

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

2020Department of the Treasury
Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public
Inspection**

A For the 2020 calendar year, or tax year beginning <u>JAN. 01</u>		, 2020, and ending <u>December 31</u> , 2020	
B Check if applicable		C Name of organization <u>Teen Clean Closet</u>	
<input type="checkbox"/> Address change		Number and street (or P O box if mail is not delivered to street address) <u>5070 Elmhurst Ave</u>	
<input type="checkbox"/> Name change		Room/suite <u>04</u>	
<input type="checkbox"/> Initial return		E Telephone number <u>248-506-0788</u>	
<input type="checkbox"/> Final return/terminated		F Group Exemption Number <u>82-3005050</u>	
<input type="checkbox"/> Amended return		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <u></u>	
<input type="checkbox"/> Application pending		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

I Website: ► teencleancloset.com**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association 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

► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 1Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1083 20
	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
	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 0
	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 \$ 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 0	
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)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	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	15 198 99
	16 Other expenses (describe in Schedule O)	16 1701 50
	17 Total expenses. Add lines 10 through 16	17 1900 49
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -817 29
	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 4581 00
	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

P

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	2065	22 1247 91
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	3105 0	24 2400 00
25	Total assets	5170 0	25 3647.91
26	Total liabilities (describe in Schedule O)	589	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	4581 0	27 3647 91

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? to provide new toiletry and hygiene items at no cost

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others.)

28

?) (Grants \$) If this amount includes foreign grants, check here . . . ► 28a

29 [View all posts](#)

(Grants \$) If this amount includes foreign grants, check here . . . ► 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ▶ 31a

32 Total program service expenses (add lines 28a through 31a) ► 32

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated)

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 33

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

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

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 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 35c

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

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

b Did the organization file **Form 1120-POL** for this year? 37b

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

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

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

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 40c

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 40d

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

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 40f

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

42a The organization's books are in care of ► Kimberly Johnson Telephone no. ► 248-506-0788
Located at ► 5070 Elmhurst Ave, Royal Oak, MI ZIP + 4 ► 48073-1102 42b

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 ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

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 ► 42d

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

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

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

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 45b

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					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 46
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 <input type="checkbox"/>					?
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					Yes <input type="checkbox"/> No <input type="checkbox"/> 47
48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					Yes <input type="checkbox"/> No <input type="checkbox"/> 48
49a. Did the organization make any transfers to an exempt non-charitable related organization?					Yes <input type="checkbox"/> No <input type="checkbox"/> 49a
b. If "Yes," was the related organization a section 527 organization?					Yes <input type="checkbox"/> No <input type="checkbox"/> 49b
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."					?
(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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."					?
(a) Name and business address of each independent contractor		(b) Type of service	(c) Compensation		
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					Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>	Signature of officer Kimberly A Johnson		Date 3/4/2021		
Type or print name and title Kimberly A Johnson, vice president					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ►			Firm's EIN ►		
Firm's address ►			Phone no		
May the IRS discuss this return with the preparer shown above? See instructions ► Yes <input type="checkbox"/> No <input type="checkbox"/>					

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 ?	<p>Kimberly A Johnson</p> <p>Signature of officer</p> <p>Kimberly A Johnson, vice president</p> <p>Type or print name and title</p>	Date 3/4/2021
-------------	-------------------------------------------------------------------------------------------------------------------------------------	------------------

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

2020

Open to Public
Inspection

Name of the organization
Teen Clean Closet

Employer identification number
8230650500

Other expenses line 16-

\$ 589 00 yearly fixed expenses (website, domain name, corporate filing fee, post office box rental and Chamber membership)

\$82 99 Administration expense

\$50 00 support

\$979 51 requests and restocking of items for Closets

total of \$1701 50

Line 24B ~ other assets

\$200 00 fixtures and shelves

\$2200 00 addition to inventory

total of \$2400 00