EXTENDED TO NOVEMBER 15, 2023 Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	, EVEZ, and chung							
R	Check applies	if ble: C Name of organization	D Employer identification number					
	Acic	ress change						
	Nan	eschange GREY2K USA EDUCATION FUND, INC.	04-35	553133				
L		Number and street (or P.O. box if mail is not delivered to street address)	E Telephone r					
Ü	term	return/ P.O. BOX 122			(781)	488-3526		
	Ame	inded return City or town, state or province, country, and ZIP or foreign postal code	••		F Group Exem			
	App5	cation panding ARLINGTON, MA 02476			Number	ipaon		
G	Accou	nting Method; Cash Accrual Other (specify) MODIFIED C	ASH		H Check	If the organization is		
1	Webs	te: WWW.GREY2KUSAEDU.ORG			_	to attach Schedule B		
J	Tax-e	kempt status (check only one) — X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	•			
		of organization: X Corporation Trust Association Cithe		<u> </u>	(1 01111 000).			
L	Add lia	ies 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	re or if total	accete /Part I				
	colum	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-E7		•	· ·	132,534.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	lances (see the instra	ections for Part	<u>エンム,ソン性。</u> N		
		Check if the organization used Schedule 0 to respond to any question in this Part I						
	1	Contributions, gifts, grants, and similar amounts received	***********	***************************************	1	132,534.		
	2	Program service revenue including government fees and contracts		***************************************	2	104,004.		
	3	Membership dues and assessments	************	***************	3			
	4	Membership dues and assessments Investment income 43		*************	4	· · · · · · · · · · · · · · · · · · ·		
	5a	Gross amount from sale of assets other than inventory 5a						
	b	Less: cost or other basis and sales expenses 56						
	G	Coin or (loca) from only of coopin other than inventor. And the street of the		:: : : : : : : : : : : : : : : :				
	6	Gaming and fundraising events:		36				
0	a	Gross income from gaming (attach Schedule G if greater than						
Ē		\$15,000)	李凯亚					
Revenue	b	34	ontributions					
Œ	ĺ	from fundraising events reported on line 1) (attach Schedule G if the sum of such	Olidinations					
		gross income and contributions exceeds \$15,000)	1		(S.S.)			
	C	Lager direct aways from coming and five desiring specific						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			- 16161 ea			
	t t	Gross sales of inventory, less returns and allowances	1		6d			
	Ь	Less: cost of goods sold 7b			348			
	E	Gross profit or (loss) from sales of inventory (subtract line 75 from line 7a)						
	8	Other revenue (describe in Schedule O)	·····	•••••••	7c 8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	132,534.		
	10	Grants and similar amounts paid (list in Schedule 0)	************		10	134,334.		
	11	Benefits paid to or for members			11			
ø	12	Salaries, other compensation, and employee benefits		······································	12			
nses	13	Professional fees and other payments to independent contractors			13	2,755.		
Exper	14	Occupancy, rent, utilities, and maintenance			14	1,000.		
Ω	15	Printing, publications, postage, and shipping		**************	15	3,209.		
	16	Other expenses (describe in Schedule 0) SEE	SCHEDE	II'E U		122,964.		
	17	Total expenses, Add lines 10 through 16	18	129,984.				
	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))			1000	2,606.		
As:		(must agree with end-of-year figure reported on prior year's return)			19	53,825.		
Net Assets	20	Other changes in net assets or fund halances (explain in Schedule 0)			F	33,823.		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•••••		21	56,431.		
LH	4 For	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2022)		

CONTRACTOR OF	m 990-EZ (2022) GREY2K USA EDUCATION FUR art III Balance Sheets (see the instructions for Part I)		04-35531	.33 Page 2
	Check if the organization used Schedule O to r	espond to any questi	ion in this Part II		X
			(A) Beginning of year		nd of year
22	Cash, savings, and investments		51,636	. 22	55,140.
23	Land and buildings			23	
24	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE	0	2,189		1,291.
25			53,825		56,431.
26			00,029		0.
27		1)	53,825		56,431.
P	art III Statement of Program Service Accomplishm	ents (see the instruc	tions for Part III		XDenses
	Check if the organization used Schedule O to r				tpenses for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE		OTT III GEOT EITH	5U1(c)(3)	and 501(c)(4)
				organizati others.	ons, optional for
വജ്ച	cribe the organization's program service accomplishments for each of its three largest progr ner, describe the services provided, the number of persons benefited, and other relevant inf	um services, as measured by expensionation for each program title	ses. In a clear and concise	011615.	
	SEE SCHEDULE O		·	-	
20	DRE DCHEDONE O				
					
