Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	BOXERWOOD EDUCATION ASSOCIATION 963 ROSS ROAD LEXINGTON, VA 24450
Prepared by	RAETZ & HAWKINS PC CPAS 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Fo

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	${\sf JUL}$	1	, 2021, and ending	JUN	30	, 20 2 2

2

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN BOXERWOOD EDUCATION ASSOCIATION 54-1937944 BLAKE SHESTER Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _____ **1b** Form 990 check here _____ > X 1a 2a Form 990-EZ check here За Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a 7a Form 4720 check here Form 5227 check here > 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds within any delay in the tax proposition software for payment of the federal taxes even within the control to the federal taxes even and the entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize RAETZ & HAWKINS PC CPAS 26937 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54233984879 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 54-1937944 BOXERWOOD EDUCATION ASSOCIATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 963 ROSS ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 24450 LEXINGTON, VA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 EMILY KOHL The books are in the care of ▶ 963 ROSS ROAD - LEXINGTON, VA 24450 Telephone No. ► 540-463-2697 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.

EXTENDED TO MAY 15, 2023

Form **990**

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/Form990 for instructions and the latest information. ax year beginning JUL 1 , 2021 and ending JUN 30 . and ending JUN 30

Open to Public Inspection

BOXERWOOD EDUCATION ASSOCIATION Second Property				ending C	1	
Sumble Section Sect	В	Check if applicab	C Name of organization		D Employer identifi	cation number
Disrip Dusiness as Marber and street (or P.O. box if mail is not delivered to sheet address) Sacratic Sac						
Number and street (of P.U. box if mail is not deleted at 5 street aboriess) Scale		Name chang	Doing business as		7 54-19379	44
963 ROSS ROAD 540-463-2697		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
City or town, state or province, country, and 2/P or foreign postal code City or town, state or province, country, and 2/P or foreign postal code City or town, state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or town state or province, country, and 2/P or foreign postal code City or foreign postal code		Final	963 ROSS ROAD			
Table Tab		termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	521,454.
SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ▼ (insert no.) 4947(a)(1) or 527		lreturn	DEXINGION, VA 24450		H(a) Is this a group re	
Tax exampts tatus		Applie			for subordinates	? Yes X No
Website:			SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
Form of organization:				or 527	If "No," attach a	list. See instructions
Part Summary						
Briefly describe the organization's mission or most significant activities: TO EDUCATE AND INSPIRE PEOPLE OF ALL AGES TO BECOME ENVIRONMENTALLY RESPONSIBLE STEWARDS OF THE				L Year	of formation: 1999	State of legal domicile: VA
ALL AGES TO BECOME ENVIRONMENTALLY RESPONSIBLE STEWARDS OF THE 2 Check this box ▶	P	art I	Summary			
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ø	1	Briefly describe the organization's mission or most significant activities: TO El	DUCATE	E AND INSPIR	E PEOPLE OF
B Net unrelated business taxable income from Form 990-T, Part I, line 11	auc					
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ern	2	·	sed of more	ı	
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Š	3				
B Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>«</u>	4				
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ies	5				
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Ĭ		Total number of volunteers (estimate if necessary)		<u>6</u>	
B	Act					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 28 Jignature 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 prepare (other than officer) is based on all information of which preparer has any knowledge. Preparer USE ONLY Firm's address 128 SOUTH RANDOLPH STREET Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no. 540-463-7121	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
9	enne					
1		8				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9				
1	Ŗ	10				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	11				
14 Benefits paid to or for members (Part IX, column (A), line 4) 240 , 861 . 311 , 512 .						
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 240,861. 311,512.		13				
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 .		14			_	
To the expenses (Part X, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Firm's name RAETZ & HAWKINS PC CPAS Firm's name RAETZ & HAWKINS PC CPAS Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no. 540-463-7121	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
To the expenses (Part X, column (A), lines 11a-11d, T17-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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	ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
To the expenses (Part X, column (A), lines 11a-11d, 111-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Firm's name RAETZ & HAWKINS PC CPAS Firm's name RAETZ & HAWKINS PC CPAS Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no. 540-463-7121	Ϋ́	b			104 117	145 040
19 Revenue less expenses. Subtract line 18 from line 12 228,918. 58,440.	_	17				
Beginning of Current Year End of Year 752,264. 814,645. 814,645. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 175,955. 179,896. 17						
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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Preparer USE ONLY Firm's name RAETZ & HAWKINS PC CPAS Firm's elln > 54-1298267 Phone no. 540-463-7121		19	Revenue less expenses. Subtract line 18 from line 12			
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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer LUCAS C PENIX Preparer UCAS C PENIX Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no.540-463-7121	SOI			Ве	eginning of Current Year	
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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name Preparer LUCAS C PENIX Preparer UCAS C PENIX Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no.540-463-7121	SSE	20	, , , , , , , , , , , , , , , , , , , ,			
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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Preparer USE ONLY Firm's name RAETZ & HAWKINS PC CPAS Firm's elln > 54-1298267 Phone no. 540-463-7121	et A	21	, , , , , , , , , , , , , , , , , , , ,			
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 BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Preparer Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Print/Type or print name and title Print/Type preparer's name LUCAS C PENIX Preparer Firm's name RAETZ & HAWKINS PC CPAS Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no.540-463-7121		22 0rt II			5/6,309.	634,749.
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Sign Here Signature of officer Date						y kilowieuge allu bellet, it is
Here BLAKE SHESTER, PRESIDENT Type or print name and title Print/Type preparer's name LUCAS C PENIX Preparer Use Only BLAKE SHESTER, PRESIDENT Type or print name and title Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Firm's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no.540-463-7121	uut	, corre	5., and complete. Decial attorn of preparer (other than officer) is based on an information of wi	non preparei	I ilas ally kilowieuge.	
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Print/Type preparer's name LUCAS C PENIX Preparer Brim's name RAETZ & HAWKINS PC CPAS Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Preparer's signature Date Check Firm's Check Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.540-463-7121	пе	re				
Paid LUCAS C PENIX			, · · ·		Date Chark	PTIN
Preparer Use Only Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Firm's address Phone no.540-463-7121	Pai	d			if	
Use Only Firm's address 128 SOUTH RANDOLPH STREET LEXINGTON, VA 24450-0916 Phone no.540-463-7121					Self-employ	
LEXINGTON, VA 24450-0916 Phone no. 540-463-7121					THIII S LIN	
	200				Phone no 54	0-463-7121
	Ma	v the I	•		11 /10/10 110.5 1	X Yes No

