_	00	0	Detur	o of Organization		- 	-	Tax		OMB No. 1545-0047
Form	99	J U	Retur	n of Organization	Exempt F	rom inc	ome	Tax		2020
			Under section 501(c	:), 527, or 4947(a)(1) of the I	nternal Reven	ue Code (ex	cept pri	vate founda	ations)	2020
Depart	ment of t	the Treasury	Do not	enter social security numbe	ers on this for	m as it may	be made	e public.		Open to Public
		ue Service		o www.irs.gov/Form990 for						Inspection
_							and endi			· ·
_				GTCC Innovative Res	sources Co	rp			D Employ	-
=		•	-							
Ξ		0			eet address)		Room/su	ite	E l'elepho	
=					ostal cada			-	G Gross	
=										
=					osi			H(a) Is this a g	Ŧ	
				· · ·						
ιт	ax-exem	pt status: X			a)(1) or	527				
JΝ	/ebsite:							H(c) Group e	xemption n	umber 🕨
K F	orm of o	rganization: X	Corporation Trust	Association 🗌 Other 🕨	I	L Year of format	ion: 201	.2 M S	tate of lega	I domicile: NC
Par	τI	Summar	y							
	1	Briefly descri	be the organization's mi	ission or most significant activ	ities: See	Sch O				
ce										
lan										
/err	2	Check this he	x b if the organizat	ion discontinued its operation	e or disposed (of more than	25% of i	te not accot	c .	
õ			v	•	•				1 1	7
			• •							
es	_		1 0	0 0 , (,					
iviti									-	0
Act				• •					-	
	b	Net unrelate	d business taxable incoi	me from Form 990-1, Part I, I	ne 11		••••		76	
-	-		-	,						
nue		•		•				135	-	
ŝ			•							68
Å					,			128	,796	0
	12				n (A), line 12)		•	567	,129	133,245
	13		• •				·			0
	14						·			0
<i>(</i> 0		-			().			355	,254	69,987
Ise			• •				·			0
ben	b	Total fundrai	sing expenses (Part IX,	column (D), line 25) 🕨 🔄		0	_			
Щ	17	Other expense	ses (Part IX, column (A)	, lines 11a-11d, 11f-24e)			•	91	,773	100,180
	18	Total expens	es. Add lines 13-17 (mi	ust equal Part IX, column (A),	line 25)		•	447	,027	170,167
	19	Revenue less	s expenses. Subtract lir	ne 18 from line 12			•	120	,102	(36,922)
r Sec								nning of Curre	nt Year	End of Year
iets	20	Total assets	(Part X, line 16)				•	1,336	,784	1,167,928
Ass d B	21	Total liabilitie	s (Part X, line 26)					160	,660	28,726
	22	Net assets o	r fund balances. Subtra	act line 21 from line 20				1,176	,124	1,139,202
Par	't II	Signatu	re Block							
	Address change Design business as 46-0940073 Name change Number and steep (or P.O. box if mails in or diluvered to steep address) Roombude E Telephone number Final number and steep (or P.O. box if mails in or diluvered to steep address) Roombude G Gress metables Anomode number James town, NC 27282 S and so address of procipit officer. Nan cy: Sol losi H(a) is the super standards on the origin postal code Application proving F Name and address of procipit officer. Nan cy: Sol losi H(a) is the super standards on the origin postal code I State address of procipit officer. Nan cy: Sol losi H(b) is the super standards on the origin postal code Trace-evenget state: N/A H(c) Crose comparison I the origin zation's mission or most significant activities: See Sch O Part I Summary True Association is of the governing body (Part VI, line 1b) 4 6 2 Check this box + If the originization discontinued its operations or disposed of more than 25% of its net assets. Number of indepindent voting members of the governing body (Part VI, line 1b) 4 6 3 7 Number of indepindent voting members and the sessary) 5 0 6 6 Total number of individua									
					initian proparor nao	any momouge.				
		Nanc	7 Sollosi							
Sig	ר ו	Signatur	e of officer						Date	1
Here	e	Nanc	y Sollosi, Chie:	f Financial Officer	•					
		Type or	print name and title							
		Print/Type pre	parer's name	Preparer's signature	- ·	Date		Check	if [PTIN
Paic	ł	George	R McGough	George R McGough	Sol	05-05-20	22	self-emp	oloyed	P00853528
			-		-					
			-	-						
-	,								704-4	00-3979
May	the IRS	S discuss this			ons)					

Form	n 990 (2020) GTCC Innovative Resources Corp	46-0940073	B Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	See Sch O		
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	<u>x</u> 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		—
		📋 Yes	<u>X</u> 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 measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	tners,	
	the total expenses, and revenue, if any, for each program service reported.		
4.		¢ 10	c (12)
4a	(Code:) (Expenses \$153,073 including grants of \$) (Revenue	\$ <u>12</u>	6,613)
	Intellectual Properties-Consulting Services and Royalties		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	Center for creative and performing artstheatre productions for community	•	/
	Control for orouging and performing allos shouting productions for community		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 153,073		
EEA		Fo	rm 990 (2020)

	m 990 (2020) GTCC Innovative Resources Corp 46-0940	073	F	Page 3
Pa	art IV Checklist of Required Schedules		1	
	In the energy set is a set in $FO(x)(x)(x)$ or $FO(x)(x)(x)(x)$ (where there is an instantion $(x, y)(x)(x)(x)(x)(x)(x)(x)(x)(x)(x)(x)(x)(x)$		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?		x	v
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	·		x
3	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 3		x
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			A
Ũ	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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
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.			
i	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		x
I	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		х
(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	x	
	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		х
(e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e		х
1	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	x	
12a				
	Schedule D, Parts XI and XII	. 12a		х
k				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
14a		. 14a		х
k				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.4%		
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	. 15		x
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		v
17		. 10		x
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? <i>If "Yes," complete Schedule G, Part I</i> See instructions	. 17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	• 11	-	x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. 10		x
19	If "Yes," complete Schedule G, Part III	. 19		v
20 :				x x
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			•
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		x
			1	

