΤ	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3)	(Form 9	90, 990	)-EZ, or 990-PF).
_			✓ Corporation ☐ Trust ☐ Association ☐ Other			
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets		
(Pa	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	96,712
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	ne instru	ctions	
		Check if	the organization used Schedule O to respond to any question in this Par	tl		<b>.</b>
	1		ns, gifts, grants, and similar amounts received		1	81,712
	2		ervice revenue including government fees and contracts		2	0
	3	•	p dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory   5a	0		
	b		or other basis and sales expenses	0	-	
	c	Gain or (los		5c	0	
e	6	•	d fundraising events:			
	а	_	ome from gaming (attach Schedule G if greater than			
		\$15,000) .		0		
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution)			
Şe.			aising events reported on line 1) (attach Schedule G if the			
_			h gross income and contributions exceeds \$15,000)   6b	0		
	С	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	subtract		
		line 6c) .			6d	0
	7a	Gross sales	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	15,000
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	96,712
	10		similar amounts paid (list in Schedule O)		10	88,971
	11	Benefits pa	id to or for members		11	0
S	12	Salaries, of	her compensation, and employee benefits		12	1,926
nse	13	Profession	al fees and other payments to independent contractors		13	0
Expenses	14		r, rent, utilities, and maintenance		14	416
Щ	15		blications, postage, and shipping		15	0
	16		nses (describe in Schedule O)		16	2,994
	17	Total expe	nses. Add lines 10 through 16	▶	17	94,307
<b>(</b> 0	18		deficit) for the year (subtract line 17 from line 9)		18	2,405
šets	19	Net assets			,,,,,,	
Net Assets			r figure reported on prior year's return)		19	1,177
	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	3,582

Form 990-EZ (2020) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 1,177 22 22 Cash, savings, and investments 3,582 0 23 23 Land and buildings . . . . . . . 0 Other assets (describe in Schedule O) . . . 24 0 24 0 1,177 25 25 3,582 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 1.177 27 3.582 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide uniforms to over 1000 students Develop the Village for Innovation, Technology, Education and Sport Support the training of local leaders 88,971) If this amount includes foreign grants, check here 28a (Grants \$ 2,994 29 29a ) If this amount includes foreign grants, check here 30 ) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here . . . 2.994 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Anne Anninger 2.00 0 0 0 Chair Max Theodore 2.00 0 0 0 Treasurer Pierre M Lucien 0 2.00 0 Secretary Jean Patrick Lucien 10.00 1.926 0 **Excecutive Director** 

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24		. •
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>✓</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<i>'</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	~	
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<b>V</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ► MA			
42a	The organization's books are in care of ► JEAN PATRICK LUCIEN Telephone no. ► 5	508-39	5-4768	3
	Located at ► 73 DAVIDSON RD, FRAMINGHAM, MA 01701 ZIP + 4 ►	017	701	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	$\overline{}$	Yes	
	If "Yes," enter the name of the foreign country	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		•
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\(\begin{array}{c} 43 \end{array}\)</b>		. 1	<b>▶</b> □
	, <u> </u>		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		۷
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
1E-	explanation in Schedule O	44d		•
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

-orm 99	U-EZ (20	J2U)								P	age 🖣
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations		stions 47–49h ar	nd 52 and	d com	nlete the	e tah	les fo	or line	26
		50 and 51.	s must answer que	3110113 47 –430 ai	iu 52, aiii	a com	piete tin	e lab	163 10	יווו וכ	73
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					
		<u> </u>	·	<u> </u>						Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			ring the	tax	47		~
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," comple	te Schedu	le E		. [	48		<b>/</b>
49a		ne organization make any transfers to		_				. [	49a		<b>'</b>
b		s," was the related organization a se							49b		
50		plete this table for the organization's byees) who each received more than									d key
	empio	byees) who each received more than	\$100,000 of comper			lealth be		e, em	ei iv	one.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	itions to	employee d deferred			d amou pensati	
None											
f 51	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ent contra	 ctors w	/ho each	ı rece	eived	more	than
	(a)	Name and business address of each independ	ent contractor	<b>(b)</b> Type of	service		(c)	Comp	ensatio	on	
None											
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶						
52		he organization complete Scheduleted Schedule A	lle A? <b>Note:</b> All se	, , , ,	•			n a ▶ 🔽	Yes	□ N	lo
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than						nowledg	ge and	belief,	it is
Sian		Signature of officer		· · · · · · · · · · · · · · · · · · ·		Dota					
Sign Here		Jean Lucien, Executive Director				Date					
		Type or print name and title			-				TI. 1		
Paid Prop	arar	Print/Type preparer's name	Preparer's signature		Date		Check Self-employ	if	PTIN		
Prepa Use (		Firm's name				Firm's EIN ▶					
	-···y	Firm's address ▶				Phone	no.				
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			1	ightharpoons	Yes		lo

