

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable:	C Name of organization THE NORTH AMERICAN LIAISON BUREAU, INC. Doing business as EDUCATION CONGO Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2216 ELGIN ROAD City or town, state or province, country, and ZIP or foreign postal code WINSTON SALEM, NC 27103 F Name and address of principal officer: RONNY FARMER PO BOX 1173, LAMAR, CO 81052	D Employer identification number 59-3541955 E Telephone number 904-600-4123 G Gross receipts \$ 272,251. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.EDUCATIONCONGO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: EDUCATIONAL SUPPORT		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 182,258.	Current Year 239,202.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,892.	33,049.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,150.	272,251.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	93,411.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,561.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,468.	40,093.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		157,879.	187,068.
19 Revenue less expenses. Subtract line 18 from line 12	70,271.	85,183.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,229,480.	End of Year 2,747,018.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,229,480.	2,747,018.

Part II Signature Block

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	Date 1/31/22
	Type or print name and title RONNY FARMER, TREASURER	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM T. ABARE III, CPA	Preparer's signature	Date 01/26/22	Check <input type="checkbox"/> if self-employed	PTIN P00120073
	Firm's name ▶ ABARE, KRESGE & ASSOCIATES CPAS	Firm's EIN ▶ 32-0025877		Phone no. 904-460-0747	
	Firm's address ▶ 1200 PLANTATION ISLAND DRIVE ST. AUGUSTINE, FL 32080				

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