

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

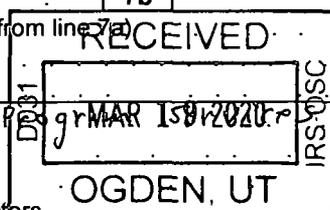
- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning _____, and ending _____																							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <i>DBA Guam Society of America</i></td> <td rowspan="2">D Employer identification number 52-1072657</td> </tr> <tr> <td colspan="2">NATIONAL CONFERENCE OF STATE SOCIETIES</td> </tr> <tr> <td colspan="2">Number and street (or PO box if mail is not delivered to street address)</td> <td rowspan="2">E Telephone number 202-365-2491</td> </tr> <tr> <td colspan="2">P O BOX 1515</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20013-1515</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> <tr> <td></td> <td></td> <td><i>04</i></td> </tr> </table>	C Name of organization <i>DBA Guam Society of America</i>		D Employer identification number 52-1072657	NATIONAL CONFERENCE OF STATE SOCIETIES		Number and street (or PO box if mail is not delivered to street address)		E Telephone number 202-365-2491	P O BOX 1515		City or town	State	ZIP code	WASHINGTON	DC	20013-1515	Foreign country name	Foreign province/state/county	Foreign postal code			<i>04</i>
C Name of organization <i>DBA Guam Society of America</i>		D Employer identification number 52-1072657																					
NATIONAL CONFERENCE OF STATE SOCIETIES																							
Number and street (or PO box if mail is not delivered to street address)		E Telephone number 202-365-2491																					
P O BOX 1515																							
City or town	State	ZIP code																					
WASHINGTON	DC	20013-1515																					
Foreign country name	Foreign province/state/county	Foreign postal code																					
		<i>04</i>																					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ I Website: WWW.GUAMSOCIETY.ORG		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																							
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		\$ 43,933.																					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	6,704.
	2 Program service revenue including government fees and contracts	2	34,132.
	3 Membership dues and assessments	3	3,080.
	4 Investment income	4	17.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,933.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	33,457.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	3,465.
	17 Total expenses. Add lines 10 through 16	17	36,922.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	7,011.
	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	34,121.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,132.



schedule

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

BCA

5

SCANNED MAR 23 2021

B

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with X in No column

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions

Table with columns Yes, No and row 34 with X in No column

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with columns Yes, No and row 35a with X in No column

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes, No and row 35c with X in No column

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with X in No column

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0

Table with columns Yes, No and row 37a

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b

38 a 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 outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with X in No column

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

Table with columns Yes, No and row 38b

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9 39a

Table with columns Yes, No and row 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

Table with columns Yes, No and row 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955

Table with columns Yes, No and row 40a

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with X in No column

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

Table with columns Yes, No and row 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization

Table with columns Yes, No and row 40d

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e with X in No column

41 List the states with which a copy of this return is filed DC

42 a The organization's books are in care of BERNARD AGUON Telephone no 202-365-2491 Located at P O BOX 1515 City WASHINGTON ST DC ZIP + 4 20013-1515

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42b with X in No column

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country

Table with columns Yes, No and row 42c with X in No column

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

Table with columns Yes, No and row 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with X in No column

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with X in No column

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c with X in No column

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with X in No column

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions

Table with columns Yes, No and row 45b with X in No column

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Table with Yes/No columns for question 46. Answer: No (X).

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns for question 47. Answer: No.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns for question 48. Answer: No.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns for question 49a. Answer: No.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns for question 49b. Answer: No.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for question 50 with columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for question 51 with columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

Table with Yes/No columns for question 52. Answer: No (X).

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 BERNARD AGUON, Date X 11 MAR 2020, Title TREASURER

Paid Preparer Use Only: Print/Type preparer's name ARTHUR J BROWN, Preparer's signature, Date 02/24/2020, Check self-employed (X), PTIN P00394576, Firm's name ARTHUR J BROWN CPA, Firm's EIN 90-0123372, Firm's address 6921 WATERTOWN DRIVE BOYNTON BEACH FL 33437, Phone no 561-810-6078

May the IRS discuss this return with the preparer shown above? See instructions. Answer: Yes (X).