	40.066				
	(Grants \$ 40,266.) If this amount includes foreig	n grants, check here	······	X 28a	<u>126,930.</u>
29					
	(Grants \$) If this amount includes foreig	grants, check here		29a	
30					
	<u>.</u>				
	(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)		<u> </u>	32	126,930.
P.	List of Officers Directors Trustees and Key	Empleyees			
-	anchys List of Cinicers, Directors, Trustees, and Rey	Employees (list each one	even if not compensated -	see the instructions t	for Part IV)
<u></u>	Art V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to r	espond to any questi	even if not compensated - on in this Part N	sea tha instructions (for Part IV)
	Check if the organization used Schedule O to r	espond to any questi	on in this Part N	/	
	Check if the organization used Schedule O to r	espond to any questi (b) Average hours per week devoted to	on in this Part N	(d) Health benefits, contributions to	
	Check if the organization used Schedule O to r	espond to any questi (b) Average hours	on in this Part N (0) Reportable compensation (Forms W-2/1099-MISC/ 1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated
	Check if the organization used Schedule O to r	espond to any questi (b) Average hours per week devoted to	on in this Part N (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
<u>CH</u>	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK	espond to any questi (b) Average hours per week devoted to position	On in this Part IV (3) Reportable compensation (Forms W-2/1039-MSC/) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CH PR	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK RESIDENT AND TREASURER	espond to any questi (b) Average hours per week devoted to	on in this Part N (0) Reportable compensation (Forms W-2/1099-MISC/1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
CH PR CA	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK RESIDENT AND TREASURER AREY M. THEIL	espond to any questi (b) Average hours per week devoted to position 3.00	on in this Part IV. (2) Reportable compensation (Forms W-2/1059-MISC/1059-MISC/1059-NEC) (If not paid, enter -c-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CH PR CA VI	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK RESIDENT AND TREASURER AREY M. THEIL CCE PRESIDENT	espond to any questi (b) Average hours per week devoted to position	On in this Part IV (3) Reportable compensation (Forms W-2/1039-MSC/) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CH PR CA VI PA	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK RESIDENT AND TREASURER AREY M. THEIL CE PRESIDENT AULA B. BLANCHARD	(b) Average hours per week devoted to position 3.00	on in this Part N (c) Reportable compensation (Forms W-2/1059-MSC/) (of not paid, enter -a-) 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CH PR CA VI PA SE	Check if the organization used Schedule O to r (a) Name and title IRISTINE A. DORCHAK RESIDENT AND TREASURER AREY M. THEIL CE PRESIDENT AULA B. BLANCHARD ECRETARY	espond to any questi (b) Average hours per week devoted to position 3.00	on in this Part IV. (2) Reportable compensation (Forms W-2/1059-MISC/1059-MISC/1059-NEC) (If not paid, enter -c-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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Form 990-EZ (2022)

GREY2K USA EDUCATION FUND.

