Coaches! 101 A NJ Non-Profit

Coaches 101 A NJ NONPROFIT
BUDGET SCOPE OF FISCAL YEAR
JANUARY 2023 – DECEMBER 31, 2023

Corporate Scope
Tax Reports & Statements

State of New Jersey
Employer's Quarterly Report
Confirmation

NJ927

FEIN: 208-668-400/000	**Quarter/Yr:** 1/2023
Business Name: COACHES 101 A NJ NONPROFIT CORPORATION	

Quarter Ending Date: 03/31/2023	**Return Due Date:** 05/01/2023
Date Filed: 04/28/2023	

Your Return Has Been Submitted To The Division.

This screen enables you to review information that you filed for the Quarter noted below. It is for your use only. Please do not mail this page to the State of New Jersey. If you need to change (amend) your filing, return to the Filing Center and select "File an amended Quarterly Return (NJ927X or NJ927WX)".

Please note that receipt of a confirmation number means that the return has been submitted for processing, and your authority given to collect the payment amount from your financial institution. Please check with your bank to verify that the payment was made.

Contact Name:	Omar Dyer
Telephone Number:	(201) 539-5925
Extension:	
E-mail Address:	legal@coaches101.org
Confirmation Number:	386516275

GIT Amounts Withheld For Quarter

	Month 1	Month 2	Month 3
GIT Amounts Withheld For Quarter:	$0.00	$0.00	$0.00

Employer Gross Income Tax (GIT) / Withholding

Line				
01	Wages and Other Amounts Subject to Gross Income Tax	$0.00		
02	Total GIT Amount Due This Quarter	$0.00		
03	Total GIT Previously Remitted This Quarter Plus Credits (If Applicable)	$0.00		
04	GIT Balance Due	$0.00		
05	GIT Overpayment Amount	$0.00	Indicate Credit or Refund	N/A
06	GIT Payment Amount	$0.00		

Unemployment Insurance (UI), Disability Insurance (DI), Work Force Development (WF), and Family Leave Insurance (FLI)

Line		Month 1	Month 2	Month 3
07	The count of all full-time and part-time covered workers who worked during, or received pay for the pay period that included the 12th day of each month.	0	0	0

08	Total of All Wages Paid Subject to UI, DI, WF & FLI		$0.00
09	DI-Employer, UI and WF Wages in Excess of First $41,100		$0.00
10	DI-Worker and FLI Wages in Excess of First $156,800		$0.00
11	Taxable Wages UI & WF		$0.00
12	Taxable Wages Subject to DI-Employer	S	$0.00
13	Taxable Wages Subject to DI-Worker	S	$0.00
14	Taxable Wages Subject to FLI	S	$0.00
15	Total UI & WF Contributions	0.035250	$0.00
16	DI-Employer Contributions	.005	$0.00
17	DI-Worker Contributions	0	$0.00
18	FLI Contributions	0.000600	$0.00
19	Payments Received for this Quarter		$0.00
20	Balance Due - UI, WF, DI & FLI		$0.00
21	Payment Amount - UI, WF, DI & FLI		$0.00

		Private Plan
22	The count of all full-time and part-time covered workers insured under "Private Plan" for TDI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A
23	The count of all full-time and part-time covered workers insured under "Private Plan" for FLI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A

Summary Balance Due and Payment Information

	Gross Income Tax	UI, WF, DI & FLI	Grand Total - Gross Income Tax and UI, WF, DI, & FLI
Balance Due	$0.00	$0.00	$0.00
The Amount You Indicate to Pay	$0.00	$0.00	$0.00

Print Return Close Window

State of New Jersey
Employer's Quarterly Report
Confirmation

NJ927

FEIN: 208-668-400/000	**Quarter/Yr:** 2/2023
Business Name: COACHES 101 A NJ NONPROFIT CORPORATION	

Quarter Ending Date: 06/30/2023	**Return Due Date:** 07/31/2023
Date Filed: 06/09/2023	

Your Return Has Been Submitted To The Division.

This screen enables you to review information that you filed for the Quarter noted below. It is for your use only. Please do not mail this page to the State of New Jersey. If you need to change (amend) your filing, return to the Filing Center and select "File an amended Quarterly Return (NJ927X or NJ927WX)".

Please note that receipt of a confirmation number means that the return has been submitted for processing, and your authority given to collect the payment amount from your financial institution. Please check with your bank to verify that the payment was made.