orm	1990 (2021) BOXERWOOD EDUCATION ASSOCIATION	54-1937944	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO EDUCATE AND INSPIRE PEOPLE OF ALL AGES TO BECOME	ENVIRONMENTALLY	
	RESPONSIBLE STEWARDS OF THE EARTH.		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	X No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces as measured by expenses	:
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.	to others, the total expenses, t	arid
4a	210 700	(Revenue \$ 120,	428.)
·u	EDUCATION PROGRAMS - CONDUCTS ENVIRONMENTAL LEARNING		,
		LOCAL SCHOOLS A	ND
	ADULT EDUCATION PROGRAMS. A PORTION OF THE FUNDING		
	EDUCATION IS USED IN MAINTENANCE OF THE GARDENS AND		E
		L CAMPUS IS AN	
	INTEGRAL PART OF EDUCATIONAL PROGRAMMING.		
4b	(Code:) (Expenses \$ 85,315 • including grants of \$	(Davido 6	211.)
40	(Code:) (Expenses \$ 55,315 including grants of \$) GARDENS & PHYSICAL FACILITIES - ARBORETUM & HORTICUL		<u> </u>
	ROBERT S MUNGER MD. CONSERVATION AND ENVIRONMENTAL		
	PRACTICES ARE MODELED FOR THE PUBLIC THROUGHOUT THE		TTNG
	SYSTEMS, SOLAR ARRAYS, RAIN GARDENS, SWALES, ETC.	CHOOMED: COM OF	
	DISTERNO, BOERN INITIALIS, INTERNO, SWILLIS, ETC.		
4c	(Code:) (Expenses \$ 21 , 790 • including grants of \$)	(Davisson 6	``
40	(Code:) (Expenses \$ 21,790 including grants of \$) COMMUNITY ENRICHMENT OUTREACH PROGRAMS - EVENTS INCL	(Revenue \$,
	CONCERTS, PLAYS, PERFORMANCES, AND FAMILY FUN.	ODING TENTIVALD	<u>, </u>
	CONCERTO, I HAID, I ERFORMANCED, AND FAMILII FOR.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ \text{including grants of \$} \text{(Revenue \$})	
4e	Total program service expenses ▶ 325,805.		

