

Ross Hughes & Assoc, CPAs, PLLC
4540 Southside Blvd Ste 601
Jacksonville, FL 32216-5465
904-641-6288

November 13, 2023

CONFIDENTIAL

Blue and Gray Education Society
P.O. Box 1176
Chatham, VA 24531-1176

Dear Len:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Ross Hughes & Assoc, CPAs, PLLC

Filing Instructions

Blue and Gray Education Society

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Ross Hughes & Assoc, CPAs, PLLC
4540 Southside Blvd Ste 601
Jacksonville, FL 32216-5465

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

We did not audit or review the information used in the preparation of the tax return nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the information included in the tax return.

Because the organization is a one man operation (Len), there is no segregation of duties. Further, Len is not a trained bookkeeper, and the reconciliation are not always timely done. The inventory of the donated books was a value that was set up several years ago as an estimate by Len. The current inventory is based on a standard wholesale cost. As a result the inventories may be over or under stated.

Undeposited cash does not appear to be reconciled to zero as it should be done monthly. This amount may be overstated, and it should be reviewed by management going from the last time it was zeroed out. Management may want to consider assigning a unique number for each deposit, so that the amounts can be reconciled. You may wish to consider hiring a bookkeeper to help with this reconciliation.

Unallocated "Expensed to be coded" were reclassified to due to/from Len. This results in a small liability due to Len.

After the 2021 books were closed and tax return was prepared there were changes to the 12-31-2021 net equity of \$84.86. This was treated as an immaterial adjustment.

The payroll tax liabilities did not equal the amount of the December 2022 taxes paid in January 2023. The expense and liability were adjusted to reflect the January 2023 payment.

The accounts payable did not include the cost of the Rev War Guide received in 2022, but paid in January 2023.

Form 990		Two Year Comparison Report		2021 & 2022	
Name		For calendar year 2022, or tax year beginning		, ending	
				Taxpayer Identification Number	
BLUE AND GRAY EDUCATION SOCIETY				54-1720582	
Revenue			2021	2022	Differences
	1. Contributions, gifts, grants	1.	80,046	189,203	109,157
	2. Membership dues and assessments	2.	103,745	98,518	-5,227
	3. Government contributions and grants	3.	25,480		-25,480
	4. Program service revenue	4.	152,980	173,621	20,641
	5. Investment income	5.			
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	1,944	-7,521	-9,465
	11. Other revenue	11.		3,633	3,633
12. Total revenue. Add lines 1 through 11	12.	364,195	457,454	93,259	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	64,583	66,950	2,367
	16. Salaries, other compensation, and employee benefits	16.	5,078	7,780	2,702
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	39,088	100,866	61,778
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	4,701	2,821	-1,880
	21. Other expenses	21.	202,071	262,954	60,883
	22. Total expenses. Add lines 13 through 21	22.	315,521	441,371	125,850
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	48,674	16,083	-32,591
Other Information	24. Total exempt revenue	24.	364,195	457,454	93,259
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	154,924	169,733	14,809
	27. Total assets	27.	280,021	411,222	131,201
	28. Total liabilities	28.	111,944	227,062	115,118
	29. Retained earnings	29.	168,077	184,160	16,083
	30. Number of voting members of governing body	30.	8	8	
	31. Number of independent voting members of governing body	31.	7	8	
32. Number of employees	32.	1	1		
33. Number of volunteers	33.		10		

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 2022, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2022**

Name of filer

BLUE AND GRAY EDUCATION SOCIETY

EIN or SSN

54-1720582Name and title of officer or person subject to tax **LEONARD RIEDEL****EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 457,454
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **ROSS HUGHES & ASSOC, CPAS, PLLC** to enter my PIN **24541** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **11/15/23****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59464432216

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **11/15/23****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

DAA

Form **990**
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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.

OMB No. 1545-0047

2022
Open to Public Inspection**A For the 2022 calendar year, or tax year beginning , and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization BLUE AND GRAY EDUCATION SOCIETY		D Employer identification number 54-1720582
	Doing business as		E Telephone number 434-250-9921
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1176		
	City or town, state or province, country, and ZIP or foreign postal code CHATHAM VA 24531-1176		G Gross receipts \$ 468,204
	F Name and address of principal officer: LEONARD RIEDEL 208 LINDEN DRIVE DANVILLE VA 24541		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: **WWW.BLUEANDGRAYEDUCATION.ORG**
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: **1994** **M** State of legal domicile: **VA**
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 209,271	Current Year 287,721
	9 Program service revenue (Part VIII, line 2g)	152,980	173,621
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,944	-3,888
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,195	457,454
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	69,661	74,730
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 56,583		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,860	366,641
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	315,521	441,371
19 Revenue less expenses. Subtract line 18 from line 12	48,674	16,083	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 280,021	End of Year 411,222
	21 Total liabilities (Part X, line 26)	111,944	227,062
	22 Net assets or fund balances. Subtract line 21 from line 20	168,077	184,160

Part II Signature Block

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

Sign Here	Signature of officer LEONARD RIEDEL		Date	
	Type or print name and title EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name JOHN S. MURK, CPA	Preparer's signature	Date	Check ☐ if self-employed PTIN P00545181
	Firm's name ROSS HUGHES & ASSOC, CPAS, PLLC		Firm's EIN 46-4289820	
	Firm's address 4540 SOUTHSIDE BLVD STE 601 JACKSONVILLE, FL 32216-5465		Phone no. 904-641-6288	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 \$ including grants of\$) (Revenue \$)
ORGANIZATION PROVIDES SCHOLARLY INFORMATION ABOUT THE AMERICAN CIVIL WAR.