Contact Name:	Omar Dyer
Telephone Number:	(201) 539-5925
Extension:	
E-mail Address:	legal@coaches101.org
Confirmation Number:	1998216637

GIT Amounts Withheld For Quarter

	Month 1	Month 2	Month 3
GIT Amounts Withheld For Quarter:	$0.00	$0.00	$0.00

Employer Gross Income Tax (GIT) / Withholding

Line				
01	Wages and Other Amounts Subject to Gross Income Tax	$0.00		
02	Total GIT Amount Due This Quarter	$0.00		
03	Total GIT Previously Remitted This Quarter Plus Credits (If Applicable)	$0.00		
04	GIT Balance Due	$0.00		
05	GIT Overpayment Amount	$0.00	Indicate Credit or Refund	N/A
06	GIT Payment Amount	$0.00		

Unemployment Insurance (UI), Disability Insurance (DI), Work Force Development (WF), and Family Leave Insurance (FLI)

Line		Month 1	Month 2	Month 3
07	The count of all full-time and part-time covered workers who worked during, or received pay for the pay period that included the 12th day of each month.	0	0	0

08	Total of All Wages Paid Subject to UI, DI, WF & FLI		$0.00
09	DI-Employer, UI and WF Wages in Excess of First $41,100		$0.00
10	DI-Worker and FLI Wages in Excess of First $156,800		$0.00
11	Taxable Wages UI & WF		$0.00
12	Taxable Wages Subject to DI-Employer	S	$0.00
13	Taxable Wages Subject to DI-Worker	S	$0.00
14	Taxable Wages Subject to FLI	S	$0.00
15	Total UI & WF Contributions	0.035250	$0.00
16	DI-Employer Contributions	.005	$0.00
17	DI-Worker Contributions	0	$0.00
18	FLI Contributions	0.000600	$0.00
19	Payments Received for this Quarter		$0.00
20	Balance Due - UI, WF, DI & FLI		$0.00
21	Payment Amount - UI, WF, DI & FLI		$0.00

		Private Plan
22	The count of all full-time and part-time covered workers insured under "Private Plan" for TDI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A
23	The count of all full-time and part-time covered workers insured under "Private Plan" for FLI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A

Summary Balance Due and Payment Information

	Gross Income Tax	UI, WF, DI & FLI	Grand Total - Gross Income Tax and UI, WF, DI, & FLI
Balance Due	$0.00	$0.00	$0.00
The Amount You Indicate to Pay	$0.00	$0.00	$0.00

Print Return Close Window

State of New Jersey
Employer's Quarterly Report
Confirmation

NJ927

FEIN: 208-668-400/000	**Quarter/Yr:** 3/2023
Business Name: COACHES 101 A NJ NONPROFIT CORPORATION	

Quarter Ending Date: 09/30/2023	**Return Due Date:** 10/30/2023
Date Filed: 09/22/2023	

Your Return Has Been Submitted To The Division.

This screen enables you to review information that you filed for the Quarter noted below. It is for your use only. Please do not mail this page to the State of New Jersey. If you need to change (amend) your filing, return to the Filing Center and select "File an amended Quarterly Return (NJ927X or NJ927WX)".

Please note that receipt of a confirmation number means that the return has been submitted for processing, and your authority given to collect the payment amount from your financial institution. Please check with your bank to verify that the payment was made.

Contact Name:	COACHES 101 A NJ NONPROFIT CORPORATION
Telephone Number:	(201) 539-5925
Extension:	00000
E-mail Address:	legal@coaches101.org
Confirmation Number:	802791962

GIT Amounts Withheld For Quarter

	Month 1	Month 2	Month 3
GIT Amounts Withheld For Quarter:	$0.00	$0.00	$0.00

Employer Gross Income Tax (GIT) / Withholding

Line				
01	Wages and Other Amounts Subject to Gross Income Tax	$0.00		
02	Total GIT Amount Due This Quarter	$0.00		
03	Total GIT Previously Remitted This Quarter Plus Credits (If Applicable)	$0.00		
04	GIT Balance Due	$0.00		
05	GIT Overpayment Amount	$0.00	Indicate Credit or Refund	N/A
06	GIT Payment Amount	$0.00		

Unemployment Insurance (UI), Disability Insurance (DI), Work Force Development (WF), and Family Leave Insurance (FLI)

Line		Month 1	Month 2	Month 3
07	The count of all full-time and part-time covered workers who worked during, or received pay for the pay period that included the 12th day of each month.	0	0	0

08	Total of All Wages Paid Subject to UI, DI, WF & FLI		$0.00
09	DI-Employer, UI and WF Wages in Excess of First $41,100		$0.00
10	DI-Worker and FLI Wages In Excess of First $156,800		$0.00
11	Taxable Wages UI & WF		$0.00
12	Taxable Wages Subject to DI-Employer	S	$0.00
13	Taxable Wages Subject to DI-Worker	S	$0.00
14	Taxable Wages Subject to FLI	S	$0.00
15	Total UI & WF Contributions	0.038250	$0.00
16	DI-Employer Contributions	.005	$0.00
17	DI-Worker Contributions	0	$0.00
18	FLI Contributions	0.000600	$0.00
19	Payments Received for this Quarter		$0.00
20	Balance Due - UI, WF, DI & FLI		$0.00
21	Payment Amount - UI, WF, DI & FLI		$0.00

		Private Plan
22	The count of all full-time and part-time covered workers insured under "Private Plan" for TDI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A
23	The count of all full-time and part-time covered workers insured under "Private Plan" for FLI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A

Summary Balance Due and Payment Information

	Gross Income Tax	UI, WF, DI & FLI	Grand Total - Gross Income Tax and UI, WF, DI, & FLI
Balance Due	$0.00	$0.00	$0.00
The Amount You Indicate to Pay	$0.00	$0.00	$0.00

Print Return Close Window

State of New Jersey
Employer's Quarterly Report
Confirmation

NJ927

FEIN: 208-668-400/000	**Quarter/Yr:** 4/2023
Business Name: COACHES 101 A NJ NONPROFIT CORPORATION	

Quarter Ending Date: 12/31/2023	**Return Due Date:** 01/30/2024
Date Filed: 01/02/2024	

Your Return Has Been Submitted To The Division.