FOLU	1 990-67 (2022) GREYZK USA EDUCATION	FUND, INC.			<u>04-35531</u>		Page 4
						-	Ye	s No
46		rganization engage, directly or indirectly, in political campai		• •			- 1	
		omplete Schedule C, Part I					46	<u> </u>
1-8		Section 501(c)(3) Organizations Only						
		All section 501(c)(3) organizations must answer que						
		Check if the organization used Schedule O to respo	nd to any question in	this Part VI	***************************************			
a -y	File about	and the second of the second o	104 (113 - 11 - 11 - 1 - 1 - 14 - 14 - 14	* 		Г	Ye	s No
47		rganization engage in lobbying activities or have a section 5					_	
48	le the ore	omplete Sch. C, Part II panization a school as described in section 170(b)(1)(A)(ii)?) If Was I seems take Oaks.	»,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·····	47	X
	Did the n	rganization a school as described in section 170(b)(1)(A)(ii)) rganization make any transfers to an exempt non-charitable	r II res, companie Schel	idie E	51741		48	X
70E h	If "Vec " v	vas the related organization a section 527 organization?	reidien organizationir				49a 49b	X
50	Complete	this table for the organization's five highest compensated of	ernalovees (other than of	finers directo	are truetage and kave	molovees) who e		id moco
		0,000 of compensation from the organization. If there is no		inoro, un ook	naj a useaca, ente koji c	mpioyees/ wite ec	IGH I GUGIVE	M HIUIG
		(a) Name and title of each employee		age hours	(C) Reportable	(d) Health benefits	(e) Est	mated
		(-,		devoted to	compensation (Forms W-2/1099-MISC/	(d) Health benefits contributions to employee benefit	amount	
		NONE	pos	ition	1099-NEC)	plans, and deferred compensation	compe	nsation
							1	
					- Water Control of the Control of th			
							<u> </u>	
					B			
		10.						
							<u> </u>	
		nber of other employees paid over \$100,000	***************************************					
51		this table for the organization's five highest compensated i	ndependent contractors	who each rec	eived more than \$100,	000 of compensa	tion from t	he
		ion. If there is none, enter "None." NONE lame and business address of each independent contractor	·	-	A Trans of one day	1		
	(2)	tarre and outsiness address of each independent contractor) Type of service	(0) (ompensat	ion
			V			İ		
								
								
		-						
	-				**************************************			
d		nber of other independent contractors each receiving over \$			-y			
52		ganization complete Schedule A? Note: All section 501(c)(organizations must at	ach a				
		d Schedule A	***********		<u></u>		Yes [No_
		of perjury, declare that have examined this return, inclu-					ge and beli	ef, it is
true,	correct, a	nd complete Oeclaration of preparer (other than officer) is i	pased on all information	of which prep	arer has any knowledg	F		
Sig	-	Signature of officer				7-21-23 Date		
He		CHRISTINE A. DORCHAK, PRI	SIDENT					
		Type or print name and title	POTDEMI					
		Print/Type preparer's name Preparer's	sionature /	Date	Check] if PTIN		
~ ~ - •		RICHARD D. LOISELLE,	Al Anill	1.41	self- emplo	.		
Pai		CPA KNAP	WY HOUSE	06/3	1		5920	8
	parer Only	Firm's name LOISELLE & ASSOCIA	ATES, PC	, O /	Firm's EIN			
₩	- Oilly	Firm's address 1 BRIDGEVIEW CIRC			Phone no.			<u> </u>
		TYNGSBORO, MA 018						
May	the IRS di	scuss this return with the preparer shown above? See instri				X	Yes [
							orm 990- E	Z (2022)

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.

2022 2022

Open to Public Inspection

Schedule A (Form 990) 2022

Employer identification number Name of the organization GREY2K USA EDUCATION FUND, INC. 04-3553133 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 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) (IV) is the organization listed it your governing document? (vi) Amount of other (y) Amount of monetary (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Nο Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022 GREY2K USA EDUCATION FUND, INC. 04-35531
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.)

