

Nonprofit Explorer

Research Tax-Exempt Organizations

EMPOWERED TO CONQUER YOUTH CONFERENCE

BESSEMER, AL 35022-6452 | TAX-EXEMPT SINCE JAN. 2012

Full text of "Full Filing" for fiscal year ending Dec. 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.

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efile Public Visual Render

ObjectID: 202140909349200134 - Submission: 2021-03-31

Form 990EZ

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)

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.

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable:

- Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: Empowered to Conquer Youth Conferences Inc. Number and street (or P. O. box, if mail is not delivered to street address): 3054 Morgan Road. Room/suite: Bessemer, AL 35022

D Em 80 E Tele F Gro Nur

G Accounting Method: Cash Accrual Other (specify)

H Check required to attach (Form 990, 990-

I Website: www.empowered2c.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (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 (file Form 990 instead of Form 990-EZ \$ 72,005

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

Table with 11 rows for revenue and expenses. Includes sub-rows for gaming and fundraising events, and inventory sales. Total revenue is reported on line 9.

Table with 2 rows for grants and benefits. Line 10: Grants and similar amounts paid. Line 11: Benefits paid to or for members.

Expenses	12	Salaries, other compensation, and employee benefits	1
	13	Professional fees and other payments to independent contractors	1
	14	Occupancy, rent, utilities, and maintenance	1
	15	Printing, publications, postage, and shipping	1
	16	Other expenses (describe in Schedule O)	1
	17	Total expenses. Add lines 10 through 16	1
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1
	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)	1
	20	Other changes in net assets or fund balances (explain in Schedule O)	2
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	2

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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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
22 Cash, savings, and investments	4,318
23 Land and buildings	
24 Other assets (describe in Schedule O)	
25 Total assets	4,318
26 Total liabilities (describe in Schedule O).	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,318

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?

ETC is a non-profit , 501 c 3 organization dedicated to empowering towards purpose Led by a dedicated board of directors, our volunteer leadership team serves students to instill the following principles: faith, education and relationships.

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.

28 Limitless Groups Mentoring and Scholarships	(Grants \$ 3,723)	If this amount includes foreign grants, check here <input type="checkbox"/>
29 Limitless Retreats	(Grants \$ 2,747)	If this amount includes foreign grants, check here <input type="checkbox"/>
30 Protective Life Foundation	(Grants \$ 953)	If this amount includes foreign grants, check here <input type="checkbox"/>
Limitless Groups	(Grants \$ 15,349)	If this amount includes foreign grants, check here <input type="checkbox"/>
Community Foundation Grant	(Grants \$ 12,271)	If this amount includes foreign grants, check here <input type="checkbox"/>
COVID-19 Serving Opportunities	(Grants \$ 6,445)	If this amount includes foreign grants, check here <input type="checkbox"/>
31 Other program services (describe in Schedule O)	(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>
32 Total program service expenses (add lines 28a through 31a)		

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated see the instructions for Part I)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to empl benefit plans, and
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		(if not paid, enter -0-)	deferred compensat
Jeff Jones Chairman	2.00	0	
Meesha Emmett Chairman	2.00	0	
Dr Tamara Donaldson Chairman	2.00	0	
Ericka McCarroll Director	2.00	0	
Grace Dugger Director	2.00	0	
Brittany Hogan Executive Dir.	10.00	0	
Jennifer Little Director	10.00	0	
Latreyana Willoughby Director	2.00	0	
Warren Austin Director	2.00	0	
Sharity Jones Director	10.00	0	

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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
- 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.
- 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)?
- 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
- 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
- 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
- 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?
- 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?
- b** If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**
- 39** Section 501(c)(7) organizations. Enter:

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

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

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

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

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

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

42a The organization's books are in care of Telephone

Located at ZIP + 4

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).

c At any time during the calendar year, did the organization maintain an office outside the U.S.?

If "Yes," enter the name of the foreign country:

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

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

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

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

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

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

45b 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)

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.

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

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

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key em 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 empl benefit plans, and def compensation
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 \$100,0 organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service
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


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

Sign Here	Signature of officer	2021-03-26
	Brittany Hogan Executive Director Type or print name and title	Date

Paid	Print/Type preparer's name Danielle Ridgeway	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
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**Preparer
Use Only**

Firm's name  Covering Your Assets LLC	FIRM'S EIN  83-J
Firm's address  413 16th Street N Birmingham, AL 35203	Phone no. (205) 4

May the IRS discuss this return with the preparer shown above? See instructions  **Yes**

Additional Data

Software ID: 20011566
Software Version: 2020v4.0

Form 990-EZ, Special Condition Description:

Special Condition Description

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