Form	990 (2020) GTCC Innovative Resources Corp 46-09400	73	Р	age 4
Pa	rt 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		х
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	х	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		х
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		x
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV.	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
01	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Λ
54	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	•	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		~
D	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	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		х
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
20		31		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	v	
Par	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NU
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
С		1c		
	reportable gaming (gambling) winnings to prize winners?	10		

	990 (2020) GTCC Innovative Resources Corp 46-09400	73	F	Page 5
Par	t 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		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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		<u> </u>
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		x
b	If "Yes," enter the name of the foreign country			
F -	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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C Co	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C -		
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	-	00		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<u> </u>
U	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		x
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2020) GTCC Innovative Resources Corp 46-094	0073	F	Page 6
Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ora "No'		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			1
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	. 6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
	stockholders, or persons other than the governing body?	. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
2	the year by the following: The governing body?	. 8a	v	
a b	Each committee with authority to act on behalf of the governing body?		x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 00		
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 5		_ <u>n</u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	. 12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?	. 14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a		x
b	Other officers or key employees of the organization	. 15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
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 I 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			
	Nancy Sollosi (366)334-4822, 601 E Main St, Jamestown, NC 27282			

Form 990 (2020) GTCC Innovative Resources Corp	46-0940073	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	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 th	is table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's ta	ax 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 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 and/or Box 7 of Form 1099-MISC) 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 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.

			1.	((C)	,		, , -		
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any	oro	Ins	Office	Ke	em Hig	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	hours for related	direc	tituti	icer	y em	ploy	Former	(related organizations
	organizations	for tr	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	npen				
	dotted line)	U	ee			Highest compensated employee				
						٩				
(1) Anthony Clarke, Dr	1.00									
Ex-Officio Director	40.00			х				0	214,123	16,298
(2) Nancy Sollosi	<u>1.00</u>									
Chief Financial Officer	40.00			х				0	156,028	12,874
(3) Beth Pitonzo, Dr	1.00									
Liaison Director	40.00	х						0	154,157	13,023
(4) Shirley Frye	1.00									
At-Large Director		х						0	0	0
(5) Jim Morgan	1.00									
At-Large Director		х						0	0	0
(6) Manuel Dudley, Dr	1.00									
Liaison Director		х						0	0	0
(7) Treana Bowling, Dr	1.00									
Ex-Officio Director		х						0	0	0
(8) Matt_Soule	1.00									
Ex-Officio Director		х						0	0	0
(9) Jarvis Harris	1.00									
Ex-Officio Director		х						0	0	0
(10)George Ragsdale	1.00									
Ex-Officio Director		х						0	0	0
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
										Farm 000 (2020)

	90 (2020) GTCC Innovative R	esources	Cor	p						4	6-0940	073	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, an	nd Hi	ighe	est Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Posi eck mo	ore th son is	han one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	able ation ated	(F) Estimated of ottl compension from tt		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-		orgar	nization a	
<u>(15)</u>														
(16)														
(17)														
(18)														
(19)														
(20)														
(24)														
(25)														
1b	Subtotal	 				•	• • •	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		· · ·	· · ·	•••	•••	•••	• •	0	524	,308		42,1	195
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those l											Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	othe	er con	npen	sation from the					
5	<i>individual</i>										• • • •	4	x	
0	for services rendered to the organization? If "Yes	s," complete	Sched	lule J	l for a	sucl	h pers	on				5		х
<u>Secti</u>	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	dent co	ntrac	tors	that	recei	ved	more than \$100.00	00 of				
•	compensation from the organization. Report comp										ax year.			
	(A) Name and business addres	35			-				(B) Description of service	es		(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		those		ed a	above)) wh	0					

Form 9	90 (20	20) GTCC	Inn	ovative	Res	ources Corp			46-09400	73 Page 9
Part	VIII	Statement of Rev	enu	ie						
		Check if Schedule O co	ontain	is a respons	e or n	ote to any line in thi	s Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a					
ο Ω	b	Membership dues	••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events			1c					
s, G Amo	d	J			1d	1,124				
Gift lar	e				1e					
simi Simi	f	All other contributions, gif	. 0	-						
her		and similar amounts not in Noncash contributions inc			1f					
ğti	g	lines 1a-1f			1g	\$				
anco	h						1,124			
						Business Code				
	2a	Consulting				611710	126,613	126,613		
vice		Instructional Rev	venu	e		611710	5,440	5,440		
Ser	С									
eve	d									
Program Service Revenue	е									
		All other program service								
	g	Total. Add lines 2a-2f .					132,053			
	3	Investment income (includi								
	4	other similar amounts) . Income from investment of					68	68		
	5	Royalties		•	•					
			\square	(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	a	Less: cost or other basis	76							
anue		and sales expenses Gain or (loss)								
eve		Net gain or (loss)				└ · · · · · · ►				
Other Revenue		Gross income from fundral								
Ğ		events (not including \$	•							
		of contributions reported o			-					
		1c). See Part IV, line 18	•••		8a					
		Less: direct expenses .			8b					
		Net income or (loss) from t		aising event	is <u>.</u>	· · · · · · ►				
	9a	Gross income from gaming	-							
	h	activities, See Part IV, line Less: direct expenses .			9a 9b					
		Net income or (loss) from				′ <u> </u>				
			-	ny activities						
	10a	Gross sales of inventory, le returns and allowances .			10a					
	b	Less: cost of goods sold			10k					
_		Net income or (loss) from			y	· · · · · · •				
						Business Code				
SN	11a									
ano nue	b									ļ
cell	C									
Miscellanous Revenue		All other revenue								
	- 1	Total. Add lines 11a-11d				<u></u> .►	100.04-	132,121	0	0
	1/	LUM LEVENUE, SEE INSTIL	ii anon	-		•	1 1 4 4 . 24 5	1 1 1 2 1 2 1	n n	1 n

d

е 25

26

All other expenses

Total functional expenses. Add lines 1 through 24e. .