This screen enables you to review information that you filed for the Quarter noted below. It is for your use only. Please do not mail this page to the State of New Jersey. If you need to change (amend) your filing, return to the Filing Center and select "File an amended Quarterly Return (NJ927X or NJ927WX)".

Please note that receipt of a confirmation number means that the return has been submitted for processing, and your authority given to collect the payment amount from your financial institution. Please check with your bank to verify that the payment was made.

Contact Name:	COACHES 101 A NJ NONPROFIT CORPORATION
Telephone Number:	(201) 310-6185
Extension:	00000
E-mail Address:	legal@coaches101.org
Confirmation Number:	1442247595

GIT Amounts Withheld For Quarter

	Month 1	Month 2	Month 3
GIT Amounts Withheld For Quarter:	$0.00	$0.00	$0.00

Employer Gross Income Tax (GIT) / Withholding

Line				
01	Wages and Other Amounts Subject to Gross Income Tax	$0.00		
02	Total GIT Amount Due This Quarter	$0.00		
03	Total GIT Previously Remitted This Quarter Plus Credits (If Applicable)	$0.00		
04	GIT Balance Due	$0.00		
05	GIT Overpayment Amount	$0.00	Indicate Credit or Refund	N/A
06	GIT Payment Amount	$0.00		

Unemployment Insurance (UI), Disability Insurance (DI), Work Force Development (WF), and Family Leave Insurance (FLI)

Line		Month 1	Month 2	Month 3
07	The count of all full-time and part-time covered workers who worked during, or received pay for the pay period that included the 12th day of each month.	0	0	0

08	Total of All Wages Paid Subject to UI, DI, WF & FLI		$0.00
09	DI-Employer, UI and WF Wages in Excess of First $41,100		$0.00
10	DI-Worker and FLI Wages in Excess of First $156,800		$0.00
11	Taxable Wages UI & WF		$0.00
12	Taxable Wages Subject to DI-Employer	S	$0.00
13	Taxable Wages Subject to DI-Worker	S	$0.00
14	Taxable Wages Subject to FLI	S	$0.00
15	Total UI & WF Contributions	0.038250	$0.00
16	DI-Employer Contributions	0.005000	$0.00
17	DI-Worker Contributions	0.000000	$0.00
18	FLI Contributions	0.000600	$0.00
19	Payments Received for this Quarter		$0.00
20	Balance Due - UI, WF, DI & FLI		$0.00
21	Payment Amount - UI, WF, DI & FLI		$0.00

		Private Plan
22	The count of all full-time and part-time covered workers insured under "Private Plan" for TDI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A
23	The count of all full-time and part-time covered workers insured under "Private Plan" for FLI who worked during or received pay for the pay period that included the 12th day of the 3rd month.	N/A

Summary Balance Due and Payment Information

	Gross Income Tax	UI, WF, DI & FLI	Grand Total - Gross Income Tax and UI, WF, DI, & FLI
Balance Due	$0.00	$0.00	$0.00
The Amount You Indicate to Pay	$0.00	$0.00	$0.00

Print Return

Close Window

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE

COACHES 101 A NJ NONPROFIT CORPORATION
0400172435

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for COACHES 101 A NJ NONPROFIT CORPORATION was submitted on 01/11/2024 for the year: 2024

Registered Agent and Office

OMAR DYER
275 LIBERTY AVE, APT 2
PO BOX 4463
JERSEY CITY, NJ 07307

Main Business Address

275 Liberty Ave, Apt 2
PO Box 4463
Jersey City, NJ 07307

Principal Business Address

528 Bergen Ave
#4463
Jersey City, NJ 07304

Officers and Directors

PRESIDENT
Omar DYER
275 Liberty Ave, Apt 2
PO Box 4463
Jersey City, NJ 07307-0730

TRUSTEES
PEGGY DYER
275 Liberty Ave,
APT 2
Jersey City, NJ 07307-0730

TRUSTEES
Jamal Dyer
275 Liberty Ave
Apt 2
Jersey City, NJ 07307-0730

TRUSTEES
BERNARD DYER
275 LIBERTY AVE
apt2
Jersey City, NJ 07307-0730

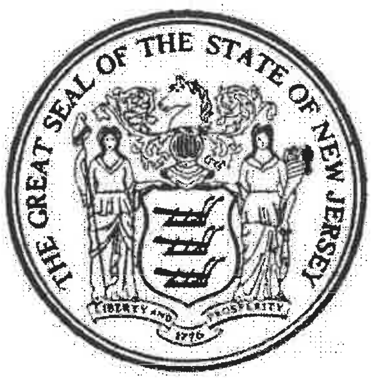
TRUSTEES
Damont Dyer

Continued on next page...