4b (Code:) (Expenses \$ **337,782** including grants of\$) (Revenue \$ **173,621**)
ORGANIZATION ORGANIZES AND CONDUCTS SEMINARS ABOUT THE AMERICAN CIVIL WAR

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
ORGANIZATION PROVIDES OTHER MISCELLANEOUS SERVICES INCLUDING INTREPRETATION AND PRESERVATION OF AMERICAN CIVIL WAR BATTLEFIELDS, OTHER HISTORICAL SITES, AND HISTORICAL ARTIFACTS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **337,782**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
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).			
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒

Section A. Governing Body and Management

	1a	8	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	8		
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	☒
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	☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	☒
6 Did the organization have members or stockholders?			6	☒
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	☒
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	☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	☒
b Each committee with authority to act on behalf of the governing body?			8b	☒
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	☒

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	☒
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	☒
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	☒
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	☒
14 Did the organization have a written document retention and destruction policy?	14	☒
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?		
a The organization's CEO, Executive Director, or top management official	15a	☒
b Other officers or key employees of the organization	15b	☒
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	☒
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

LEONARD RIEDEL
DANVILLE

208 LINDEN DRIVE

VA 24541

434-250-9921

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JO ANNE ROBERTS										
DIRECTOR	0.00 0.00	X						0	0	0
(2) WILLIAM TERPELUK										
DIRECTOR	0.00 0.00	X						0	0	0
(3) JOSEPH TRAHAN										
DIRECTOR	0.00 0.00	X						0	0	0
(4) FOWLER WEST										
INDIVIDUAL TRUSTEE	0.00 0.00	X						0	0	0
(5) MARY ADAMS										
SECRETARY	0.00 0.00			X				0	0	0
(6) WILLIAM KCKINNON										
PRESIDENT	0.00 0.00			X				0	0	0
(7) LAURENCE SCHILLER										
TREASURER	0.00 0.00			X				0	0	0
(8) GARY WILSON										
VICE PRESIDENT	0.00 0.00			X				0	0	0
(9)										
(10)										
(11)										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	98,518					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	189,203					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f		287,721					
	Program Service Revenue			Business Code				
2a SEMINARS & CLASSES			611600	173,621	173,621			
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			173,621					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)							
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			3,633	3,633			
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a						
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
		b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19							
		9a						
b Less: direct expenses		9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a		3,229					
	b Less: cost of goods sold	10b	10,750					
c Net income or (loss) from sales of inventory			-7,521			-7,521		
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			457,454	177,254	0	-7,521		

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).

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

☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	66,950	33,475	20,085	13,390
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,780	3,890	2,334	1,556
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,500		1,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	99,366	99,366		
12 Advertising and promotion	32,071	728		31,343
13 Office expenses	24,017	6,711	7,012	10,294
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,114	18,114		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	665		665	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,821	2,257	564	
23 Insurance	7,352		7,352	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF SEMINARS	164,756	164,756		
b WEBSITE	9,800	7,350	2,450	
c BANK CREDIT CARD & FINANC	3,726		3,726	
d INTERNET	1,514	1,135	379	
e All other expenses	939		939	
25 Total functional expenses. Add lines 1 through 24e	441,371	337,782	47,006	56,583
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	34,029	1	45,355
	2 Savings and temporary cash investments	87,871	2	75,339
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,168	4	119,127
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65,326	8	89,426
	9 Prepaid expenses and deferred charges		9	12,169
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 154,426		
	b Less: accumulated depreciation	10b 84,620	10c	69,806
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	280,021	16	411,222	
Liabilities	17 Accounts payable and accrued expenses		17	34,848
	18 Grants payable		18	
	19 Deferred revenue	100,392	19	184,591
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,552	25	7,623
	26 Total liabilities. Add lines 17 through 25	111,944	26	227,062
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	168,077	27	184,160
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	168,077	32	184,160
33 Total liabilities and net assets/fund balances	280,021	33	411,222	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	457,454
2	Total expenses (must equal Part IX, column (A), line 25)	2	441,371
3	Revenue less expenses. Subtract line 2 from line 1	3	16,083
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	168,077
5	Net unrealized gains (losses) on investments	5	
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	184,160

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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		X
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, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)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

2022**Open to Public
Inspection**

Name of the organization

BLUE AND GRAY EDUCATION SOCIETY

Employer identification number

54-1720582**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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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:
- 5 ☐ 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.)
- 6 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business 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.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions)	12	
13 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) organization, check this box and stop here		☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support test—2021. 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 10%-facts-and-circumstances test—2022. 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 organization		☐
b 10%-facts-and-circumstances test—2021. 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 organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,049	150,370	186,436	209,271	287,721	937,847
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	205,949	176,751	51,966	152,980	177,254	764,900
3 Gross receipts from activities that are not an unrelated trade or business under section 513				3,048	3,229	6,277
4 Tax revenues levied for the 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 Total. Add lines 1 through 5	309,998	327,121	238,402	365,299	468,204	1,709,024
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.)						1,709,024

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	309,998	327,121	238,402	365,299	468,204	1,709,024
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,187	2,720	1,855			7,762
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,187	2,720	1,855			7,762
11 Net income from unrelated business activities not included on 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.)	313,185	329,841	240,257	365,299	468,204	1,716,786
14 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) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.55 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	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? <i>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.</i>		
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? <i>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.</i>		
2		

Section 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
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. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>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.</i>			
2a			
b Did the activities described on 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? <i>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.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022**Open to Public
Inspection**

Name of the organization

Employer identification number

BLUE AND GRAY EDUCATION SOCIETY**54-1720582****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations **3a(i)** ☐ Yes ☐ No
(ii) Related organizations **3a(ii)** ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		112,477	42,671	69,806
c Leasehold improvements				
d Equipment		41,949	41,949	
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,806