Sec	tion A. Public Support							
Cale:	ıdar 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 organ-	i			İ			
	ization's benefit and either paid to		j					
	or expended on its behalf							
3	The value of services or facilities							
	fumished by a governmental unit to							
	the organization without charge							
4	Total, Add lines 1 through 3							
	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			der Die				
	amount shown on line 11,							
	column (f)							
6	Public support Subtract line 5 from line 4.			en en en en en en en en en en en en en e				
	ction B. Total Support		ν,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4		`-	-				
	Gross income from interest,		1.					
	dividends, payments received on		· ,					
	securities loans, rents, royalties,			l . .				
	and income from similar sources		• •	(1) <u>(1)</u>				
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on			<u> </u>				
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							
	Gross receipts from related activities	, etc. (see instructi	ions)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,			501(c)(3)		
	organization, check this box and sto		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ction C. Computation of Pub					· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2022					14	%	
15	Public support percentage from 202	1 Schedule A, Part	t II, line 14			15	5/6	
iô	33 1/3% support test - 2022. If the							
	stop here. The organization qualifies	as a publicly supp	ported organization	ר				
ł	33 1/3% support test - 2021. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box	
	and stop here. The organization qua	diffes as a publicly	supported organiz	zation		••••		
17	10% -facts-and-circumstances tes	st - 2022. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the fac	ts-and-circumstan	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiza	ation	
	meets the facts-and-circumstances t	est. The organizati	ion qualifies as a p	ublicly supported	organization	,		
•	10% -facts-and-circumstances tes	st - 2021. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% ог	
	more, and if the organization meets t	the facts-and-circu	mstances test, ch	eck this box and s	top here. Explain	in Part VI how the		
	organization meets the facts-and-circ	cumstanceş test. T	The organization q	ualifies as a public	ly supported organ	nization		
18	Private foundation. If the organizati	on did not check a	<u>a box on line 13, 16</u>	Sa, 16b, 17a, or 17	b, check this box			
	Schedule A (Form 990) 2022							

Schedule A (Form 990) 2022 GREY2K USA EDUCATION FUND, INC. 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 no	ŧ					
include any "unusual grants.")	334,080.	120,670.	139,928.	124,763.	132,534.	851,97 <u>5</u> .
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-		•		-		
ization's benefit and either paid to or expended on its behalf						
	••					
5 The value of services or facilities furnished by a governmental unit t the organization without charge	σ					
6 Total. Add lines 1 through 5	334,080.	120,670.	139,928.	124,763.	132,534.	851,975.
7a Amounts included on lines 1, 2, an	nd					_
3 received from disqualified person	ns					0.
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						_
emount on line 13 for the year			•	,		0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)				Paggaraga Pri		851,975.
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	334,080.	120,670.	139,928.	124,763.	132,534.	851,975.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			'		_	
b Unrelated business taxable income				·		•
(less section 511 taxes) from business acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine 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.)			100			
13 Total support. (Add lines 9, 10c, 11, and 1	2) 334,080.	120,670.	139,928.	124,763.	132,534.	851,975.
14 First 5 years. If the Form 990 is for	or the organization's f	irst, second, third,	fourth, or fifth tax	year as a section :	501(c)(3) organizat	ion,
check this box and stop here	***************************************					
Section C. Computation of Pu	ublic Support Pe	rcentage				
15 Public support percentage for 202	22 (line 8, column (f),	divided by line 13,	column (f))		15	100.00 %
16 Public support percentage from 2	021 Schedule A, Pari	t III, line 15			16	100.00 %
Section D. Computation of In	vestment Incom	e Percentage	·			
17 Investment income percentage fo	r 2022 (l ine 10c, colu	mn (f), divided by !	ine 13, column (f))		17	.00 %
18 Investment income percentage from	om 2021 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2022. If	the organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this bo	x and stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	LX_
b 33 1/3% support tests - 2021. If	the organization did	not check a box o	n line 14 or line 19:	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%,	check this box ands	top here. The orga	inization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organiz	ation did not check a	, box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22					Schedule /	A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? if "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? if "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	10b		

Par	Supporting Organizations (continued)	<u> </u>
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described 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? If "Yes" to line 11a, 11b, or 11c, provide	BREST TRANSPORT
	detail in Part VI.	110
Sec	tion 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? If "No," describe in Part VI how the supported organization(s)	
	officially operated, supervised, or controlled the organization's activities, it the organization had more than one supported	
	proprietion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	格表表其中其中的中国专家
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? if "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100000000000000000000000000000000000000
	supervised, or controlled the supporting organization.	1 2
Sec	tion C. Type II Supporting Organizations	Yes No
	the Standard	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	Product of LONG delication
	the supported organization(s).	<u> </u>
<u>500</u>	tion D. All Type III Supporting Organizations	Yes No
	the fifth month of the	
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, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the	
	year, (ii) a copy of the Form 990 that was most recently flied 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
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
_	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	
3	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported prognizations played in this regard.	3
Sec	ction 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 yea(see instruction	ıs).
, 5	The organization satisfied the Activities Test. Complete line 2 below.	
Ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.	
-	The state of the second state of the second	instructions).
2	Activities Test. Answer lines 2a and 2b below.	Yes No
2	. 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? 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	61060 Bes 688
	that these activities constituted substantially all of its activities.	2a
1	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? If "Yes," explain in	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b
	these activities but for the organization's involvement.	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
	of its supported organizations? If "Yes," describe in Fair vi the fole played by the organizations?	