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE

COACHES 101 A NJ NONPROFIT CORPORATION
0400172435

275 Liberty Ave
Apt 2
Jersey City, NJ 07307-0730



Certificate Number : 2775013221
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 11th day of January, 2024

Elizabeth Maher Muoio
State Treasurer

New Jersey Business Gateway
Business Entity Information and Records Service
Business Id : 0400172435

Status Report For:	COACHES 101 A NJ NONPROFIT CORPORATION
Report Date:	01/11/2024
Confirmation Number:	1264996904

IDENTIFICATION NUMBER, ENTITY TYPE AND STATUS INFORMATION

Business ID Number:	0400172435
Business Type:	NON PROFIT CORPORATION
Status:	ACTIVE
Original Filing Date:	03/20/2007
Stock Amount:	0
Home Jurisdiction:	NJ
Status Change Date:	10/30/2020

REVOCATION/SUSPENSION INFORMATION

DOR Suspension Start Date:	10-16-2010
DOR Suspension End Date:	10-30-2020
Tax Suspension Start Date:	N/A
Tax Suspension End Date:	N/A

ANNUAL REPORT INFORMATION

Annual Report Month:	MARCH
Last Annual Report Filed:	01/11/2024
Year:	2024

AGENT/SERVICE OF PROCESS (SOP)INFORMATION

Agent:	OMAR DYER
Agent/SOP Address:	275 LIBERTY AVE, APT 2 PO BOX 4463, JERSEY CITY, NJ 07307
Address Status:	N/A
Main Business Address:	275 Liberty Ave, Apt 2, PO Box 4463, Jersey City, NJ, 07307
Principal Business Address:	528 Bergen Ave , #4463, Jersey City, NJ, 07304

ASSOCIATED NAMES

New Jersey Business Gateway
Business Entity Information and Records Service
Business Id : 0400172435

PRINCIPALS

Following are the most recently reported officers/directors (corporations), managers/members/managing members (LLCs), general partners (LPs), trustees/officers (non-profits).

Title:	PRESIDENT
Name:	Omar DYER
Address:	275 Liberty Ave, Apt 2, PO Box 4463, Jersey City, NJ, 07307 0730
Title:	TRUSTEES
Name:	PEGGY DYER
Address:	275 Liberty Ave,, APT 2, Jersey City, NJ, 07307 0730
Title:	TRUSTEES
Name:	Jamal Dyer
Address:	275 Liberty Ave, Apt 2, Jersey City, NJ, 07307 0730
Title:	TRUSTEES
Name:	BERNARD DYER
Address:	275 LIBERTY AVE, apt2, Jersey City, NJ, 07307 0730
Title:	TRUSTEES
Name:	Damont Dyer
Address:	275 Liberty Ave, Apt 2, Jersey City, NJ, 07307 0730

FILING HISTORY -- CORPORATIONS, LIMITED LIABILITY COMPANIES, LIMITED PARTNERSHIPS AND LIMITED LIABILITY PARTNERSHIPS

To order copies of any of the filings below, return to the service page, https://www.njportal.com/DOR/businessRecords/ and follow the instructions for obtaining copies. Please note that trade names are filed initially with the County Clerk(s) and are not available through this service. Contact the Division for instructions on how to order Trade Mark documents.

Charter Documents for Corporations, LLCs, LPs and LLPs

Original Filing (Certificate) Date:	2007

New Jersey Business Gateway
Business Entity Information and Records Service
Business Id : 0400172435

Filing Type	Year Filed
REVOKED FOR FAILURE TO PAY ANNUAL REPORTS	2010
CHANGE OF REGISTERED OFFICE	2020
Annual Report Filing with address change	2020
Annual Report filing with officer/member change	2020
REINSTATEMENT WITH AGENT CHANGE	2020

Note:
Copies of some of the charter documents above, particularly those filed before June 1988 and recently filed documents (filed less than 20 work days from the current date), may not be available for online download.

- For older filings, contact the Division for instructions on how to order.
- For recent filings, allow 20 work days from the estimated filing date, revisit the service center at https://www.njportal.com/DOR/businessRecords/ periodically, search for the business again and build a current list of its filings. Repeat this procedure until the document shows on the list of documents available for download.

The Division cannot provide information on filing requests that are in process. Only officially filed documents are available for download.

Help (https://appengine.egov.com/apps/nj/dor/annualreportshelp)

Confirmation

Congratulations! The transaction was successful.

Transaction Information

Business Name:
COACHES 101 A NJ NONPROFIT CORPORATION
Entity ID:
0400172435
Amount Paid:
$39.25
Transaction Date:
01/11/2024
Confirmation Number:
1264996904
Download Documents:

- Annual Report Certificate (/DOR/AnnualReports/Document/DownloadFile?docId=1)
- Status Report (/DOR/AnnualReports/Document/DownloadFile?docId=10)

Please note this information for your records. You will receive an email with similar information. Please make sure to download all of your documents because these documents will not be mailed to you.