Form 990 (2021) BOXERWOOD EDIT Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		. v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
) 01	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		000	

Form 990 (2021) BOXERWOOD EDUCATIO

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contouring to Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			1.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

021) BOXERWOOD EDUCATION ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0							
	filed for the calendar year ending with or within the year covered by this return	2a	17		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S				v				
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x				
L	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accour	ıt) ?	4a						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	to (EDAD)							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?			7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•							
				8						
9	Sponsoring organizations maintaining donor advised funds.									
a				9a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand					37				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4-		v				
	excess parachute payment(s) during the year?			15		X				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t ince	mo?	16		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Ves." complete Form 4720. Schedule O	it iricor	IIC!	16		- 23				
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									
	·									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 12						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37				
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v			
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		^			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х			
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		22			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
		16b					
<u>S</u>	exempt status with respect to such arrangements? tion C. Disclosure	IOD					
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►VA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	l avail	ahle			
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	avalle	aDIC.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial				
	statements available to the public during the tax year.	u miai	.o.ai				
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	EMILY KOHL - 540-463-2697						
	963 ROSS ROAD, LEXINGTON, VA 24450						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle cer ar	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) EMILY KOHL	25.00							10 651	_	
EXECUTIVE DIRECTOR	0.00	Х						12,651.	0.	0.
(2) BLAKE SHESTER	0.00	١								•
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) CRAIG VINECOMBE	0.00	١,,		,,						0
SECRETARY	0.00	Х		Х				0.	0.	0.
(4) SCOTT SHANK	0.00	Į.,		7.					_	0
TREASURER	0.00	Х		Х				0.	0.	0.
(5) JIM KVACH	0.00	x						0.	0.	0.
MEMBER (6) RYAN BRINK	0.00	^						0.	0.	0.
(6) RYAN BRINK MEMBER	0.00	X						0.	0.	0.
(7) TASHA WALSH	0.00	^						0.	0.	0.
MEMBER	0.00	X						0.	0.	0.
(8) PETER GRUNER	0.00	12						0.	0.	•
MEMBER	0.00	x						0.	0.	0.
(9) KERI GOULD	0.00							•	•	
MEMBER		x						0.	0.	0.
(10) MATT CRANCE	0.00									
MEMBER		x						0.	0.	0.
(11) DAVE BRYER	0.00									
MEMBER		Х						0.	0.	0.
(12) TAMARA TEAFF	0.00									
MEMBER		Х						0.	0.	0.
(13) KIM HODGE	0.00									
MEMBER		Х						0.	0.	0.
				L						
		L								
]								
		<u> </u>								
		4								

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director ogb)	not c	Pos heck ss pe	c) ition more erson		one h an itee)	(D) Reportable	(E) Reportable compensation from related organizations (W-2/1099-MIS 1099-NEC)	3	com fr org	(F) atimate nount of other pensa om the anization relate anization	of ition e ion ed
			_			×	1 0							
1b :	Subtotal		<u> </u>					▶	12,651.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Fotal (add lines 1b and 1c) Fotal number of individuals (including but n							<u> </u>	12,651.	000 of rapartable	0.			0.
	compensation from the organization	ot iimited to tr	iose	IISLE	eu ai	DOV	e) wi	101	eceived more than \$100	,000 of reportable	e 			C
	S. I.												Yes	No
	Did the organization list any former officer, ine 1a? <i>If</i> "Yes," complete Schedule <i>J for</i> s								gnest compensated emp			3		Х
4	For any individual listed on line 1a, is the suand related organizations greater than \$150	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		Х
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com on B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation	rom	
t	he organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir		year.				
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	services	C)) ompe		n
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received m	nore than				
												_	000 //	