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

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2020

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

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

Open to Public Inspection

**Employer identification number** Name of the organization ECONOMIC DEVELOPMENT AND EMPOWERMENT THROUGH MENTORING 83-3188994 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 5 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 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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: An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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.) 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 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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) d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2017 (a) 2016 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 14,034 96,712 110,746 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 0 0 0 14,034 96.712 110,746 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, column (f) . . . . Public support. Subtract line 5 from line 4 110,746 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 . . . . . . 0 0 0 14.034 96,712 110,746 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 **Total support.** Add lines 7 through 10 11 110,746 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . Public support percentage from 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support			, 1		,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				14,034	96,712	110,746
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization'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	<b>Total.</b> Add lines 1 through 5	0	0	0	14,034	96,712	110,746
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
04	line 6.)						110,746
	on B. Total Support	(-) 0010	(I-) 0047	(-) 0010	(-1) 0040	(-) 0000	(6) T-+-I
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	0	0	0	14,034	96,712	110,746
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 after June 30, 1975						
С	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.)	0	0	0	14,034	96,712	110,746
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2020 (line 8					15	%
16	Public support percentage from 2019 Sch					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2020 (			·-		17	%
18	Investment income percentage from 2019					18	%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2020. If the organ						
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	_	_			_	_
b	331/3% support tests—2019. If the organiz						
00	line 18 is not more than 33½%, check this l	_	=		-		_
20	Private foundation. If the organization di	a not oneck a	DUX UITIIIIE 14	, 13a, 01 130, 0	HICUR LITTS DOX 6	ลเาน จะะ แรแน	JUUIO 🚩 🔲

#### 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.)

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a		3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
0a	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.	10a		
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.)

10b

Part I	V 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		
	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			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	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 <b>Part VI</b> the role the organization's			
Casti	supported organizations played in this regard.	3		
	on 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 year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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? <i>If "Yes" or "No," provide details in Part VI.</i>	0-		
		3a		
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 <b>Part VI</b> the role played by the organization in this regard	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	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		
<u>u</u>	Average monthly cash balances	1b		
	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			
е	(explain in detail in <b>Part VI</b> ):	1e		
	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	0		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		
<del>_</del>	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	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Secti	Section D—Distributions							
1	Amounts paid to supported organizations to accomplish	1						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purp	3						
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI)	5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E—Distribution Allocations (see instructions)	Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2020			(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d								
_	Evenes from 2020							

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Part VI	<b>Supplemental Information.</b> 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 L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ivame	or the organization								Employ	er idei	nuncau	on nu	mber		
ECO	NOMIC DEVELOPMEN	T AND EMPOWE	ERMENT THROU	JGH M	IENTORII	NG			83-3188994						
Par		fit Transaction ne organization	<b>ns</b> (section 501 answered "Yes	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd se ine 25	ction 501 a or 25b,	(c)(29) , or For	orgar m 99	nizatio 0-EZ,	ns or Part	nly). V, line	40b.	
1	(a) Name of disqualified	(b) Relationship between disqualified person and			(a) D	Description of transaction					(d) Cor	rected?			
'	(a) Name of disqualified	person		organiza	ation			( <b>c)</b> De	escription	i oi trai	isaction	Juon		Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amount under section 4958				n manag	=	-	ed perso		_		ar • •	:		
3	Enter the amount of											<b>▶</b> §			
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Par	Complete if the	l/or From Interne organization eported an ame	answered "Yes	s" on 990, P (d) Lo	oan to or	0-EZ, Part e 5, 6, or 2 (e) Origin principal an	2. nal	: 38a or F			ert IV,	(h) Ap	proved	(i) W	ritten ment?
					nization?	-				V	N.		nittee?	V	
/4\		_		To	From					Yes	No	Yes	No	Yes	No
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Tota Par	Grants or As	sistance Bene ne organization	fiting Intereste	ed Pe	rsons.				15,000						
(a	) Name of interested person		ship between intere		(c) Amount	t of assistance	(	d) Type of a	ssistanc	е	(e)	) Purpo	ose of a	ssistan	ce
(1)															
(2)															
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	. (Form 990 or 990-EZ) 2020				F	Page 2	
Part IV	Business Transactions Invo Complete if the organization	olving Interested Persons. answered "Yes" on Form 990	), Part IV, line 28a, 2	28b, or 28c.			
	(a) Name of interested person	ame of interested person  (b) Relationship between interested person and the organization  (c) Amount of transaction					
					Yes	No	
(1)							
(2)							
(3)							
(4)							
(5)						<u> </u>	
(6)							
(7)							
(8)							
(9) (10)							
Part V	Supplemental Information.						
Part V	Provide additional information	on for responses to questions	on Schedule L (see	instructions).			
		and the periods to questions					

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

Department of the Treasury

Internal Revenue Service

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

ECONOMIC DEVELOPMENT AND EMPOWERMENT THROUGH MENTORING	83-3188994
Form 990-EZ, Part I, Line 8 - Loan from Board Member Max Theodore	
Form 990-EZ, Part I, Line 10 - Grant to Espace de Devellopement pour l'Emancipation des Municipalites, Ile	e-a-Vache, Haiti, 88971
Form 990-EZ, Part I, Line 16 - Material purchased to be sent to Haiti	

#### Schedule O, Statement 1

# ECONOMIC DEVELOPMENT AND EMPOWERMENT THROUGH MENTORING

Form: **Form 990-EZ (2020)** EIN: **83-3188994** 

Page: 1 Header Section

#### Reasonable Cause Explanations

#### **Explanation**

Because of the pandemic, we had to wait for many of the information to come in to make sure we could reconcile all of our numbers.

#### Schedule O, Statement 2

# ECONOMIC DEVELOPMENT AND EMPOWERMENT THROUGH MENTORING

Form: **Form 990-EZ (2020)** EIN: **83-3188994** 

Page: 2 Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

Provide an environment of mentoring, learning, and support services for the incubation and growth of successful individuals, enterprises and institutions that will create a sustainable communities in Haiti by leveraging the unique resources of the region.