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)

170,167

153,073

	990 (2020) GTCC Innovative Resour t IX Statement of Functional Expenses	ces Corp		
		alumna All athar argan	izationa must complet	10.00
Secu	on 501(c)(3) and 501(c)(4) organizations must complete all concerning the contrains a response or note to a			
Do n	ot include amounts reported on lines 6b, 7b,		(B)	•••
	b, and 10b of Part VIII.	Total expenses	Program service	N Q
1	Grants and other assistance to domestic organizations		expenses	g
•	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
2	individuals. See Part IV, line 22			
3	Grants and other assistance to foreign			
3	organizations, foreign governments, and			
	foreign individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
4 5	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors, trustees, and key employees			
6	trustees, and key employees			
U	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	52,054	52,054	
8	Pension plan accruals and contributions (include	52,054	52,054	
0	section 401(k) and 403(b) employer contributions)	10,237	10,237	
9	Other employee benefits	2,446	2,446	
10	Payroll taxes	5,250	5,250	
11	Fees for services (nonemployees):	5,250	5,250	
a	Management			
b		2,843		
c		12,500		
d		12,500		
e	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25, column			
9	(A) amount, list line 11g expenses on Schedule O.)	75,732	75,732	
12	Advertising and promotion	757752	757752	
13	Office expenses	2,102	1,622	
14	Information technology	5,423	5,423	
15	Royalties	5,125	5,125	
16	Occupancy	41	41	
17	Travel	(181)	(181)	
18	Payments of travel or entertainment expenses	/	()	
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20				
21	Payments to affiliates			
22	Depreciation, depletion, and amortization			
23				
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.)			
а	Service Charges	1,627	356	
	·	93	93	

. •

(D) Fundraising expenses

. . .

2,843 12,500

480

1,271

17,094

(C) Management and general expenses

х

Form **990** (2020)

0

	990 (20	· •	40	5-0940	073 Page 1
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
	1	Cash - non-interest-bearing	1,172,855	1	541,191
	2	Savings and temporary cash investments	1/1/2/035	2	511,151
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	151,769	4	20,336
	5	Loans and other receivables from any current or former officer, director,	1517705		20,550
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		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)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	12,160	9	2,452
	10a	Land, buildings, and equipment: cost or other	/_**		
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	603,949
	14	Intangible assets		14	,
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,336,784	16	1,167,928
	17	Accounts payable and accrued expenses	8,987	17	6,966
	18	Grants payable	•	18	· · ·
	19		151,673	19	21,760
	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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		25	
	26	Total liabilities. Add lines 17 through 25	160,660	26	28,726
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,023,257	27	1,075,604
alaı	28	Net assets with donor restrictions	152,867	28	63,598
d B		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let /	32	Total net assets or fund balances	1,176,124	32	1,139,202
2	33	Total liabilities and net assets/fund balances	1,336,784	33	1,167,928

EEA

Form 990 (2020)

Form	990 (2020) GTCC Innovative Resources Corp	46-094007	3	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		133,	,245
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		170,	,167
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(36,	,922)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	176,	,124
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	139,	,202
Par	t 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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
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	<u></u>	3b		
EEA			Form	990 (2020)

	000 T		▶ Go to www.irs.gov/Form9907 for instructions and the latest information. Open to Public Inspection of 501(c)(2). Nume or quanzation () Check box in ame changed and see instructions.) D Employee Medicilication number GTCC Incovative Resources Corp 46-0940073 E Group exemption number Mumber, street, and room or suite no. If a P.O. box, see instructions. E Group exemption number (see instructions for usite no. If a P.O. box, see instructions. E Group exemption number Box water of all assets at end or year 1,167,928 F (check in a anendod return. a anendod return. > Claim credit from Form 8941 Claim a refund shown on Form 2439 m anendod return. a anendod return. > Claim credit from Form 8941 Claim a refund shown on Form 2439 > 1 1 > granization filing a consolidated return with a 501(c)(2) titleholding corporation > 1 > 1 stehe corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? > 1 > 1 of > Nancy Sollosi 6 01 E Main St Jamesto NC 272892 S (see instructions for limitation rules) 4 usiness taxable income computed from all unrelated trades or businesses (see 1 2 3 3 3 ors (see instructions for limitation rules) S S			
Form SUD-1 (and proxy tax under section 6033(e)) 2021 Department of the Treasury tream Revenue Service G to www.irs.gov/Form9907 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 SU(c)3. Department of the Treasury tream Revenue Service D mot enter SSN numbers on this form as it may be made public if your organization is a SU(c)3. Demot public if or SU(c) and a set motion is a set may be made public if your organization is a SU(c)3. Demot public if or SU(c) and a set motion is a set may be made public if your organization is a SU(c)3. Demot public if or SU(c) and a set motion is a set motion is a set may be made public if your organization is a SU(c)3. Demot public if organization is a SU(c)3. Demot public if your organization is a subiliary on a parent-subsidiary controlled group? Demot public if your organization is a subiliary on an affinitated group or a parent-subsidiary controlled group? Demot public if your organization is a subiliary in an affinitated group or a parent-subsidiary controlled group? Demot public if your organization is a subiliary in an affinitated group or a parent-subsidiary controlled group? Demot public if your organization is a SU(c)3. 1 Chec	20					
		For cale	endar year 2020 or other tax year beginning 07-01, 2020, and ending 06-30 , 20	21		
Denar	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.			
•		► [(c)(3).		
A	Check box if		Name of organization (Check box if name changed and see instructions.)	D Emplo	oyer identification	1 number
	address changed.	Drint	GTCC Innovative Resources Corp	46-09	40073	
B Exe	empt under section		Number, street, and room or suite no. If a P.O. box, see instructions.		•	ber
х	501(c)(3)	-	601 E Main St	(see ir	nstructions)	
	408(e) 220(e)	туре	City or town, state or province, country, and ZIP or foreign postal code			
	408A 530(a)		Jamestown, NC 27282	F 🗌 C	Check if	
	529(a) 529A	C Book	value of all assets at end of year	а	n amended return	
G	Check organization t	ype 🕨	x 501(c) corporation 501(c) trust 401(a) trust Other trust	Applica	ble reinsurand	ce entity
H (Check if filing only to		Claim credit from Form 8941)		
I (Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation			. ►
JI	Enter the number of	attached	Schedules A (Form 990-T)		. ► 1	
κı	During the tax year, v	was the o				x No
I	f "Yes," enter the na	me and i	identifying number of the parent corporation >			
LI	he books are in car	e of 🕨	Nancy Sollosi 601 E Main St Jamesto NC 272822ephone number	► (36	56)334-48	22
Pa	rt I Total U	nrelate	ed Business Taxable Income			
1	Total of unrelated	business	s taxable income computed from all unrelated trades or businesses (see			
	instructions)				1	
2	Reserved				2	
3	Add lines 1 and 2			[3	
4	Charitable contribu	itions (se	ee instructions for limitation rules)	🗌	4	
5	Total unrelated but	siness ta	exable income before net operating losses. Subtract line 4 from line 3	[5	
6	Deduction for net a	perating	loss. See instructions		6	
7						
	Subtract line 6 from	n line 5	·		7	
8	Specific deduction	(general	Ily \$1,000, but see instructions for exceptions)	Г	8	
9					9	
10					10	
11					-	
			G <i>i</i>		11	0
Pa						
1				. ►	1	0
2						
				. ►	2	
3		_				
-	•					
		``			-	
	-		-			
						0-T (2020)
-			· -			(2020)