BOXERWOOD EDUCATION ASSOCIATION

Form 990 (2021) BOXERWOO
Part VIII Statement of Revenue

		Check if Schedule O	contair	ns a response	or note to any lin	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				···	13,135.				
Ę,				···· ···	.,				
ar A				····					
3, Bii,G				··· 					
Sir		All other contributions, gifts,							
ig je	•	similar amounts not included			356,910.				
등급				···	2,889.				
ξE	g					370,045.			
9 0	<u>n</u>	Total. Add lines 1a-1f				370,043.			
		COHOOT C			Business Code	98,753.	00 752		
ice		SCHOOLS	TDD	TINT	900099		98,753.		
Program Service Revenue	b	CAMP FEES CHI	.LDK	EN	900099	20,734.	20,734.		_
n S	С								
Ze.	d								
5	е								
۵ ا	f	All other program service	revenu	ıe	900099	6,752.	6,752.		
\Box	g	Total. Add lines 2a-2f				126,239.			
	3	Investment income (include	vidends, intere	est, and					
		other similar amounts)			>	60.			60.
	4	Income from investment of	of tax-e	xempt bond p	oroceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	6,546.					
	b	Less: rental expenses	6b	6,175.					
	С	Rental income or (loss)	6c	371.					
	d	Net rental income or (loss)		•	371.	400.	-29.	
		Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	_{7a}	()	()				
	h	Less: cost or other basis	1"						
<u>o</u>	b	and sales expenses	76						
eur	_		7b 7c						
ther Revenue		Gain or (loss)							
놂		Net gain or (loss)							
Ĕ	8 а	Gross income from fundraisi		· I					
٦		including \$		of					
		contributions reported on		·	10 564				
		Part IV, line 18			18,564. 87.				
		Less: direct expenses			07.	10 477			10 477
		Net income or (loss) from				18,477.			18,477.
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
	С	Net income or (loss) from	gamin	g activities					
	10 a	Gross sales of inventory,	less re	turns					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales o	of inventory					
s					Business Code				
og e	11 a								
ane	b	•							
Miscellaneous Revenue	С			-					
Aisc	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				515,192.	126,639.	-29.	18,537.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	<u>'</u>		<u> </u>	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 651	0 055	1 000	1 000
_	trustees, and key employees	12,651.	8,855.	1,898.	1,898.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	272,168.	190,518.	40,825.	40,825.
7	Other salaries and wages	414,100.	190,310.	40,043.	40,043.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,761.	1,233.	264.	264.
10	Payroll taxes	24,932.	17,452.	3,740.	3,740.
11	Fees for services (nonemployees):	21,3323	27,1021	377233	3,7100
	Management				
	Legal				
	Accounting	3,800.		3,800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	13,973.	13,973.		
12	Advertising and promotion	5,050.	699.	429.	3,922.
13	Office expenses	5,277.		5,277.	
14	Information technology				
15	Royalties	0.7.460	10 000	F 401	
16	Occupancy	27,460.	19,222.	5,481.	2,757.
17	Travel	29,662.	26,260.	3,402.	_
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,293.	5,293.		
20	Interest Payments to offiliates	3,433.	3,433.	+	
21	Payments to affiliates Depreciation, depletion, and amortization	16,939.	11,271.	5,668.	
22 23	Incurance	7,911.	6,410.	1,501.	
23 24	Other expenses, Itemize expenses not covered	.,,,,,,,	0,110	2,3010	
<u> </u>	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EXPENSES	22,770.	22,770.		
b	STAFF DEVELOPMENT	2,641.	1,849.	396.	396.
C	EVENT EXPENSES	1,875.			1,875.
d	PRINTING	920.		920.	<u>-</u>
е	All other expenses	1,669.		1,669.	
25	Total functional expenses. Add lines 1 through 24e	456,752.	325,805.	75,270.	55,677.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (0004)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	201,734.	1	201,295.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	24,991.	4	94,460.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial cor	ntributor, or 35%			
		controlled entity or family member of any of th	ese persons	s		5	
	6	Loans and other receivables from other disqua	alified perso	ns (as defined			
ts		under section 4958(f)(1)), and persons describ	ed in sectio	n 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
∢	9	Prepaid expenses and deferred charges			1,189.	9	9,166.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		718,881.			
	b	Less: accumulated depreciation	10b	209,268.	524,239.	10c	509,613.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	111.	12	111.		
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			752,264.	16	814,645.
	17	Accounts payable and accrued expenses	3,075.	17	16,075.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	_
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u> ia</u>		controlled entity or family member of any of th			166 153	22	156 051
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	166,153.	23	156,051.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin			6 727		7 770
		of Schedule D		_	6,727. 175,955.	25	7,770. 179,896.
	26	Total liabilities. Add lines 17 through 25			113,933.	26	179,090.
8		Organizations that follow FASB ASC 958, cl	neck nere				
ů	07	and complete lines 27, 28, 32, and 33.			449,857.	27	541,631.
3ale	27 28	Net assets with donor restrictions			126,452.	28	93,118.
βE	20	Net assets with donor restrictions Organizations that do not follow FASB ASC			120,432.	20	73,110.
Ξ			956, Check	t nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	le.	-		29	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or c				30	
4ss	30					31	
et/	31	Retained earnings, endowment, accumulated			576,309.	31	634,749.
Z	32	Total liabilities and not assets/fund balances			752,264.	33	814,645.
	33	Total liabilities and net assets/fund balances			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	აა	014,040.