Documents will be available for download until 04/10/2024 from the Document Retrieval Center (/DOR/AnnualReports/Document/Index/65441059-e605-45b5-9beb-4b7620783d35) . Use access code: ***65441059-e605-45b5-9beb-4b7620783d35***

Get Annual Report Filing Reminders ()
Get CorpWatch Alerts ()

Tell us what you think. Take our quick 1-2 minute survey (https://www.surveymonkey.com/s/busannualreports)!

Did you know New Jersey offers many business services online?

- Changes to your business? File online. (http://www.nj.gov/treasury/revenue/amendcerts.shtml)
- Need copies of business records? Use the Business Records Service (BRS) (https://www.njportal.com/dor/businessrecords/) to obtain copies instantly.
- Monitor your business filings with CorpWatch. (https://www.njportal.com/DOR/CorpWatch)

For more online business services, visit the Division of Revenue and Enterprise Services. (http://www.nj.gov/treasury/revenue/)

Division of Revenue and Enterprise Services
PO (Post Office) Box 252
Trenton, NJ 08625-0252

Support
DORES (Division of Revenue and Enterprise Services) Website (http://www.state.nj.us/treasury/revenue/)

Policies
Privacy Policy (https://www.njportal.com/ErrorPages/Privacy.aspx)
Accessibility Policy (https://www.njportal.com/ErrorPages/Accessibility.aspx)
Security Policy (https://www.njportal.com/ErrorPages/Security.aspx)
Legal Statements & Disclaimers (https://www.njportal.com/errorpages/disclaimer.aspx)

Department of Treasury
Internal Revenue Service
IRS Tax Professional PTIN
Processing Center
PO Box 380638
San Antonio, TX 78268

Letter	LTR 4764
Date	January 02, 2024
To contact us	Phone 1-877-613-7846 TTY 1-877-613-3686 8 a.m.- 5 p.m. CT

OMAR LOMANT DYER
PO BOX 4463
COACHES 101 A NJ NON PROFIT
JERSEY CITY, NJ 07304

Dear OMAR LOMANT DYER:

Why we're contacting you

We accepted your renewal application for your preparer tax identification number (PTIN). **Your PTIN is P01489203.**

What you need to know

Your PTIN is **effective for the 2024 calendar year only.** Use your PTIN on any U.S. tax return or claim for refund you prepare, or substantially help to prepare, for compensation.

You must renew your PTIN by December 31 each year. The annual renewal period begins around October 16 and ends on December 31. **Keep your PTIN information current** by updating your PTIN any time your information changes. Simply login into your account at www.irs.gov/ptin to update your information quickly. The **PTIN fee is non-refundable.**

Department of Treasury
Internal Revenue Service
IRS Tax Professional PTIN
Processing Center
PO Box 380638
San Antonio, TX 78268

Letter	LTR 4764
Date	January 02, 2024
To contact us	Phone 1-877-613-7846 TTY 1-877-613-3686 8 a.m.- 5 p.m. CT

Where you can find more information

- Find helpful information about the PTIN program at www.irs.gov/taxpros.
- Find tax forms and publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Subscribe to IRS e-News for Tax Professionals for the latest information for tax return preparers by visiting www.irs.gov and following the steps below.
    1. Select "News"
    2. Select "e-News Subscriptions"
    3. Select "e-News for Tax Professionals"
    4. Select "Subscribe"
    5. Enter your email address and select submit

A wallet sized PTIN card with your information is enclosed for quick reference. We appreciate you working with us to ensure effective tax administration. The tax professional industry is an important part of the U.S. tax system. Keep this letter for your records.

If you have questions, you can call the contact number shown at the top of this letter.

Sincerely,
Return Preparer Office

Department of Treasury
Internal Revenue Service
IRS Tax Professional PTIN
Processing Center
PO Box 380638
San Antonio, TX 78268

Letter	LTR 4764
Date	January 02, 2024
To contact us	Phone 1-877-613-7846 TTY 1-877-613-3686 8 a.m.- 5 p.m. CT

Department of Treasury
Internal Revenue Service
IRS Tax Professional PTIN Processing Center

Name: OMAR LOMANT DYER

PTIN: P01489203

Effective Year: 2024

Coaches! 101 A NJ Non-Profit

COACHES 101 A NJ NONPROFIT
BUDGET SCOPE OF FISCAL YEAR
JAMUARY 2023 – DECEMBER 31, 2023

990 Tax Returns 2023
990T Returns 2023

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning January 01 **, 2023, and ending** December 31 **, 20**23

B Check if applicable:
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☑ Application pending

C Name of organization Coaches 101 A NJ Nonprofit

Doing business as Coaches 101 A NJ Nonprofit

Number and street (or P.O. box if mail is not delivered to street address) 528 Bergen Ave

Room/suite 4463

City or town, state or province, country, and ZIP or foreign postal code JERSEY CITY, NJ 07304

D Employer identification number 20-8668400

E Telephone number 201-539-5925

G Gross receipts $ 156,233

F Name and address of principal officer: OMAR L DYER
528 Bergen Ave, 4463, JERSEY CITY, NJ, 07304