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARDS	3,163
(3) PAYROLL TAXES FEDERAL	2,677
(4) DUE TO LEN	1,203
(5) PAYROLL TAXES STATE	500
(6) SALES TAX PAYABLE	80
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,623

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 ☐

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2022

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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 Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

BLUE AND GRAY EDUCATION SOCIETY

Employer identification number

54-1720582**FORM 990 - ORGANIZATION'S MISSION****TO PROMOTE THE STUDY OF THE AMERICAN****CIVIL WAR BY PROVIDING SCHOLARLY INFORMATION, ORGANIZING AND CONDUCTING****SEMINARS AND PROVIDING AND ASSISTING WITH****THE INTERPRETATION AND PRESERVATION OF AMERICAN CIVIL WAR BATTLEFIELDS AND****OTHER HISTORICAL SITES****FORM 990, PART VI - ADDITIONAL INFORMATION****SECTION C LINE 19 - BY REQUEST****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****THE EXECUTIVE DIRECTOR REVIEWS THE 990 PRIOR TO FILING. QUESTIONS AND****ISSUES ARE DIRECTED TO THE ORGANIZATION'S VOLUNTEER CPA.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****ANY ON GOING ISSUES ARE ADDRESSED AS THEY ARISE.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****BOARD OF DIRECTORS APPROVES SALARY INCREASES ANNUALLY, ONLY AFTER OPERATING****VARIANCES FROM THE PRIOR YEAR HAVE BEEN FULLY EXPLAINED AND JUSTIFIED****BEFORE A SALARY INCREASE IS APPROVED.****FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS****IF OTHER EMPLOYEES NEEDED DETERMINED BY BOARD OF DIRECTORS.**

Name of the organization

Employer identification number

BLUE AND GRAY EDUCATION SOCIETY

54-1720582

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

BUFORD SMITH

\$ 20,500

\$ 0

\$ 0

DOCUMENT ON WHEELS

\$ 750

\$ 0

\$ 0

WEBISTE GALFANO DESIGN

\$ 12,420

\$ 0

\$ 0

PHOTO EDITING

\$ 34,997

\$ 0

\$ 0

GUIDE BOOK

\$ 15,150

\$ 0

\$ 0

M&M PUBLISHING SOLUTIONS

\$ 600

\$ 0

\$ 0

ARC INDEXING INC

\$ 1,744

\$ 0

\$ 0

PENNEFEATHER EDITORIAL SERVIC

\$ 2,205

\$ 0

\$ 0

BOOK EDITING

\$ 3,000

\$ 0

\$ 0

THE WRITE GUY INC

\$ 8,000

\$ 0

\$ 0

TOTAL

Name of the organization

Employer identification number	
--------------------------------	--

BLUE AND GRAY EDUCATION SOCIETY

54-1720582

\$ 99,366

\$ 0

\$ 0

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179****BLUE AND GRAY EDUCATION SOCIETY**

Identifying number

54-1720582

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,821

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,821
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2022)
THERE ARE NO AMOUNTS FOR PAGE 2

54-1720582

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
1	House	7/01/08	96,518				96,518	39 MO S/L	33,410	2,475
2	Storage Building	7/01/08	2,459				2,459	7 MO S/L	2,459	0
3	Roof	7/01/10	13,500				13,500	39 MO S/L	3,981	346
4	Computer Equipment	7/01/98	1,534				1,534	5 MO S/L	1,534	0
5	Office Equipment	7/01/03	863				863	5 MO S/L	863	0
6	HP310 Digital Copier	7/01/01	200				200	5 MO S/L	200	0
7	IBM Color Printer	7/01/01	1,122				1,122	5 MO S/L	1,122	0
8	IBM Pentium IV	7/01/03	749				749	5 MO S/L	749	0
9	LCD Projector	7/10/04	1,754				1,754	5 MO S/L	1,754	0
10	Dell Optiplex	7/01/05	1,136				1,136	5 MO S/L	1,136	0
11	Dell Latitude	7/01/05	1,241				1,241	5 MO S/L	1,241	0
12	Dell Inspiron 6400	2/10/07	1,245				1,245	5 MO S/L	1,245	0
13	Copy Machine	7/01/07	1,740				1,740	5 MO S/L	1,740	0
14	Furniture and Fixtures	8/31/08	8,586				8,586	7 MO S/L	8,586	0
15	Furniture and Fixtures	6/30/09	1,196				1,196	7 MO S/L	1,196	0
16	Color Copier	7/01/05	530				530	5 MO S/L	530	0
19	Computer Equipment	1/23/12	1,053				1,053	5 MO S/L	1,053	0
20	Office Equipment	8/20/12	200				200	5 MO S/L	200	0
23	Automobile	7/01/16	18,800				18,800	5 MO S/L	18,800	0
Total Other Depreciation			<u>154,426</u>				<u>154,426</u>		<u>81,799</u>	<u>2,821</u>
Total ACRS and Other Depreciation			<u>154,426</u>				<u>154,426</u>		<u>81,799</u>	<u>2,821</u>
Grand Totals			154,426				154,426		81,799	2,821
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>154,426</u>				<u>154,426</u>		<u>81,799</u>	<u>2,821</u>

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Form 990	Event Income and Deduction Worksheet Description SALE BOOKS & RELATED	2022
Name BLUE AND GRAY EDUCATION SOCIETY		Taxpayer Identification Number 54-1720582

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	3,229
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	3,229
8. Cost of Goods Sold	8.	10,750
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	10,750
16. Net Income/Loss. Line 7 minus Line 15	16.	-7,521

Expense Details - Cost of Goods Sold:

Beginning inventory	65,326
Purchases	34,850
Labor	
Section 263A costs	
Other costs	
Ending inventory	89,426
Total Cost of Goods Sold	10,750