Form **990** (2021)

Form	1 990 (2021) BOXERWOOD EDUCATION ASSOCIATION	54-1937	944	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92.
2	Total expenses (must equal Part IX, column (A), line 25)	2			52.
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57	5,3	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	63	1,7	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BOXERWOOD EDUCATION ASSOCIATION Employer identification number 54-1937944

Pa	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	orgar	nization is not a private found	dation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organiz					-	the hospital's name	
_	ш	•	ation operated in co	njunction with a nospital	described	a iii Sectio	ii iro(b)(i)(A)(iii). Liitei	the nospital s hame,	
_		city, and state:				L		1 %-	
5		An organization operated for		liege or university owner	or opera	ted by a g	overnmental unit descri	bea in	
		section 170(b)(1)(A)(iv). (C							
6	Н	A federal, state, or local go	-						
7		An organization that norma	ılly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or	
		university:							
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from o	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Con		(1000 00011011 0111 taxly III	om baomo	oooo aoqo	mod by the organization	artor dario do, roro.	
11		An organization organized		ively to test for public sa	fety See	section 50	19(a)(4)		
12		An organization organized a	•		•			nurnoses of one or	
12		more publicly supported or	•	•	•		•	• •	
		* * * * * * * * * * * * * * * * * * * *	-					DIRECK THE DOX OH	
_		lines 12a through 12d that				•		. at ta	
а	· L	☐ Type I. A supporting organization.	•	•					
		the supported organization			a majority o	of the dire	ctors or trustees of the s	supporting	
		organization. You must c							
b)	☐ Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
C	: L	$oldsymbol{ol}}}}}}}}}} $	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
c	ı 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	•	-					
		functionally integrated, or					31 / 31 / 31		
f	Ente	er the number of supported of	* *	,					
		vide the following information							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))		1.10			
Tot	al								

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished 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						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	,	, ,	, ,	<u> </u>	` ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
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	ons)			12	
	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stop						
Sed	tion C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			>
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin			
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	ualifies as a publicl	y supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶ 🗌

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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,) = 0 1 1	(10) 20 10	(0) 20 10	(4) 2020	(0) = 0 = 1	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")	301,687.	190,325.	202,471.	491,667.	388,608.	1574758.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				-		
	organization's tax-exempt purpose	95,402.	152,869.	73,370.	86,514.	126,239.	534,394.
3	Gross receipts from activities that are not an unrelated trade or business 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 to						
^	the organization without charge	397,089.	343,194.	275,841.	578,181.	514,847.	2109152.
	Total. Add lines 1 through 5	391,009.	J4J,1J4•	41J,041.	370,101.	J14,04/•	<u> </u>
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2109152.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 343, 194.	(c) 2019 275,841.	(d) 2020 578,181.	(e) 2021 514,847.	(f) Total 2109152.
9	Amounts from line 6	397,089.	343,194.	275,841.	578,181.	514,847.	2109152.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,674.	6,505.	6,791.	6,447.	6,606.	33,023.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	6,674.	6,505.	6 701	6 117	6 606	33,023.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0,0/4.	6,505.	6,791.	6,447.	6,606.	33,023.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	403,763.	349,699.	282,632.	584,628.	521,453.	2142175.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	98.46 %
	Public support percentage from 2020					16	98.31 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	1.54 %
18	Investment income percentage from 2					18	1.69 %
	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	▶ X
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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?
- 6 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.)

	Yes	No
1		
2		
_		
3a		
3b		
Зс		
4a		
48		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> , 1, 0 0		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)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
000	tion of Type it Supporting Organizations		Yes	No
	Managarania, af the conscinction is directors on two stage of wines the terror of the conscinction of the directors		res	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	4		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. All Type III Supporting Organizations			
			Yes	No
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, (ii) a copy of the Form 990 that was most recently filed 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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			
0	supported organizations played in this regard.	3		
	tion 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 instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Sche		CATION ASSOCIA			4-1937944 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
C	From 2018				

d From 2019e From 2020

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

f Total of lines 3a through 3e

Part VI. See instructions.

g Applied to underdistributions of prior yearsh Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

i Carryover from 2016 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOXERWOOD EDUCATION ASSOCIATION