	990-T (2020) GTCC Innovative Resources Corp	46-09	40073	P	'age 2
Pa	rt III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		_		
b	Other credits (see instructions)		_		
С	General business credit. Attach Form 3800 (see instructions) 1c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Add lines 1a through 1d		1e		
2	Subtract line 1e from Part II, line 7		2		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)		3		
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	•	4		
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5		
6a	Payments: A 2019 overpayment credited to 2020 6a		_		
b	2020 estimated tax payments. Check if section 643(g) election applies ▶ □ 6b		_		
С	Tax deposited with Form 8868		_		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		_		
е	Backup withholding (see instructions)		_		
f	Credit for small employer health insurance premiums (attach Form 8941)		-		
g	Other credits, adjustments, and payments:				
	□ Form 4136 □ Other Total ► 6g		_		
7	Total payments. Add lines 6a through 6g		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
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		
11		unded 🕨	11		
Pa	rt IV Statements Regarding Certain Activities and Other Information (see instruc				-
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other auth	•		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cou	untry			
	here				х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?				х
	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				
4a	Did the organization change its method of accounting? (see instructions)				х
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No				
_	explain in Part V				
Pa	rt V Supplemental Information				

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign		er penalties of perjury, I declare that I have examin ef, it is true, correct, and complete. Declaration of p					
Here	Signature of officer		Date Title	ial Officer	with the prepa	iscuss this return rer shown below ns)? X Yes No	
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid		George R McGough	George R McGough	05-05-2022	self-employed P008535		
Prepa	rer	Firm's name FGeorge R McGough C	Firm's EIN ▶82-3812814				
Use O	nly	Firm's address PO Box 397			Phone no.		
		Waxhaw NC 28173			704	-400-3979	

Form **990-T** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust	t.	2020

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

(E)

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

Open to Public
Inspection

Employer identification number

GTC	C I	nnovative Resources Corp					46-0940073	3
Pa	irt I	Reason for Public Charit	y Status. (All o	rganizations must o	complete	e this par	t.) See instructions	6.
The	orga	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check on	ly one box	.)		
1		A church, convention of churches, o	r association of chu	rches described in sect	ion 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)		
3		A hospital or a cooperative hospital	service organizatior	n described in section 1	70(b)(1)(A	A)(iii).		
4		A medical research organization ope	erated in conjunction	n with a hospital describ	ed in sect	tion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the ben	efit of a college or u	iniversity owned or operation	ated by a g	governmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).		
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(v	i). (Complete Part I	l.)				
8		A community trust described in sect	ion 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	n described in secti	on 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colleg	e
		or university or a non-land-grant colle	ege of agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contribut	ions, memb	ership fees, and gross	
		receipts from activities related to its e	exempt functions - s	subject to certain excepti	ions; and (2) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bus	siness taxable income (le	ess sectio	n 511 tax) f	rom businesses	
		acquired by the organization after Ju			•	,		
11	Ц	An organization organized and oper-	•					
12	X	An organization organized and opera		· ·			, , ,	
		of one or more publicly supported or	•					
		Check the box in lines 12a through 1						-
	а	X Type I. A supporting organizatio			••	-		Ig
		the supported organization(s) the			rity of the o	directors or	trustees of the	
		supporting organization. You m	-					
	b	Type II. A supporting organization				-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		control or management of the su		•	ersons that	control or r	nanage the supported	
	_	organization(s). You must com				de la contra de la	e e Como De Conto ana ta da ad	1.
	С	Type III functionally integrated		•				in,
	-1	its supported organization(s) (se						- (-)
	d	Type III non-functionally integ						n(S)
		that is not functionally integrated					it and an alterniveness	
	•	requirement (see instructions).	-					
	е	Check this box if the organization functionally integrated, or Type II				sa iypei,	туре п, туре п	
	f	Enter the number of supported organ	-		anization.			1
	g	Provide the following information abo				• • • • •		
		i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the (organization	(v) Amount of monetary	(vi) Amount of
	,	y Name of supported organization		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	docun	nent?	instructions)	instructions)
					Yes	No		
(A)	Gui	lford Technical C	56-0792519	2	x		0	1,224
(B)								
(C)								
(D)								

1,224

			ources Corp			46-09400	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th				•		ality under
-	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	ction A. Public Support	() 00 (0	(1) 00 (7	() 0040	(1) 00 (0)	() 0000	(0 T ()
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ▶ _
	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c		-			14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu	-	• • • •	-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets				-	-	
	Part VI how the organization meets the facts			-			_
	organization						
k	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m					-	-
	in Part VI how the organization meets the factor	cts-and-circum	stances test.	The organization	on qualifies as	a publicly supp	orted
	organization						
18	Private foundation. If the organization did r						
	instructions						>