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.coaches101.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2007

M State of legal domicile: NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
See Schedule O.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	2
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	6,639

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,480	0
	9	Program service revenue (Part VIII, line 2g)	0	30,802
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,519	53,659
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,888	71,772
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,887	156,233
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,673	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,626	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	95,588	0
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	112,887	0
	19	Revenue less expenses. Subtract line 18 from line 12	0	156,233

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	0	0
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances. Subtract line 21 from line 20	0	0

Part II Signature Block

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

Sign Here

Signature of officer

Date 04/30/2024

OMAR L DYER , Legal Representative

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
OMAR DYER		04/30/2024		P01489203

Firm's name | Firm's EIN

Firm's address | Phone no. 201-539-5925

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . ☐

1 Briefly describe the organization's mission:

The organization built some parts of the mutual fund know as The My Plan Challenge Foundation Fund, while building the program on crypto currency. The organization was able to raise awareness in financial literacy–while expanding the reach of the organization's project Mad Comedian.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 101,311 including grants of $ 53,659) (Revenue $ 156,233)

We developed a program that builds cryptocurrency and financial literacy with interchangeable assets, under a public domain that uses crowdfunding metrics, for donor adviser funds.

4b (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services (Describe on Schedule O.)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses 101,311

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)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
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		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		✓

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	☐	☑
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 Schedule J*	23	☐	☑
24a	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	☐	☑
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	☐	☐
c	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	☐	☐
25a	**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	☐	☑
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 Schedule L, Part I*	25b	☐	☑
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? *If "Yes," complete Schedule L, Part II*	26	☐	☑
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	☐	☑
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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	☐	☑
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	☐	☑
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	☐	☑
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	☐	☑
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	☐	☑
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31	☐	☑
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	☐	☑
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	☐	☑
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	☐	☑
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	☐	☑
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," 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	☐	☑
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	☐	☑
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	☑	☐

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	☐	☑

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return — 2a: 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	☐	☐
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	☑	☐
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	☑	☐
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	☐	☑
b	If "Yes," enter the name of the foreign country ________ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	☐	☑
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	☐	☑
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	☐	☐
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	☐	☑
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	☐	☐
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	☐	☑
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	☐	☐
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	☐	☑
d	If "Yes," indicate the number of Forms 8282 filed during the year — 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	☐	☑
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	☐	☑
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	☐	☑
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	☐	☑
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	☐	☑
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	☐	☑
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	☐	☑
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 — 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities — 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders — 11a			
b	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 1041?	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.**			
a	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			
c	Enter the amount of reserves on hand — 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	☐	☑
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b	☐	☐
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15	☐	☑
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	☐	☑
	If "Yes," complete Form 4720, Schedule O.			
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any 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 . . . ☐

Section 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 . . 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.	1a	2		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	1		
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		✓	
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			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
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			✓
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			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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			✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓	
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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
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?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NJ

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) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☐ 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

OMAR L DYER, 275 LIBERTY AVENUE, APT 2, JERSEY CITY, NJ, 07307, (201) 539-5925

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, box 6 of 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Omar Dyer Legal Representative	59.00 1.00	☐	☐	☑	☐	☐	☐	0	0	0
(2)		☐	☐	☐	☐	☐	☐			
(3)		☐	☐	☐	☐	☐	☐			
(4)		☐	☐	☐	☐	☐	☐			
(5)		☐	☐	☐	☐	☐	☐			
(6)		☐	☐	☐	☐	☐	☐			
(7)		☐	☐	☐	☐	☐	☐			
(8)		☐	☐	☐	☐	☐	☐			
(9)		☐	☐	☐	☐	☐	☐			
(10)		☐	☐	☐	☐	☐	☐			
(11)		☐	☐	☐	☐	☐	☐			
(12)		☐	☐	☐	☐	☐	☐			
(13)		☐	☐	☐	☐	☐	☐			
(14)		☐	☐	☐	☐	☐	☐			

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 dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)		☐	☐	☐	☐	☐	☐			
(16)		☐	☐	☐	☐	☐	☐			
(17)		☐	☐	☐	☐	☐	☐			
(18)		☐	☐	☐	☐	☐	☐			
(19)		☐	☐	☐	☐	☐	☐			
(20)		☐	☐	☐	☐	☐	☐			
(21)		☐	☐	☐	☐	☐	☐			
(22)		☐	☐	☐	☐	☐	☐			
(23)		☐	☐	☐	☐	☐	☐			
(24)		☐	☐	☐	☐	☐	☐			
(25)		☐	☐	☐	☐	☐	☐			
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	☐	☑
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	☐	☑
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5	☐	☑

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a–1f	1g $ 0				
	h	**Total.** Add lines 1a–1f		0			
Program Service Revenue			Business Code				
	2a	See Schedule O	523000	30,802			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		30,802			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		53,659			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c (i) 0 (ii) 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c (i) 0 (ii) 0				
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue			Business Code				
	11a	See Schedule O	523000	71,772			
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		71,772			
	12	**Total revenue.** See instructions		156,233	0	0	0