Employer identification number 54-1937944

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	•	I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by tr	ne organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is leasted	
4 5	Does the organization have a written policy regarding the peri		f
3	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	tan and volunteer nears devoted to morntoning, inspecting,	mandling of violations, and emorning co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
•	\$	ing of violations, and officially concert	ation outsine during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	C	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or G	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	/// A		•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	ner similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's co	ollection?			\square	Yes	No_
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, I	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not i	included			
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f		-1	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabili	ty?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		6								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizat	tion	г	
	by:								- t	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizar	•							3b	
4 Do:	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm		0 D4 N	/ Uma dda C	Saa Fawa 00	0 David V	i 10			
	Complete if the organization answered									
	Description of property	(a) Cost or o			or other	, , ,	cumulated		(d) Book	value
		basis (investr	nent)		(other)	аер	reciation		20/	1,775.
	Land				4,775. 5,074.	1	QE 2E	6		$\frac{1,775}{9,718}$
	Buildings			40	5,0/4.		85,35	٠.	Z T 2	, / <u>10</u> •
	Leasehold improvements			2	6,163.		21,07	2		,090.
	Equipment				2,869.		2,83			30.
	Other		V = -1	(D) // - : - :			4,03	•	500	,613.
Iota	I. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part	x, colur	nn (B), line 1	ı uc.)			<u> </u>	505	,, UIJ.

Schedule D (Form 990) 2021 BOXERWOOD ED	UCATION ASS	OCIATION 5	4-1937944 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 N / I'	11 0 5 000 5 17 1 10	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 000 Port IV lin	a 11d See Form 000 Part V line 15	
	escription	e Tru. Gee Form 990, Part A, line 13.	(b) Book value
	езсприон		(b) book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X. line 2	25.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , ,	(b) Book value
(1) Federal income taxes			
(2) PAYROLL TAXES PAYABLE			7,770.

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 7,770 •

 (2) PAYROLL TAXES PAYABLE
 7,770 •

 (3)
 (4)

 (5)
 (6)

 (7)
 (8)

 (9)
 (Column (b) must equal Form 990, Part X, col. (B) line 25.)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ↑,770 •

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	521,454.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	• • • • • • • • • • • • • • • • • • • •				
b					
С	1 , 0		0.7		
d	/	2d	87.		0.7
е	• • • • • • • • • • • • • • • • • • • •			2e	87.
3	Subtract line 2e from line 1			3	521,367.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1			
a	, , , , , , , , , , , , , , , , , , , ,		-6,175.		
b	,			. .	-6,175.
c	Add lines 4a and 4b			4c 5	515,192.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Sta		Fynenses ner	_	-
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expended per	Hotain	•
1	Total expenses and losses per audited financial statements			1	463,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
– a	5	2a			
b				-	
c		_		-	
d			6,262.		
e		·		2e	6,262.
3	Subtract line 2e from line 1			3	456,752.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-
а		4a			
b					
С	: Add lines 4a and 4b	•		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)		5	456,752.
Pa	rt XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			-, i air,	
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
FU	NDRAISING EXPENSES				87.
PA	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
RE	NTAL EXPENSES				-6,175.
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
RE	NTAL EXPENSES				6,175.
FU	NDRAISING EXPENSES				87.
TO'	TAL TO SCHEDULE D, PART XII, LINE 2D				6,262.

Schedule D (Form 990) 2021	BOXERWOOD	EDUCATION	ASSOCIATION	54-1937944	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	ormation (continued)				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

BOXERWOOD EDUCATION ASSOCIATION

Employer identification number 54-1937944

	OB EBUCHITION HEBUC				31 1337	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais		ng acti	vities	Check all that apply		
a Mail solicitations		-		overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, trus	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes Yes	L No
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the	organization.					
				 		+
(2) None and address of individual		(iii)	Did	(in) Our are we are installed	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	have c	Did raiser ustody trol of	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or con contrib	itrol of utions?	from activity	listed in col. (i)	organization
		Vaa	Nia		`,	
		Yes	No			
Total						
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing.						