Sche	dule A (Form 990 or 990-EZ) 2020 GTCC Inno	vative Reso	ources Corp	,		46-0	940073	Page 3
Pa	rt III Support Schedule for Organiz							
	(Complete only if you checked the			•			lify under	Part II.
	If the organization fails to qualify	v under the te	ests listed bel	ow, please co	omplete Part I	.)		
	ction A. Public Support		1		1			
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	20	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
, u	received from disqualified persons							
h	Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
~	Add lines 7a and 7b							
_								
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)							
	ction B. Total Support	(-) 0040	(b) 2047	(-) 2010	(4) 2010	(-) 00	20	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	20 ((f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth	tax year as a se	ection 50)1(c)(3)	
	organization, check this box and stop here							▶ 🗌
Se	ction C. Computation of Public Suppor	t Percentag	е					
	Public support percentage for 2020 (line 8, c			column (f)) .		15		%
16	Public support percentage from 2019 Sched					16		%
	ction D. Computation of Investment Inc							
17	Investment income percentage for 2020 (line		-	ine 13 column	n (f))	17		%
18	Investment income percentage for 2020 (inte					18		%
	33 1/3% support tests - 2020. If the organiz						1/3% and	
130	17 is not more than 33 1/3%, check this box							
h	33 1/3% support tests - 2019. If the organiz							
U	line 18 is not more than 33 1/3%, check this							
20		-	-	-			-	
20	Private foundation. If the organization did n	OUTHERK & DO	× 011 III e 14, 18	ימ, טר ושט, טופ		266 1121		<u> P []</u>

0-EZ) 2020 GTCC Innovative Resources Corp

	t IV Supporting Organizations	/3	F	aye
ai			liona	٨
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complet			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part		•)
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)	
ect	ion A. All Supporting Organizations			
			Yes	N
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	x	
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		х
а	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		x
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Uu		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		24		
_	organization made the determination.	3b		
С	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		
а	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		х
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		
С	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		
а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
a	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	5-		
	was accomplished (such as by amendment to the organizing document).	5a		Х
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	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		x
	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 or 990-EZ).	7		x
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		v
_	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		x
а				
	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		х
b	Did one or more disqualified persons (as defined in 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		х
С	Did a disqualified person (as defined in 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		х
)a	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 10b below.	10a		x
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			Λ
	determine whether the organization had excess business holdings.)	10b		
			1	

		940073	Г	Page
Ра	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	d		
	11c below, the governing body of a supported organization?	11a		х
b	A family member of a person described in line 11a above?	11b		х
с	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provid	le		
	detail in Part VI.	11c		x
ec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among th	e		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
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 Pa	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

Section C. Type II Supporting Organizations

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).

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 in 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 government entity (see instructions).
- 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.
- b Did the activities described in 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.
- 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.*
- **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.*

Yes

1

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 <i>(expla</i>	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	anizations	must complete Sectio	ns 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		
 Check here if the current year is the organization's first as a non-functional 	-	ated Type III supporting	g organization
(see instructions).	,	71 · · · · · · · · · · · · · · · · · · ·	
		0-1	dula A (Form 000 or 000 FZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 6

46-0940073

	lle A (Form 990 or 990-EZ) 2020 GTCC Innovative Resources				0073 Page 7		
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide 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	e organization is respons	sive				
•	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
	Line 8 amount divided by line 9 amount			10			
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	-	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
	From 2018						
	From 2019						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Carryover from 2015 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
-	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
-	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, <i>explain in Part VI</i> . See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
Ŭ	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Evenes from 2016						
	Evenes from 2017						
	Evenes from 2010						
	Evenes from 2010						
	Evenes from 2020						
	Excess from 2020			C c li	hula A (Farm 000 000 FF)		
EEA				scned	lule A (Form 990 or 990-EZ) 2020		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

(Form 990)			ganization answered "Yes" 10, 11a, 11b, 11c, 11d, 11e,			20	020
D			Attach to Form 990.	, ,		Open t	o Public
•	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
	of the organization	• •			loyer identificat		
GTC	C Innovative	Resources Corp			46-09400	73	
		tions Maintaining Donor Advised Fu	Inds or Other Similar F	unds or Accounts	5.		
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	6.			
			(a) Donor advised t	funds	(b) Funds	s and other accou	ints
1	Total number at en	d of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	tend of year					
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in	donor advised			
	funds are the organ	nization's property, subject to the organizati	on's exclusive legal control?			Yes	No
6	-	n inform all grantees, donors, and donor ad					
	, ,	purposes and not for the benefit of the dono				_	_
		ssible private benefit?		• • • • • • • • • • • •		🗌 Yes	No
Pa		vation Easements.		_			
	,	e if the organization answered "Yes" of		7.			
1	_	ervation easements held by the organizatio					
		f land for public use (e.g., recreation or edu	cation)	Preservation of a his			ea
	Protection of n			Preservation of a ce	rtified historic	; structure	
•	Preservation o		la constanta de la constante d				
2		nrough 2d if the organization held a qualified	conservation contribution in	the form of a conserv			
-		ist day of the tax year.				at the End of t	he Tax Year
a L					2a 2b		
b	0	,	••••••••••••••••••••••••••••••••••••••		2b 2c		
с С		vation easements on a certified historic struc vation easements included in (c) acquired at		••••	20		
d					2d		
3		vation easements modified, transferred, rele				0	
3	tax year ►		aseu, eximguisheu, or termi	nated by the organiza	tion during th	e	
4	·		ment is located				
5		ion have a written policy regarding the period		andling of			
Ŭ	-	present of the conservation easements it h				🗌 Yes	No
6	,	hours devoted to monitoring, inspecting, ha					
Ū			naming of violations, and offic	sioning concervation of		ing the year	
7	Amount of expense	 es incurred in monitoring, inspecting, handlir	or of violations, and enforcin	a conservation easer	nents durina t	he vear	
	▶\$	3, 4, 1, 3,	5	0	J	,	
8		/ation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)(i)		
	and section 170(h)					🗌 Yes	No
9	In Part XIII, describ	be how the organization reports conservation	n easements in its revenue	and expense statemer	nt and		
	balance sheet, and	include, if applicable, the text of the footnot	e to the organization's financ	cial statements that de	scribes the		
	organization's acco	ounting for conservation easements.					
Pa	rt III Organiz	zations Maintaining Collections	of Art, Historical Tre	asures, or Othe	r Similar A	Assets.	
	Complet	e if the organization answered "Yes" of	on Form 990, Part IV, line	e 8.			
1a	If the organization of	elected, as permitted under FASB ASC 958	, not to report in its revenue	statement and balance	e sheet work	.S	
	of art, historical trea	asures, or other similar assets held for publi	c exhibition, education, or re	esearch in furtherance	of public		
	service, provide, in	Part XIII the text of the footnote to its finan	cial statements that describe	es these items.			
b	If the organization	elected, as permitted under FASB ASC 958	, to report in its revenue sta	tement and balance sl	neet works of		
	art, historical treasu	ures, or other similar assets held for public e	exhibition, education, or rese	arch in furtherance of	public servic	e,	
	provide the followin	ng amounts relating to these items:					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1					
	(ii) Assets include	d in Form 990, Part X					
2	If the organization	received or held works of art, historical treas	sures, or other similar assets	s for financial gain, pro			
	following amounts	required to be reported under FASB ASC 9	58 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1			► \$		

