Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning , 2002, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization The Educational Advocates Reaching Today's Hardworking Students, Inc;

Number and street (or P O box if mail is not delivered to street address) Room/suite
254 South 20th Street 7

City or town state or country and ZIP + 4
Harrisburg, Pa 17104-1914

D Employer identification number
23 2649702

E Telephone number
(717) 213-9986

F Enter 4-digit (GEN) ►

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)*

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ►

I **Web site:** ►

J **Organization type** (check only one)— ☑ 501(c) (3) ◄(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ► ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ or 990-PF)

K Check ► ☑ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

L Add lines 5b 6b and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ► $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	2300
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	0
	6	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	0
	8	Other revenue (describe ► _____)		8	0
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	2300
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ► Ink cartridges, notebooks, field trips (fees, meals, etc))		16	1300
	17	**Total expenses** (add lines 10 through 16) ►		17	1300
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18	1000
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	900
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►		21	1900

Part II **Balance Sheets**—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	900	22	1900
23	Land and buildings	0	23	0
24	Other assets (describe ► _____)	0	24	0
25	**Total assets**	900	25	1900
26	**Total liabilities** (describe ► _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	900	27	1900

Part III Statement of Program Service Accomplishments (See page 39 of the instructions)

What is the organization's primary exempt purpose? Positive extra-curricular activities for youth

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	Twelve inner-city students benefited from after school tutorial sessions, field trips and mentoring two days per week during the school year (Grants $)	28a	
29	(Grants $)	29a	
30	(Grants $)	30a	
31	Other program services (attach schedule) (Grants $)	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Quibila Divine - 294 S 20th Street 7 Allison Court, Hbg, PA 17104-1914	President	0	-0-	-0-
Yvonne Downey	Secretary/ Treasurer	-0-	-0-	-0-
Sylvia Simms, 2743 N Opal Street Phila PA 19132-2610	Co Treasurer	-0-	-0-	-0-

Part V Other Information (**Note** the attachment requirement in General Instruction V, page 14)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* ***not*** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b	Did the organization file **Form 1120-POL** for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ 0		
b	*501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41	List the states with which a copy of this return is filed ▶ Pennsylvania		
42	The books are in care of ▶ Sylvia Simms - Yvonne Downey Telephone no ▶ (215) 225 7241		
	Located at ▶ 2743 N Opal St, Phila, PA 19132 ZIP + 4 ▶ 19132-2610		
43	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

[redacted]

eturn including accompanying schedules and statements, and to the best of my knowledge
arer (other than officer) is based on all information of which preparer has any knowledge

7/11/03

Date