54-1937944 Page 2 Schedule G (Form 990) 2021 BOXERWOOD EDUCATION ASSOCIATION Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events PLANT AND BIRD SEED (add col. (a) through SALES MULCH SALES col. (c)) (event type) (total number) (event type) Revenue 1,834 1,480. 15,250. 18,564. 1 Gross receipts 2 Less: Contributions 1,834. 1,480. 15,250. 18,564. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "No," explain:

b If "Yes," explain:

Sch	nedule G (Form 990) 2021 BOXERWOOD EDUCATION ASSOCIATION 54-1	937	944	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	13a	I	%
	a The organization's facility an outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		ı	,,,
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	+ 111 1	nos 0	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	1163 3,	30, 100,

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	i (Form 990)	BOXERWOOD	EDUCATION	ASSOCIATIO	N	54-1937944	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)					

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOXERWOOD EDUCATION ASSOCIATION

Employer identification number 54-1937944

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EARTH.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VOLUNTEER PROGRAMS - INDIVIDUALS VOLUNTEERED IN BOXERWOOD GARDENS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 FOR THE YEAR ENDED JUNE 30 IS MADE AVAILABLE TO ALL
MEMBERS OF THE BOARD AT ITS MEETING IMMEDIATELY FOLLOWING THE COMPLETION OF
THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING OF POTENTIAL CONFLICTS OF INTEREST IS ACTIVE AMONG OFFICERS AND
MEMBERS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19:
FORM 990 MAY BE VIEWED BY THE PUBLIC AT BOXERWOOD.ORG OR GUIDESTAR.ORG.
HARD COPY OF FORM 990 IS MADE AVAILABLE ON REQUEST AT THE BOXERWOOD
OFFICES.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
3	DESK/TABLE	09/05/03	SL	10.00	į	16	259.				259.	259.		0.	259.
4	USED TABLE & CHAIRS	06/30/01	SL	10.00	į	16	200.				200.	170.		0.	170.
5	KITCHEN PLATES & GLASSES	11/02/01	SL	10.00	-	16	156.				156.	156.		0.	156.
8	2 PICNIC TABLES	06/13/03	SL	10.00	í	16	200.				200.	200.		0.	200.
10	(D)VACUUM CLEANER	05/23/04	SL	5.00	į	16	219.				219.	219.		0.	219.
35	MACBOOK LAPTOP	05/03/17	SL	5.00	:	16	2,054.				2,054.	1,712.		342.	2,054.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						3,088.				3,088.	2,716.		342.	3,058.
	MACHINERY & EQUIPMENT														
6	AUDIO VISUAL CART	03/13/02	SL	10.00	:	16	169.				169.	169.		0.	169.
7	(D)DISPLAY BOARD	04/21/03	SL	10.00	:	16	106.				106.	106.		0.	106.
9	(D)DVD PLAYER	11/03/03	SL	5.00	:	16	155.				155.	155.		0.	155.
20	(D)8 TELEPHONE STATIONS	01/16/08	SL	10.00	:	16	1,213.				1,213.	1,213.		0.	1,213.
21	(D)VIEWSONIC PROJECTOR	06/27/09	SL	5.00	í	16	775.				775.	775.		0.	775.
24	(D)SOLAR PANELS (DONATED-POWERING PEOPLE)	08/01/11	SL	10.00	:	16	4,000.				4,000.	3,967.		0.	3,967.
28	(D)COMPUTER SYSTEM (4 APPLE DESK/2 APPLE LAPTOPS/SERVER)	01/02/13	SL	5.00	į	16	13,551.				13,551.	13,551.		0.	13,551.
29	6,000 WATT GENERATOR	07/19/12	SL	5.00		16	595.				595.	595.		0.	595.
31	CUB CADET RZT S 46 ZERO TURN MOWER	07/14/14	SL	5.00	í	16	4,738.				4,738.	4,738.		0.	4,738.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	HVAC UNIT FOR ED WING	09/29/14	SL	7.00	1	16	2,408.				2,408.	2,322.		86.	2,408.
36	LAB EQUIPMENT - EDUCATIONAL	05/17/17	SL	5.00	1	16	866.				866.	706.		160.	866.