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- ☐ Part V, Debt Financing
☐ Part VI, Controlled Org Income
☐ Part VII, Investments for C(7)(9)(17)
☐ Part VIII, Exploited Activities
☐ Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Tax Return History	2022
-----------------	---------------------------	-------------

Name BLUE AND GRAY EDUCATION SOCIETY	Employer Identification Number 54-1720582
--	---

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants				105,526	189,203	
Membership dues				103,745	98,518	
Program service revenue				152,980	173,621	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				1,944	-3,888	
Total revenue				364,195	457,454	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				64,583	66,950	
Other compensation				5,078	7,780	
Professional fees				39,088	100,866	
Occupancy costs						
Depreciation and depletion				4,701	2,821	
Other expenses				202,071	262,954	
Total expenses				315,521	441,371	
Excess or (Deficit)				48,674	16,083	
Total exempt revenue				364,195	457,454	
Total unrelated revenue						
Total excludable revenue				154,924	169,733	
Total Assets				280,021	411,222	
Total Liabilities				111,944	227,062	
Net Fund Balances				168,077	184,160	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BUFORD SMITH	\$ 20,500	\$ 20,500	\$	\$
DOCUMENT ON WHEELS	750	750		
WEBISTE GALFANO DESIGN	12,420	12,420		
PHOTO EDITING	34,997	34,997		
GUIDE BOOK	15,150	15,150		
M&M PUBLISHING SOLUTIONS	600	600		
ARC INDEXING INC	1,744	1,744		
PENNEFEATHER EDITORIAL SERVIC	2,205	2,205		
BOOK EDITING	3,000	3,000		
THE WRITE GUY INC	8,000	8,000		
TOTAL	\$ 99,366	\$ 99,366	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE BLD	\$ 686	\$	\$ 686	\$
TAXES & LICENSES	253		253	
TOTAL	\$ 939	\$ 0	\$ 939	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES	\$ 98,518
FUNDRAISING SPECIAL APPEAL - MEMBERS	189,203
TOTAL	\$ 287,721

Schedule A, Part III, Line 2(e)

Description	Amount
SEMINARS & CLASSES	\$ 173,621
NATIONAL GEOGRAPHIC	3,633
TOTAL	\$ 177,254

Schedule A, Part III, Line 3(e)

Description	Amount
SALE BOOKS & RELATED	\$ 3,229
TOTAL	\$ 3,229

Officer Information**General Information**

Name: Leonard Riedel

Address 208 Linden Drive

City, state zip code: Danville, VA 24541

Foreign country:

Foreign state or province:

Hours per Week

Organization: 60.00

Related:

Contact

Principal? Yes

Signature? Yes

Use Org Addr? Yes

Other Information

Position Key Employee

Books in care? Yes

Former? No

Title Executive Director

Officer Type Individual

Compensation

Base: 66,950

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization**Related****Other**

Expense account and other allowances:

Expense account for unrelated business:

Schedule J

Nontaxable benefits:

Prior Year:

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable to unrelated business

Functional Expense Allocation

Program service: 33,475

Management & general: 20,085

Fundraising: 13,390

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second: 33,475

Third:

Other:

Officer Information**General Information**

Name: William KcKinnon

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal?

No

Signature?

No

Use Org Addr?

Yes

Other Information

Position

Officer

Books in care?

No

Former?

No

Title

President

Officer Type

Individual

Compensation

Base:

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization**Related****Other**Expense account and
other allowances:Expense account for
unrelated business:**Schedule J**

Nontaxable benefits:

Prior Year:

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated?

No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service:

Management & general:

Fundraising:

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second:

Third:

Other:

Officer Information

General Information

Name: Gary Wilson

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Officer

Books in care? No

Former? No

Title Vice President

Officer Type Individual

Compensation

Base:

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization

Related

Other

Expense account and other allowances:

Expense account for unrelated business:

Schedule J

Nontaxable benefits:

Prior Year:

Organization

Related

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service:

Management & general:

Fundraising:

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second:

Third:

Other:

Officer Information**General Information**

Name: Laurence Schiller

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Officer

Books in care? No

Former? No

Title Treasurer

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization**Related****Other**

Expense account and

other allowances:

Expense account for

unrelated business:

Schedule J

Nontaxable benefits: _____

Prior Year: _____

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____

Officer Information**General Information**

Name: Mary Adams

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position

Officer

Books in care? No

Former? No

Title

Secretary

Officer Type

Individual

Compensation

Base:

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization**Related****Other**Expense account and
other allowances:Expense account for
unrelated business:**Schedule J**

Nontaxable benefits:

Prior Year:

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated?

No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service:

Management & general:

Fundraising:

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second:

Third:

Other:

Officer Information

General Information

Name: Jo Anne Roberts

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Director

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and

other allowances:

Expense account for

unrelated business:

Schedule J

Nontaxable benefits:

Prior Year: _____

Organization

Related

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____

Officer Information**General Information**

Name: William Terpeluk

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title

Director

Officer Type

Individual

Compensation

Base:

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization**Related****Other**

Expense account and

other allowances:

Expense account for

unrelated business:

Schedule J

Nontaxable benefits:

Prior Year:

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated?

No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service:

Management & general:

Fundraising:

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second:

Third:

Other:

Officer Information

General Information

Name: Joseph Trahan

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal? No

Signature? No

Use Org Addr? Yes

Other Information

Position Trustee/Director

Books in care? No

Former? No

Title Director

Officer Type Individual

Compensation

Base: _____

Bonus/Incentive: _____

Other: _____

Retirement/Deferred benefits: _____

Other comp/nontaxable: _____

Organization

Related

Other

Expense account and

other allowances:

Expense account for

unrelated business:

Schedule J

Nontaxable benefits:

Prior Year: _____

Organization

Related

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated? No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service: _____

Management & general: _____

Fundraising: _____

Income Allocation

Net investment: _____

Adjusted net: _____

Charitable purpose: _____

Program Service Accomplishments

First: _____

Second: _____

Third: _____

Other: _____

Officer Information**General Information**

Name: Fowler West

Address

City, state zip code: ,

Foreign country:

Foreign state or province:

Hours per Week

Organization:

Related:

Contact

Principal?