.

. . . ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organizations accession, and other records, check any of the following the make significant use of its collections are (check all that apply): a a Pottle checkblistion d Loan exchange programs b Scholarly research e Detertion of thrum generations (check any of the following the make significant use of its collections and explain how they further the organization's contextom? Yes No Part IV Escrew and Custodial Arrangements. Yes No No Part IV Escrew and Custodial Arrangements. Yes No Yes No Solution of thrum generations collections and order intermediary for contributions or other assets not included or Ban XIII. Yes No 1a Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. Yes No 2b Dift the organization in answered 'Yes' on Form 990, Part IV, line 10. Yes No Image: Status Statu		ule D (Form 990) 2020 GTCC Innovative					46-0940		Page 2
collection tens (check all the apply): d Land or exchange programs b Provide a description of the organization's collections and explain how they further the organization's exempt puppose in Part Xill. b During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?. Yes Nove PartIV Excove and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Nove Nove 1a be organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes _ nove Nove c Beginning balance 10 10 10 10 10 c Beginning balance 10 10 10 10 10 d Attions during the year 10 10 10 10 10 10 d Distributions during the year 10 <th>Pa</th> <th>rt III Organizations Maintaining</th> <th>Collections of</th> <th>Art, Historical</th> <th>Treasures, o</th> <th>or Oth</th> <th>her Similar As</th> <th>sets (cor</th> <th>ntinued)</th>	Pa	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures, o	or Oth	her Similar As	sets (cor	ntinued)
Beddie activities and the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 11. Section for the answered the answereed Yes' on Form 990	3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
be Scholary research e Other		collection items (check all that apply):							
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization societ or receive donations of art, historical treasures, or other similar assets to be dide trained under after than to be maintained as part of the organization's collection?	а	Public exhibition		d 🗌 Loan	or exchange pr	rograms	6		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI Souring the year, did the organization solicit or receive donations of art, hisbrical treasures, or other similar assets to be add to rease funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		e 🗌 Othe	r				
XIII. So During the year, did the organization asset to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part IW Escrow and Custodial Arrangements. Completel if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No It "ves," explain the arrangement in Part XIII and complete the following table: Amount Yes No It "ves," explain the arrangement in Part XIII and complete the following table: Amount Yes No It "ves," explain the arrangement in Part XIII and complete the following table: It didded It to organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No It "ves," organin the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII. It west and the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No It "ves," organin the arrangement in Part XIII. Check there if the explanation has been provided on Part XIII. It west and the arrangement answered 'Yes' on Form 990, Part X, line 21. for escrow and table: It west and t	с	Preservation for future generations							
5 During the year, ddi the organization solicit or rockie dorabins of at. National treasures, or other similar assets to be solic or inside funds stater than to be maintained as part of the organization's collection?. Ives No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ives of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 70. Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ives Amount c Beginning balance 10 Ives Amount Ives No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Ives No No c Beginning of year balance (e) Curren year (e) Twe years tack. (d) From years tack. <th>4</th> <th>Provide a description of the organization's colle</th> <th>ections and explain</th> <th>how they further the</th> <th>organization's e</th> <th>exempt</th> <th>purpose in Part</th> <th></th> <th></th>	4	Provide a description of the organization's colle	ections and explain	how they further the	organization's e	exempt	purpose in Part		
essets to be sold to risks funds rather than to be maintained as part of the organization's collection?		XIII.							
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angem, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" 14 Additions during the year 10	5	During the year, did the organization solicit or r	eceive donations of	art, historical treasu	ires, or other sin	nilar			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angem, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2" 14 Additions during the year 10		assets to be sold to raise funds rather than to l	be maintained as pa	art of the organizatio	n's collection?.			Yes	No
1990, Part X, line 21 1 1s the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1	Pa								
1a Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Image: Control Contro Control Control Control Contrecont Control Control Con		Complete if the organization a	nswered "Yes"	on Form 990, P	art IV, line 9	, or rej	ported an amo	unt on Fo	orm
included on Form 990, Part X?		990, Part X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year d d d carditions during the year d d d carditions during the year f Ending balance f Endorment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. f Administrative expenses f Administrative expenses f Administrative expenses f Administrative expenses f Contribution f Administrative expenses f Contribution f Endowment	1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions o	or other assets n	not			
Beginning balance Additions during the year If Additions If Additions Additions If If		included on Form 990, Part X?						. 🗌 Yes	No
c Beginning balance 1c 1d d Additions during the year 1e 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No bit Y'ves, 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII The organization answered "Yes" on Form 990, Part IV, line 10. Image: the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Carrent year (b) Prior year (c) Twe years back (d) Three years back (d) Four years back 1b Contributors (a) Carrent year (b) Prior year (c) Twe years back (d) Three years back (d) Four years back 1c Grants or scholarships (d) Three years back (d) Three years back (d) Three years back (d) Four years back 1c Grants or scholarships (d) Three years back (d) Three years back (d) Three years back (d) Three years back 1c Grants or scholarships (d) Three years back (d) Three years back (d) Three years back 1c Grants or scholarships (d) Three years back (d) Three years back (d) Three years back 1c	b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:					
d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Pert V Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (a) Three years back (e) Four years back (e) Four years back 1a Beginning of year balance (b) Prior year (e) Three years back (e) Four years back 2 Provide the							Amo	ount	