	tule A (Form 990) 2022 GREY2K USA EDUCATION FU Type III Non-Functionally Integrated 509(a)(3) Supporting	ND, I		1-3553133 Page 6
Par	Check here if the organization satisfied the Integral Part Test as a qualifying	a must or	Nov. 20, 1970 (avoisin in Pa	art VI) See instructions
1	Check here if the organization satisfied the integral Part Lest as a qualifying	t semelet	o Soctions A through F	11 try. occ (1100 doctorio)
Secti	All other Type III non-functionally integrated supporting organizations must on A - Adjusted Net Income	Complet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5_		
	Portion of operating expenses paid or incurred for production or			
Ū	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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	487		
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
~	(explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3_		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion 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	A Section D. Line C. column A	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
8	Distributable Amount, Subtract line 5 from line 4, unless subject to			:[
_	emergency temporary reduction (see instructions).	6		<u> </u>
7	The state of the s	nally integ	rated Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

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FORM	Asset No.				William William	Esta Esta		<u> </u>	<u> </u>	\$5,533 2,536	228

SCHEDULE O (Form 990)

232211 10-28-22

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number GREY2K USA EDUCATION FUND 0.4 - 3553133

GREY2K USA EDUCATION FUND, INC.	04-3553133
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK AND CREDIT CARD SERVICE FEES	251.
DONATIONS TO ADOPTION GROUPS	40,266.
OFFICE EXPENSES	13,463.
PUBLIC EDUCATION	32,562.
REPORTING FEES	88.
RESEARCH	32,277.
WEBSITE	3,159.
<u>DEPRECIATION</u>	898.
TOTAL TO FORM 990-EZ, LINE 16	122,964.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF	YEAR END OF YEAR
OTHER DEPRECIABLE ASSETS 2	2,189. 1,291.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE GREY	2K USA EDUCATION
FUND IS AN ALL-VOLUNTEER 501(C)3 ORGANIZATION DEDICATED	TO HELPING
GREYHOUNDS. THE ORGANIZATION WORKS TO SPONSOR GREYHOUND	S AS THEY ARE
RELEASED FROM CLOSING RACETRACKS, RESEARCHES THE PARI-MU	TUEL INDUSTRY
AND EDUCATES THE PUBLIC ABOUT THE CRUELTY OF DOG RACING.	THE
ORGANIZATION'S OVERALL MISSION IS TO SPREAD THE WORD ABO	OUT THESE GENTLE
DOGS AND TO PROMOTE ADOPTION EFFORTS NATIONWIDE.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENTS:
THE GREY2K USA EDUCATION FUND IS AN ALL-VOLUNTEER 501(C) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	3 Schedule O (Form 990) 2022
DIA FOI Faperwork neglicitori Act Notice, see the districtions for Form 990 or 990-EA.	Constant of the most seek

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
GREY2K USA EDUCATION FUND, INC.	04-3553133
ORGANIZATION DEDICATED TO HELPING GREYHOUNDS. THE	
ORGANIZATION WORKS TO SPONSOR GREYHOUNDS AS THEY ARE	
RELEASED FROM CLOSING RACETRACKS, RESEARCHES THE PARI-MUT	UEL INDUSTRY
AND EDUCATES THE PUBLIC ABOUT THE CRUELTY OF DOG RACING.	THE
ORGANIZATION'S OVERALL MISSION IS TO SPREAD THE WORD ABOU	IT THESE GENTLE
DOGS AND TO PROMOTE ADOPTION EFFORTS NATIONWIDE.	
•	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEI	FIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	IUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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232212 10-28-22	Schedule O (Form 990) 2022