No

Signature?

No

Use Org Addr?

Yes

Other Information

Position

Trustee/Director

Books in care?

No

Former?

No

Title

Individual Trustee

Officer Type

Individual

Compensation

Base:

Bonus/Incentive:

Other:

Retirement/Deferred benefits:

Other comp/nontaxable:

Organization**Related****Other**Expense account and
other allowances:Expense account for
unrelated business:**Schedule J**

Nontaxable benefits:

Prior Year:

Organization**Related**

Severance:

Nonqualified plan:

Equity based:

Received comp from unrelated?

No

Schedule K

Time devoted to business:

Compensation attributable

to unrelated business

Functional Expense Allocation

Program service:

Management & general:

Fundraising:

Income Allocation

Net investment:

Adjusted net:

Charitable purpose:

Program Service Accomplishments

First:

Second:

Third:

Other:

adjustments have been posted to
your books. please do not post twice

Blue and Gray Education Society Trial Balance Worksheet

Account	Type	Description	12/31/21 Adjusted Balance	12/31/22 Unadjusted Balance	Adjusting JE Adjustments	12/31/22 Adjusted Balance
1051	A	Wood Forest Checking	14,217.74	21,237.25		21,237.25
1052	A	Wood Forest Savings	27,653.62	15,121.74		15,121.74
1053	A	Wood Forest Savings:Wood Forest BGES Reserve Savings	7,571.00	7,571.00		7,571.00
1054	A	Wood Forest Savings:Wood Forest Other Savings	52,646.16	52,646.16		52,646.16
1090	A	Petty Cash	100.00	100.00		100.00
1100	A	Accounts Receivable	20,167.79	119,127.47		119,127.47
1150	A	Undeposited Funds	19,711.47	24,015.32		24,015.32
1200	A	Inventory, Books Unsold	64,125.80	64,125.80		43,163.15
		AJE003 To adjust inventory to actual			(64,125.80)	
		AJE003 To adjust inventory to actual			43,163.15	
1210	A	Inventory, Logo Merchandise	1,200.00	1,200.00		0.00
		AJE003 To adjust inventory to actual			(1,200.00)	
1212	A	Inventory, Donated Books	0.00	0.00		46,263.00
		AJE015 To record Inventory of Donated books			46,263.00	
1300	A	Prepaid Expenses	0.00	0.00		12,169.48
		AJE008 To record prepaid expenses			12,169.48	
1400	A	House	112,477.01	112,477.01		112,477.01
1500	A	Office Equipment	13,367.25	13,771.53		13,367.25
		AJE005 To reclass deminimis expense out of Fixed Asset account			(404.28)	
1515	A	Furniture & Fixtures	9,781.86	9,781.86		9,781.86
1540	A	Auto	18,800.00	18,800.00		18,800.00
1590	A	Accumulated Depreciation	(81,798.80)	(81,798.80)		(84,619.77)
		AJE004 To record 2022 depreciation expense			(2,820.97)	
2000	L	Accounts Payable	24.47	112.66		(34,847.53)
		AJE002 To record COGS for book printing per client			(34,847.53)	
		AJE009 To close AP to actual			(112.66)	
2105	L	B of A 8492, (old Fleet 9452)	(4,814.29)	0.00		0.00
2135	L	American Express/30 Day 02004 (01006)	(5,837.53)	(3,162.76)		(3,162.76)
2140	L	Due to/from Len	0.00	0.00		(1,202.69)
		AJE014 To reclass Len personal expenses to due to/ from Len account			(1,202.69)	
2200	L	Deferred Revenue	(81,019.15)	(81,019.15)		(184,591.00)
		AJE006 To reverse PY deferred revenue			81,019.15	
		AJE007 To record current year deferred revenue			(184,591.00)	
2220	L	Deferred Revenue:Prepaid Seminars	(19,372.50)	(19,372.50)		0.00
		AJE006 To reverse PY deferred revenue			19,372.50	
2500	L	Federal PR Taxes	(609.40)	(701.12)		(2,677.04)
		AJE012 To adjust Year-End payroll liabilities to actual			(1,975.92)	

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Blue and Gray Education Society Trial Balance Worksheet