e Distributions during the year 1e f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 10. c Net investment earnings, gains, and losses losses (b) c Net investment earnings, gains, and porgarms losses (c) e Other expenditures for facilities and programs provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \widehammathbalance f Tem endowment \widehammathbalance (a) Urrelated organizations (b) Ret there endowment \widehammathbalance (c) Urrelated organizations (d) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment two so the organizations isted as required on Schedule R? (d) Urrelated organizations (d) Rest Hord State organizations (e) Rest Hord State organizations (f) Rest Hord State organiz	с	Beginning balance				1c			
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No No 2b If Yes? explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Two years back (e) Four years back (f) Three years back (e) Four years back (f) Three years back (f) Three years back (f) Ture years back f) for year years back f) for year years bac	d	Additions during the year				1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Tytes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Tytes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Tytes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Tytes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Tytes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earraings, gains, and losses (a) Current year (b) Prior year (c) Three years back (d) Three years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Prior year (d) Three years back (d) Four years back d Grants or scholarships (a) Cartor types (a) Cartor types (a) Cartor types (a) Cartor types (a) C	е	Distributions during the year				1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back c Net investment arrings, gains, and losses (a) Current year (a) Current year (c) Two years back (d) Twree years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back d Grants or scholarships (b) Current year (c) Twree years back (d) Twree years back (e) Four years back d Grants or scholarships (c) (c) Twree years back (e) Twree years back (e) Four years back g End of year balance (f) Current year end balance<	f	Ending balance				1f			
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (e) Four years back (e) Four years back (f) Four years back (f) Four years back (g) Four years back	2a	Did the organization include an amount on Forr	n 990, Part X, line 2	21, for escrow or cus	todial account li	ability?		Yes	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Four years back (e) Four years back (e) Four years back (f) Four years back (f) Four years back (g) Four years back	b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation has been p	provided on Part	t XIII .			
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions Image: Second Seco	Pa	rt V Endowment Funds.							
1a Beginning of year balance		Complete if the organization a	nswered "Yes"	on Form 990, P	art IV, line 1	0.			
b Contributions			(a) Current year	(b) Prior year	(c) Two years b	back	(d) Three years back	(e) Four y	ears back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
Iosses Image: Section of programs Image: Section of programs e Other expenditures for facilities and programs Image: Section of programs Image: Section of programs f Administrative expenses Image: Section of programs Image: Section of programs Image: Section of programs g End of year balance Image: Section of programs Image: Section of programs Image: Section of programs g End of year balance Image: Section of programs Image: Section of programs Image: Section of programs g End of year balance Image: Section of programs Image: Section of programs Image: Section of programs g End of year balance Image: Section of program Image: Section of program Image: Section of program Image: Section of program g End of year balance Image: Section of program Image: Section	b	Contributions							
d Grants or scholarships	с	Net investment earnings, gains, and							
e Other expenditures for facilities and programs		losses							
programs	d	Grants or scholarships							
f Administrative expenses	е	· · ·							
f Administrative expenses		programs							
g End of year balance Image: Second Se	f								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Cost or other basis (o) Cost or other basis (o) Accumulated depreciation (d) Book value (a) Cost or other basis (o) Accumulated depreciation (d) Book value (d) Book value 1a Land	g	· · ·							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Cost or other basis (o) Cost or other basis (o) Accumulated depreciation (d) Book value (a) Cost or other basis (o) Accumulated depreciation (d) Book value (d) Book value 1a Land		· · ·	t year end balance	(line 1g, column (a))	held as:	1			
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations iii) Related organizations iii) Related organizations iiii) Related organizations iiiiiiiiiiiiiiiiiiiiiiii	а	· · · ·							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Book value (other) (other) (d) Book value (d) Book value (investment) (other) (other) (d) Book value (d) Book value (d) Book valu	b								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Book value (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value	с	Term endowment %							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Book value (iii) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value		The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land	3a			tion that are held and	d administered fo	or the			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) (ii) Related organizations 3a(ii) (ii) Related organizations 3a(ii) (ii) Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			Ū					١	res No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		• •						3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(ii) Related organizations						3a(ii)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?.				3b	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4							·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Land Image: Cost or other basis (investment) Image: Cost or other basis (other) Image:	Pa		-						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				on Form 990, P	art IV, line 1	1a. Se	e Form 990, P	art X, lin	e 10.
1a Land Image: mail of the state of the		Description of property	(a) Cost or oth	ner basis (b) Cost	or other basis	(c) A	ccumulated	(d) Book v	value
b Buildings Image: Constraint of the second se			(investm	ent)	(other)	dep	preciation		
c Leasehold improvements d Equipment Image: Constraint of the second secon	1a	Land	•						
d Equipment	b	Buildings	•						
e Other	с	Leasehold improvements							
	d	Equipment	•						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other	•						
	Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, column (B), line	e 10.c.)		· · · · ►		

Schedule D (Form 990) 2020

EEA

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

46-0940073

Page 3

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)Investment in GC3	603,949	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.)	603,949	

Part IX Other Assets.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). . <th< td=""><td></td></th<>	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Feder	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.). ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