37	KUBOTA B2650HSD	12/26/17	SL	5.00	1	16	13,085.				13,085.	9,160.		2,617.	11,777.
46	1994 FORD PICKUP	01/10/22	SL	5.00	1	16	2,500.				2,500.			250.	250.
47	EXECUTIVE DIRECTOR COMPUTER	09/24/21	SL	5.00	1	16	1,802.				1,802.			270.	270.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						45,963.				45,963.	37,457.		3,383.	40,840.
	LAND														
1	10.35 ACRES LAND	02/18/05	L				60,075.				60,075.			0.	
26	LAND 74B2B	10/13/11	L				87,500.				87,500.			0.	
27	LAND 74B31	10/13/11	L				91,500.				91,500.			0.	
41	3.64 ACRES LAND	05/10/21	L				45,700.				45,700.			0.	
	* 990 PAGE 10 TOTAL LAND						284,775.				284,775.	0.		0.	0.
	BUILDINGS														
12	GUTTERS	06/05/06	SL	10.00	1	16	1,000.				1,000.	1,000.		0.	1,000.
13	FLOORING	06/30/06	SL	10.00	1	16	216.				216.	216.		0.	216.
14	UPGRADE BATHROOM - ADA	07/31/06	SL	15.00	1	16	3,846.				3,846.	3,819.		21.	3,840.
15	ELECTRICAL UPGRADES	09/19/06	SL	15.00		16	1,648.				1,648.	1,622.		26.	1,648.
16	ENTRANCE UPGRADES - ADA	09/30/06	SL	15.00	1	16	3,800.				3,800.	3,732.		63.	3,795.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	NEW DOORS - VISITORS CENTER	09/01/07	SL	10.00	1	16	865.				865.	865.		0.	865.
22	ORCHARD HOUSE	07/01/09	SL	30.00	-	16	58,670.				58,670.	23,472.		1,956.	25,428.
23	MAIN HOUSE	07/01/09	SL	30.00	ļ	16	219,270.				219,270.	87,708.		7,309.	95,017.
25	OUTSIDE STAGE	07/14/12	SL	15.00		16	2,370.				2,370.	1,422.		158.	1,580.
30	OUTDOOR CLASSROOM PAVILION	03/12/14	SL	15.00	í	16	12,800.				12,800.	6,255.		853.	7,108.
33	PAVILION SHELTER	04/30/16	SL	15.00	ŕ	16	5,000.				5,000.	1,998.		333.	2,331.
34	ROOF, SHED AND PLATFORM IMPROVEMENTS	06/11/17	SL	15.00	:	16	3,980.				3,980.	1,082.		265.	1,347.
38	MITSUBISHI DUCTLESS HEAT PUMP	10/01/18	SL	7.00	:	16	3,000.				3,000.	1,179.		429.	1,608.
39	MAIN HOUSE NEW ROOF	11/08/19	SL	39.00	MM	16	20,960.				20,960.	895.		537.	1,432.
40	MITSUBISHI DUCTLESS HEAT PUMP	10/09/19	SL	7.00	:	16	4,100.				4,100.	1,025.		586.	1,611.
43	WINDOWS - LODGE	04/19/21	SL	10.00	:	16	5,073.				5,073.	85.		507.	592.
44	FIREPLACE INSERT - LODGE	04/10/21	SL	10.00	ŕ	16	391.				391.	10.		39.	49.
45	DRIVEWAY UPGRADES	08/21/20	SL	15.00	:	16	170.				170.	9.		11.	20.
	* 990 PAGE 10 TOTAL BUILDINGS						347,159.				347,159.	136,394.		13,093.	149,487.
	* 990 PAGE 10 TOTAL -						680,985.				680,985.	176,567.		16,818.	193,385.
	BUILDINGS														
2	NATURE EMULATING WASTE TREATMENT SYSTEM	08/29/04	SL	30.00	1	16	51,597.				51,597.	28,953.		1,720.	30,673.
11	DRIVEWAY	08/05/05	SL	15.00	1	16	275.				275.	271.		0.	271.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	GATE & FENCING	11/15/06	SL	15.00		16	2,326.				2,326.	2,273.		53.	2,326.
18	WATER FEATURE WITH PUMP	03/15/07	SL	15.00		16	2,294.				2,294.	2,193.		101.	2,294.
42	FURNACE - NEWTS	12/18/20	SL	7.00		16	1,423.				1,423.	102.		203.	305.
	* 990 PAGE 10 TOTAL BUILDINGS						57,915.				57,915.	33,792.		2,077.	35,869.
	* 990 PAGE 10 TOTAL -						57,915.				57,915.	33,792.		2,077.	35,869.
	* GRAND TOTAL 990 PAGE 10 DEPR						738,900.				738,900.	210,359.		18,895.	229,254.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						734,598.			0.	734,598.	210,359.			228,734.
	ACQUISITIONS						4,302.			0.	4,302.	0.			520.
	DISPOSITIONS/RETIRED						20,019.			0.	20,019.	19,986.			19,986.
	ENDING BALANCE						718,881.			0.	718,881.	190,373.			209,268.
	ENDING ACCUM DEPR LESS DISPOSITIONS											209,268.			
	ENDING BOOK VALUE											509,613.			