Account	Type	Description	12/31/21 Adjusted Balance	12/31/22 Unadjusted Balance	Adjusting JE Adjustments	12/31/22 Adjusted Balance
2510	L	State PR Taxes AJE012 To adjust Year-End payroll liabilities to actual	(315.79)	(104.84)	(395.16)	(500.00)
2540	L	Sales Tax Payable AJE010 To close sales tax payable to actual per amount pd in Jan	0.00	195.66	(275.25)	(79.59)
3000	Q	Net Assets Unrestricted Fund Balance AJE001 To adjust beginning balances to actual per prior year return filed AJE001 To adjust beginning balances to actual per prior year return filed	(119,403.23)	(168,161.57)	882.78 (797.92)	(168,076.71)
4005	R	Membership Income:Board of Directors	(5,225.00)	(3,367.26)		(3,367.26)
4010	R	Membership Income:New-Volunteer Level Membership	(3,155.00)	(1,800.00)		(1,800.00)
4015	R	Nwq Leadership Corps Member	(1,400.00)	0.00		0.00
4018	R	Membership Income:New-Cadet Level Membership	(25.00)	0.00		0.00
4020	R	Membership Income:Cadet Level Membership	(200.00)	(75.00)		(75.00)
4030	R	Membership Income:Veteran Volunteer Membership	(5,145.00)	(4,820.00)		(4,820.00)
4040	R	Membership Income:Company Level Membership	(11,247.00)	(10,891.00)		(10,891.00)
4050	R	Membership Income:Regimental Level Income	(16,606.00)	(13,850.84)		(13,850.84)
4060	R	Membership Income:Brigade Level Membership	(11,280.00)	(10,351.00)		(10,351.00)
4070	R	Membership Income:Division Level Membership	(15,702.00)	(9,040.00)		(9,040.00)
4080	R	Membership Income:Corps Level Membership	(15,226.00)	(17,700.00)		(17,700.00)
4090	R	Membership Income:Army HQ Level Membership	0.00	(8,000.00)		(8,000.00)
4095	R	Presidential Cabinet Membership	(4,000.00)	0.00		0.00
4098	R	Membership Income:QuarterGuard Membership	(13,702.00)	(12,255.00)		(12,255.00)
4099	R	Membership Income:Corporate Matching Cash	(831.95)	(6,368.15)		(6,368.15)
4101	R	Other Donations:Member Appeal Special Donations AJE006 To reverse PY deferred revenue	(80,031.00)	(108,183.43)	(81,019.15)	(189,202.58)
4200	R	BGES Field University Programming Fund	(8,625.00)	(70,280.00)		(70,280.00)
4210	R	BGES Field University Programming Fund:Seminat Registrations	1,500.00	(1,839.00)		(1,839.00)
4211	R	BGES Field University Programming Fund:Seminat, Registration Double Occupancy	0.00	(79,416.00)		(79,416.00)
4214	R	BGES Field University Programming Fund:Seminat, Registration BGES Member AJE006 To reverse PY deferred revenue AJE007 To record current year deferred revenue	(144,781.60)	(197,739.50)	(19,372.50) 184,591.00	(32,521.00)
4215	R	Seminat, Registration BGES Double Occupancy	0.00	8,000.00		8,000.00
4218	R	BGES Field University Programming Fund:Seminat Registration Other-Promo Rate	(1,300.00)	(250.00)		(250.00)

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Blue and Gray Education Society Trial Balance Worksheet

Account	Type	Description	12/31/21 Adjusted Balance	12/31/22 Unadjusted Balance	Adjusting JE Adjustments	12/31/22 Adjusted Balance
4300	R	Book Sales	(2,260.00)	(2,784.00)		(2,784.00)
4305	R	Book Sales:Fields of Honor	(40.00)	0.00		0.00
4315	R	Book Sales:Sales of Product Income	(43.00)	(38.00)		(38.00)
4340	R	Book Sales:Monograph Sales	(73.00)	(3.05)		(3.05)
4345	R	Wholesale Books	(25.00)	0.00		0.00
4360	R	Book Sales:Shipping	(483.00)	(403.95)		(403.95)
4375	R	Book Sales:Receding Tide	(79.00)	0.00		0.00
4400	R	BGES Logo Merchandise Sales	(45.00)	0.00		0.00
4500	R	National Geographic	0.00	(3,633.24)		(3,633.24)
4703	R	Leadership Training:Client Transportation	0.00	(553.84)		(553.84)
4707	R	Leadership Training:Planning Support	200.00	0.00		0.00
4708	R	Leadership Training:Staff Program Support	26.20	2,951.75		2,951.75
4900	R	Miscellaneous Revenue	(25,480.00)	0.00		0.00
4999	R	Deposits to Be Coded	(14.49)	286.66		286.66
5000	E	Seminars	5.08	0.00		0.00
5015	E	Seminars:Faculty Reimbursibles	1,703.31	1,267.51		1,267.51
5020	E	Seminars:Faculty Travel, Lodging,Meals	13,256.82	11,440.36		11,440.36
5030	E	Seminars:Group Hotels	12,898.59	56,850.12		48,680.64
		AJE008 To record prepaid expenses			(8,169.48)	
5035	E	Seminars:Group Meals	10,444.43	15,407.22		15,407.22
5040	E	Seminars:Group Travel	100.00	3,500.00		3,500.00
5050	E	Seminars:Honoraria	20,475.00	29,225.00		29,225.00
5060	E	Seminars:Seminar Survey Expense	2,398.89	5,348.95		1,348.95
		AJE008 To record prepaid expenses			(4,000.00)	
5070	E	Seminars:Site Admission Fees	1,168.51	2,352.34		2,352.34
5080	E	Seminars:Van/Vehicle Rental	21,758.84	27,746.96		27,859.62
		AJE009 To close AP to actual			112.66	
5085	E	Seminars:Bus Rental	5,995.39	11,182.72		11,182.72
5087	E	Seminars:Staff Seminar Support	14,650.65	12,307.54		12,307.54
5600	E	Shipping & Supplies-Sales	0.00	184.53		184.53
5700	E	Inventory Change	1,104.26	0.00		(24,100.35)
		AJE003 To adjust inventory to actual			22,162.65	
		AJE015 To record Inventory of Donated books			(46,263.00)	
5800	E	Partnership Development	33,224.54	31,100.00		31,100.00
6000	E	Advertising & Promotion	944.00	971.20		971.20
6010	E	Bank & Financing Fees	(49.00)	2,041.10		2,041.10
6011	E	Bank & Financing Fees:Interest Expense	843.93	217.27		217.27
6012	E	Bank & Financing Fees:Bank Service Charges	2,374.08	239.52		239.52
6014	E	Bank & Financing Fees:Finance Charges, Credit Cards	15.38	448.12		448.12
6016	E	Bank & Financing Fees:Merchant Card Fees	1,970.39	749.95		749.95

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Blue and Gray Education Society Trial Balance Worksheet