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 response or note to any line in this Part IX . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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		9,799		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		3,264		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management		10,029		
b	Legal		1,001		
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		1,561		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion		1,748		
13	Office expenses		1,497		
14	Information technology		3,477		
15	Royalties		6,205		
16	Occupancy		16,140		
17	Travel		2,568		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		3,624		
20	Interest				
21	Payments to affiliates		28,041		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
a	Other:Expense Meals		1,497		
b	Other: Miscellaneous		10,860		
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	0	101,311	0	0
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	
	2	Savings and temporary cash investments		0	2	
	3	Pledges and grants receivable, net		0	3	
	4	Accounts receivable, net		0	4	
	5	Loans and other receivables from 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		0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	
	7	Notes and loans receivable, net		0	7	101,311
	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	0	10c	
	11	Investments—publicly traded securities		0	11	
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		0	14	(101,311)
	15	Other assets. See Part IV, line 11		0	15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		0	16	0
Liabilities	17	Accounts payable and accrued expenses		0	17	
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	
	22	Loans and other 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		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		0	25	
	26	**Total liabilities.** Add lines 17 through 25		0	26	0
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		0	32	0
	33	Total liabilities and net assets/fund balances		0	33	0

Part 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	156,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	0
3	Revenue less expenses. Subtract line 2 from line 1	3	156,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	(156,233)
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0

Part 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 ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	☐	☑
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	☐	☑
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	☐	☐
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	☐	☐
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b	☐	☐

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
2023
Open to Public Inspection

Name of the organization	Employer identification number
Coaches 101 A NJ Nonprofit	20-8668400

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)				☐	☐		
(B)				☐	☐		
(C)				☐	☐		
(D)				☐	☐		
(E)				☐	☐		
Total							

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
5 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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 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						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐

b **33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ☐

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		89,519	110,805	112,889	156,233	469,446
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	89,519	110,805	112,889	156,233	469,446
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6.)						469,446

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	0	89,519	110,805	112,889	156,233	469,446
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	89,519	110,805	112,889	156,233	469,446

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ☑

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.*	1	☐	☐
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).*	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.*	3a	☐	☐
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.*	3b	☐	☐
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.*	3c	☐	☐
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.*	4a	☐	☐
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.*	4b	☐	☐
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.*	4c	☐	☐
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).*	5a	☐	☐
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?	5b	☐	☐
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c	☐	☐
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**.*	6	☐	☐
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).*	7	☐	☐
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).*	8	☐	☐
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**.*	9a	☐	☐
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**.*	9b	☐	☐
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**.*	9c	☐	☐
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.*	10a	☐	☐
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.)*	10b	☐	☐

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	☐	☐
b	A family member of a person described on line 11a above?	11b	☐	☐
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.*	11c	☐	☐

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) 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	☐	☐

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	☐	☐

Section D. 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 supported organizations played in this regard.*	3	☐	☐

Section 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 year (**see instructions**).*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in **Part VI** how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	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.***			
a	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 of its supported organizations? *If "Yes," describe in **Part VI** the role played by the organization in this regard.*	3b	☐	☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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		

Section 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		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide 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 the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

	Section E—Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019 . . .			
b	Excess from 2020 . . .			
c	Excess from 2021 . . .			
d	Excess from 2022 . . .			
e	Excess from 2023 . . .			

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

Name of the organization	Employer identification number
Coaches 101 A NJ Nonprofit	20-8668400

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . $ 0

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
Coaches 101 A NJ Nonprofit	20-8668400

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Omar Dyer 275 LIBERTY AVENUE, APT 2 JERSEY CITY, NJ 07307	$ 30,802	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
2	Omar Dyer 275 LIBERTY AVENUE, APT 2 JERSEY CITY, NJ 07307	$ 71,772	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Citizens Bank PO Box 42001 Providence, RI 02940	$ 53,659	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Coaches 101 A NJ Nonprofit	20-8668400

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Cash incentives from credit swaps in a contracted pr ogram called Angel Investors Program	$ 30,802	12/31/2023

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Cash Incentives from a retirement plan under the Ang el Investors Program, that is contracted.	$ 53,659	12/31/2023

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2021

For calendar year 2021 or other tax year beginning January 01, 2021, and ending December , 20 21

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section ☑ 501(C)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Coaches 101 A NJ Nonprofit a.k.a. Coaches 101 A NJ Nonprofit

Number, street, and room or suite no. If a P.O. box, see instructions.
275 LIBERTY AVENUE, APT 2

City or town, state or province, country, and ZIP or foreign postal code
JERSEY CITY, NJ 07307

C Book value of all assets at end of year ▶ $29,558

D Employer identification number
20-8668400

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ▶ ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☑ No
If "Yes," enter the name and identifying number of the parent corporation ▶

L The books are in care of ▶ OMAR L DYER,275 LIBERTY AVENUE, APT 2,JERSEY CITY,New Jersey (NJ),07 Telephone number ▶ 201-539-5925