Account	Type	Description	12/31/21 Adjusted Balance	12/31/22 Unadjusted Balance	Adjusting JE Adjustments	12/31/22 Adjusted Balance
6018	E	Bank & Financing Fees:Annual Card Fees	640.00	695.00		695.00
6020	E	Board of Director Expenses	454.11	538.32		538.32
6050	E	Consultants	0.00	600.00		600.00
6100	E	Contractor Fees	39,088.00	100,265.95		100,265.95
6130	E	Copying Expenses	612.03	734.53		734.53
6160	E	Depreciation Expense	4,700.97	0.00		2,820.97
		AJE004 To record 2022 depreciation expense			2,820.97	
6190	E	Education & Professional Development	321.00	0.00		0.00
6220	E	Equipment & Maintenance	4,789.99	542.37		542.37
6252	E	Insurance Expense:General Insurance Policy	6,309.51	6,529.00		6,529.00
6256	E	Insurance Expense:Officers' Liability Insurance	698.00	823.00		823.00
6280	E	Internet Expense	35.88	178.19		178.19
6310	E	Membership Development	1,675.00	797.20		797.20
6330	E	Bad Debt Expense	7,254.50	0.00		0.00
6340	E	Office Expense & Supplies	711.74	1,073.12		988.26
		AJE001 To adjust beginning balances to actual per prior year return filed			(84.86)	
6370	E	Payroll	0.00	75.00		0.00
		AJE011 To reclass payroll taxes			(75.00)	
6372	E	Payroll:Director Payroll	64,583.37	66,950.04		66,950.04
6442	E	Payroll Taxes:Federal PR Taxes	4,951.48	5,121.60		7,172.52
		AJE011 To reclass payroll taxes			75.00	
		AJE012 To adjust Year-End payroll liabilities to actual			1,975.92	
6444	E	Payroll Taxes:State PR Taxes	126.40	0.00		395.16
		AJE012 To adjust Year-End payroll liabilities to actual			395.16	
6446	E	Payroll Taxes:Unemployment Taxes	0.00	26.40		26.40
6447	E	Payroll Taxes:PR Taxes Penalties	0.00	186.32		186.32
6470	E	Postage & Bulk Mailing	76.95	313.15		313.15
6479	E	Postage & Bulk Mailing:Newsletter Mailing	2,747.82	3,681.27		3,681.27
6480	E	QuickBooks Payments Fees	0.00	3,228.55		3,228.55
6500	E	Printing	0.00	0.00		34,847.53
		AJE002 To record COGS for book printing per client			34,847.53	
6506	E	Printing:Miscellaneous Printing	0.00	204.09		204.09
6509	E	Printing:Monographs	0.00	3,352.96		3,352.96
6560	E	Rent & CAM	76.00	0.00		0.00
6590	E	Subscriptions & Memberships	4,481.44	837.36		837.36
6620	E	Repairs & Mainenance	522.00	686.24		686.24
6650	E	Taxes & Licenses	325.00	25.00		300.25
		AJE010 To close sales tax payable to actual per amount pd in Jan			275.25	

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Blue and Gray Education Society Trial Balance Worksheet

Account	Type	Description	12/31/21 Adjusted Balance	12/31/22 Unadjusted Balance	Adjusting JE Adjustments	12/31/22 Adjusted Balance
6656	E	Taxes & Licenses:Licenses	45.00	103.25		103.25
6659	E	Taxes & Licenses:Other Taxes	966.35	150.18		150.18
6783	E	Telephone & Communications:Cell Phone	3,040.23	4,283.40		4,283.40
6792	E	Telephone & Communications:Broadband	1,404.52	1,319.49		1,319.49
6850	E	Travel	152.96	925.93		925.93
6853	E	Travel:Executive Director	2,744.31	3,554.26		3,554.26
6856	E	Travel:Employees	404.35	5,053.55		5,053.55
6900	E	Utilities	3,975.32	3,828.69		3,828.69
6960	E	Website Expense	13,283.00	9,800.00		9,800.00
6999	E	Expenses to be Coded	(186.27)	(1,326.44)		0.00
		AJE013 To reclass Len's personal items			1,326.44	
7000	E	Battlefield Interpretation	81.57	8,580.00		8,580.00
7010	E	Ien's Personal	(319.48)	123.75		0.00
		AJE013 To reclass Len's personal items			(1,326.44)	
		AJE014 To reclass Len personal expenses to due to/ from Len account			1,202.69	
7020	E	Quickbooks Fees	154.22	0.00		0.00
7030	E	De Minimis Expenses	415.00	0.00		404.28
		AJE005 To reclass deminimis expense out of Fixed Asset account			404.28	
Totals			<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Net Profit/(Loss)			<u>48,673.48</u>	<u>105,962.72</u>		<u>16,083.60</u>

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Blue and Gray Education Society Adjusting Journal Entries

January 1, 2022 - December 31, 2022

Date	Reference	Account	Description	WP Reference	Debit	Credit	Net Income Effect
Adjusting Journal Entries							
12/31/22	AJE001		To adjust beginning balances to actual per prior year return filed				84.86
		3000	Net Assets Unrestricted Fund Balance		882.78		
		3000	Net Assets Unrestricted Fund Balance			797.92	
		6340	Office Expense & Supplies			84.86	
12/31/22	AJE002		To record COGS for book printing per client				(34,847.53)
		6500	Printing		34,847.53		
		2000	Accounts Payable			34,847.53	
12/31/22	AJE003		To adjust inventory to actual				(22,162.65)
		1200	Inventory, Books Unsold			64,125.80	
		1200	Inventory, Books Unsold		43,163.15		
		1210	Inventory, Logo Merchandise			1,200.00	
		5700	Inventory Change		22,162.65		
12/31/22	AJE004		To record 2022 depreciation expense				(2,820.97)
		6160	Depreciation Expense		2,820.97		
		1590	Accumulated Depreciation			2,820.97	
12/31/22	AJE005		To reclass deminimis expense out of Fixed Asset account				(404.28)
		1500	Office Equipment			404.28	
		7030	De Minimis Expenses		404.28		
12/31/22	AJE006		To reverse PY deferred revenue				100,391.65
		2200	Deferred Revenue		81,019.15		
		4101	Other Donations:Member Appeal Special Donations			81,019.15	
		2220	Deferred Revenue:Prepaid Seminars		19,372.50		
		4214	BGES Field University Programming Fund:Seminars, Registration BGES Member			19,372.50	
12/31/22	AJE007		To record current year deferred revenue				(184,591.00)
		2200	Deferred Revenue			184,591.00	
		4214	BGES Field University Programming Fund:Seminars, Registration BGES Member		184,591.00		
12/31/22	AJE008		To record prepaid expenses				12,169.48

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Blue and Gray Education Society

Adjusting Journal Entries

January 1, 2022 - December 31, 2022

Date	Reference	Account	Description	WP Reference	Debit	Credit	Net Income Effect
		1300	Prepaid Expenses		12,169.48		
		5060	Seminars:Seminar Survey Expense			4,000.00	
		5030	Seminars:Group Hotels			8,169.48	
12/31/22	AJE009		To close AP to actual				(112.66)
		2000	Accounts Payable			112.66	
		5080	Seminars:Van/Vehicle Rental		112.66		
12/31/22	AJE010		To close sales tax payable to actual per amount pd in Jan				(275.25)
		6650	Taxes & Licenses		275.25		
		2540	Sales Tax Payable			275.25	
12/31/22	AJE011		To reclass payroll taxes				0.00
		6370	Payroll			75.00	
		6442	Payroll Taxes:Federal PR Taxes		75.00		
12/31/22	AJE012		To adjust Year-End payroll liabilities to actual				(2,371.08)
		2500	Federal PR Taxes			1,975.92	
		6442	Payroll Taxes:Federal PR Taxes		1,975.92		
		2510	State PR Taxes			395.16	
		6444	Payroll Taxes:State PR Taxes		395.16		
12/31/22	AJE013		To reclass Len's personal items				0.00
		6999	Expenses to be Coded		1,326.44		
		7010	Ien's Personal			1,326.44	
12/31/22	AJE014		To reclass Len personal expenses to due to/ from Len account				(1,202.69)
		7010	Ien's Personal		1,202.69		
		2140	Due to/from Len			1,202.69	
12/31/22	AJE015		To record Inventory of Donated books				46,263.00
		1212	Inventory, Donated Books		46,263.00		
		5700	Inventory Change			46,263.00	
Totals for Adjusting Journal Entries					<u>453,059.61</u>	<u>453,059.61</u>	<u>(89,879.12)</u>
Report Totals					<u>453,059.61</u>	<u>453,059.61</u>	<u>(89,879.12)</u>

Journal Entry count = 15

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
1	House	7/01/08	96,518.00	0.00	0.00	35,884.89	2,474.82	38,359.71	58,158.29	S/L	39.00
2	Storage Building	7/01/08	2,459.00	0.00	0.00	2,459.00	0.00	2,459.00	0.00	S/L	7.00
3	Roof	7/01/10	13,500.00	0.00	0.00	4,326.88	346.15	4,673.03	8,826.97	S/L	39.00
4	Computer Equipment	7/01/98	1,534.00	0.00	0.00	1,534.00	0.00	1,534.00	0.00	S/L	5.00
5	Office Equipment	7/01/03	863.00	0.00	0.00	863.00	0.00	863.00	0.00	S/L	5.00
6	HP310 Digital Copier	7/01/01	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	5.00
7	IBM Color Printer	7/01/01	1,122.00	0.00	0.00	1,122.00	0.00	1,122.00	0.00	S/L	5.00
8	IBM Pentium IV	7/01/03	749.00	0.00	0.00	749.00	0.00	749.00	0.00	S/L	5.00
9	LCD Projector	7/10/04	1,754.00	0.00	0.00	1,754.00	0.00	1,754.00	0.00	S/L	5.00
10	Dell Optiplex	7/01/05	1,136.00	0.00	0.00	1,136.00	0.00	1,136.00	0.00	S/L	5.00
11	Dell Latitude	7/01/05	1,241.00	0.00	0.00	1,241.00	0.00	1,241.00	0.00	S/L	5.00
12	Dell Inspiron 6400	2/10/07	1,245.00	0.00	0.00	1,245.00	0.00	1,245.00	0.00	S/L	5.00
13	Copy Machine	7/01/07	1,740.00	0.00	0.00	1,740.00	0.00	1,740.00	0.00	S/L	5.00
14	Furniture and Fixtures	8/31/08	8,586.00	0.00	0.00	8,586.00	0.00	8,586.00	0.00	S/L	7.00
15	Furniture and Fixtures	6/30/09	1,196.00	0.00	0.00	1,196.00	0.00	1,196.00	0.00	S/L	7.00
16	Color Copier	7/01/05	530.00	0.00	0.00	530.00	0.00	530.00	0.00	S/L	5.00
19	Computer Equipment	1/23/12	1,053.00	0.00	0.00	1,053.00	0.00	1,053.00	0.00	S/L	5.00
20	Office Equipment	8/20/12	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	5.00
23	Automobile	7/01/16	18,800.00	0.00	0.00	18,800.00	0.00	18,800.00	0.00	S/L	5.00
Grand Total			<u>154,426.00</u>	<u>0.00</u>	<u>0.00</u>	<u>84,619.77</u>	<u>2,820.97</u>	<u>87,440.74</u>	<u>66,985.26</u>		