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	63,798
2	Reserved	2	
3	Add lines 1 and 2	3	63,798
4	Charitable contributions (see instructions for limitation rules)	4	4,917
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	58,881
6	Deduction for net operating loss. See instructions	6	81,246
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	(22,365)
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	0
3	**Proxy tax.** See instructions ▶	3	0
4	Other tax amounts. See instructions	4	0
5	Alternative minimum tax (trusts only)	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	0
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: A 2020 overpayment credited to 2021	6a			
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e	39,055		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	39,055
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	39,055
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax** ▶ **Refunded** ▶			11	39,055

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ AF		✔
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✔
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4	Enter available pre-2018 NOL carryovers here ▶ $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
6a	Did the organization change its method of accounting? (see instructions)		✔
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title
OMAR L DYER	10 /03 /2022	legal represenative

May the IRS discuss this return with the preparer shown below (see instructions)? ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
OMAR DYER		10 /03 /20		P01489203
Firm's name ▶ Coaches 101 A NJ Nonprofit			Firm's EIN ▶ 20-8668400	
Firm's address ▶ 275 LIBERTY AVENUE,APT 2,JERSEY CITY,New Jersey (NJ),US,07307			Phone no. (201) 539-5925	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to *www.irs.gov/Form990T* for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: Coaches 101 A NJ Nonprofit

B Employer identification number: 20-8668400

C Unrelated business activity code (see instructions) ▶ 541519

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ Other Computer Related Services

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 106,305				
b	Less returns and allowances 0 c Balance ▶	1c	106,305		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	106,305		106,305
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10	4,500	0	4,500
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12	0		0
13	**Total.** Combine lines 3 through 12	13	110,805	0	110,805

Part II Deductions Not Taken Elsewhere

See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	10,000
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	18,538
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a	500	8b	500
9	Depletion			9	500
10	Contributions to deferred compensation plans			10	11,914
11	Employee benefit programs			11	5,555
12	Excess exempt expenses (Part VIII)			12	0
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	47,007
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	63,798
17	Deduction for net operating loss. See instructions			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	63,798

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	0
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

11 **Total dividends-received deductions** included in line 10 ▶

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	**2.** Employer identification number	Exempt Controlled Organizations **3.** Net unrelated income (loss) (see instructions)	**4.** Total of specified payments made	**5.** Part of column 4 that is included in the controlling organization's gross income	**6.** Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

	7. Taxable income	**8.** Net unrelated income (loss) (see instructions)	**9.** Total of specified payments made	**10.** Part of column 9 that is included in the controlling organization's gross income	**11.** Deductions directly connected with income in column 10
(1)	4,500				
(2)					
(3)					
(4)					
Totals . . . ▶				Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0	Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	**2.** Amount of income	**3.** Deductions directly connected (attach statement)	**4.** Set-asides (attach statement)	**5. Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals . . . ▶	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: Sales from online activity		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	4,500
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . .	3	0
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . .	4	4,500
5	Gross income from activity that is not unrelated business income . . .	5	0
6	Expenses attributable to income entered on line 5 . . .	6	0
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . .	7	0

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on Part II, line 1 ▶				

Part XI Supplemental Information (see instructions)

Name of the organization	Employer identification number
Coaches 101 A NJ Nonprofit	20-8668400

Schedule A-1 of 1

Part I Line 1

Total Gross Receipt	Not Accrued Amount	Net Accrued Amount
$106,305		$106,305

SCHEDULE O (Form 990)	**Supplemental Information to Form 990 or 990-EZ** Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	OMB No. 1545-0047 **2023** **Open to Public Inspection**

Name of the Organization **Coaches 101 A NJ Nonprofit**	Employer identification number **20-8668400**

Part and Line Number: Header - Doing Business As
Coaches 101 A NJ Nonprofit
Part and Line Number: Part I Line 1
The mission is to develop and process reading and development in literary arts, whereas the goals is to educated the public. And bring awareness to the change of educating the minority community on the importance of financial literacy. The organization is currently in US. Tax Courts under case 863023X for exemption status while application is still pending.
Part and Line Number: Part VI Line 2
Peggy Dyer is the parent of Omar Dyer and Peggy Dyer is a nonvoting member.
Part and Line Number: Part VI Line 11b
If anyone want to view the returns it is done electronically, by email, or they can view the transcripts on the company website.
Part and Line Number: Part VI Line 19
We have By-laws that give a small dialogue on this policy but we have not created a fully disclosed policy because our membership isn't above 500 people in which would require a policy.
Part and Line Number: Part VIII Line 2a
Securities, commodity contracts, and other financial investments and related activities
Part and Line Number: Part VIII Line 11a
Securities, commodity contracts, and other financial investments and related activities

Part and Line Number: Part I - General
Coaches 101 A NJ Nonprofit has a pending case in the United States Tax Courts for the determination status of our tax exempt. And until this matter is resolved, by IRS law and code, the organization can file 990.
Part and Line Number: Part V - Line 3
There was a 990t filed for this organization
Part and Line Number: Part X - General
The software that is being used by Tax990 is having problems computing the information and this part was intentionally left blank.