х

Sched	dule D (Form 990) 2020 GTCC Innovative Resources Corp	46-09	40073 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements W		
	Complete if the organization answered "Yes" on Form 990, Part IV,	•	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
C L	Other (Describe in Part XIII.)		
d			
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per I	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••••••••••••••••••••••••••••••••••••	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
b			
с -	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b an		line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additiona	al information.	
01.	Footnote for uncertain tax position under FIN 48 (Part X)		
GTC	C Innovative Resources Corporation (GIRC) is an exempt organiza	ation under Sectio	on 501(c)(3) of
the	United States Internal Revenue Code. The Organization's manage	gement believes th	nat there is a
bas	is for all tax positions taken by GIRC in its tax returns. The	erefore, there are	e no uncertain
pos	itions disclosed in these consolidated financial statements.	Though the Organi:	ation has not
_			
bee	n notified by any pending audits, all tax years ending after Ju	une 30, 2017 are s	still subject to
			2
exa	mination by taxing authorities.		
<u></u>			

SCHEDULE J	Compensation Information	B No. 1545-	0047
(Form 990)	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees * Complete if the organization answered "Yes" on Form 990, Part IV, line 23. * Attach to Form 990. * Go to www.irs.gov/Form990 for instructions and the latest information. Imme of the organization TCC TINDOVATIVE RESOURCES CORP 46-09400 Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on 1 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item First-class or charter travel Part I Payments for business use of personal residence Travel for companions Payments for business use of personal residence Trave indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, negarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of t	2020)
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	pen to Pul Inspectior	
Name of the organization	Employer identification numb	er	
Part I Questio	ns Regarding Compensation	Yes	s No
990, Part VII, Se First-class o Travel for co Tax indemni	action A, line 1a. Complete Part III to provide any relevant information regarding these items. r charter travel Housing allowance or residence for personal use mpanions Payments for business use of personal residence fication and gross-up payments Health or social club dues or initiation fees		
or reimburseme	nt or provision of all of the expenses described above? If "No," complete Part III to	1b	
2 Did the organiza	tion require substantiation prior to reimbursing or allowing expenses incurred by all es, and officers, including the CEO/Executive Director, regarding the items checked on line	2	
organization's C related organiza Compensati Independent	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a tion to establish compensation of the CEO/Executive Director, but explain in Part III. on committee Image: Written employment contract compensation consultant Image: Compensation survey or study		
	• • •		
a Receive a sever	ance payment or change-of-control payment?	4a	x
		4b	х
•	receive payment from an equity-based compensation arrangement?	4c	x
5 For persons liste	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the revenues of:		
	n?	5a	x
b Any related orga	anization?	5b	x
•	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any on the net earnings of:		
b Any related orga	n?	6a 6b	x
-	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III	7	x
8 Were any amou to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject ract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	-	
		8	x
Regulations sec	3, did the organization also follow the rebuttable presumption procedure described in tion 53.4958-6(c)?	9	
For Donorwork Doducti	on Act Notice, see the Instructions for Form 990 Schedule	/Earm 00	U) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

			W-2 and/or 1099-MI		, Fait VII, Section A, IIIe			
(A) Name and Title		(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other reportable		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Anthony Clarke, Dr	(i)	0	0	0	0	0	0	0
1 Ex-Officio Director	(ii)	214,123	0	0	0	16,298	230,421	0
Nancy Sollosi	(i)	0	0	0	0	0	0	0
2 Chief Financial Offic		156,028	0	0	0	12,874	168,902	0
	(i)	0	0	0	0	0	0	0
	(ii)	154,157	0	0	0	13,023	167,180	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)		1					

Schedule J (Form 990) 2020

EEA

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047
2020
Open to Public
Inspection

Employer identification number

46-0940073

GTCC Innovative Resources Corp

01. Form 990 governing body review (Part VI, line 11)

Organization's process to review form 990-the completed 990 is prepared by an external

accounting firm and reviewed by the business office of Guilford Technical Community

College before it is submitted to the IRS

02. Conflict of interest policy compliance (Part VI, line 12c)

The organization distributes its Conflict of Interest (COI) policy to all directors and

officers and annually obtains from each such person a signed statement certifying that the

person (1) Received a copy of the COI policy, (2) Has read and understands the policy, (3)

Agrees to comply with the policy, (4) Understands that the policy applies to all

committees acting with the authority of the board and (5) understands that the

organization is a charitable entity and must continuously engage primarily in activities

which accomplish its exempt purposes

03. Governing documents, etc, available to public (Part VI, line 19)

Governing documents disclosure explanation - All documents are available upon request

04. List of other fees for services expenses (Part IX, line 11g)

Other expenses 75,732

05. Part III, response or note to any other line in Part III

Part III Line 1, Description of Organization Mission:

GIRC invests start up funds to launch innovative and results-oriented projects which align

with GTCC core objectives to serve the Guilford County community and generate revenue to

Employer identification number 46-0940073

advance the life-long educational opportunities of students.

06. General explanation attachment

Form 990 Part I Line 1, Description of Organizational Mission:

GTCC Innovative Resources Corporation's (GIRC) purpose is to aid, support and promote

teaching and service in the various educational, professional, artistic and creative

endeavors of GTCC. GIRC will promote entrepeneurialism by investing in the professional,

artistic and creative endeavors of Guilford Technical Community College (GTCC).

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. > Attach to Form 990. > Internal Revenue Service										
Name of the organization		w.ns.gov/1					Employer identification	Inspecti on number		
	Resources Corp cation of Disregarded Entities. Comple	to if the or	agnization :	answered "Ves"		t IV/ line 33	46-0940073			
	(a) e, address, and EIN (if applicable) of disregarded entity			(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con ent	trolling	
(1)									<u>.,</u>	
(2)										
(3)										
(4)										
(5)										
Part II	cation of Related Tax-Exempt Organizations du		•	e organization a	answered "Yes" or	n Form 990, Pai	rt IV, line 34 be	cause it ha	d	
Name	(a) e, address, and EIN of related organization	Prima	(b) ary activity	(C) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)			(g) 12(b)(13) led entity?	
(1) Guilford Tech 601 E Main St	nical Community Colle, 56-0792519							100		
Jamestown NC	27282	Educatio	n	NC	501(c)(3)	2	N/A		x	
(2)										
(3)										
(4)										
(5)										

46-0940073

Page **2**

Part III	Identification of							tion answe	ered "Ye	es" or	n Form 990,	Part IV	line 3	34,
·	because it had on							()			(1)	(1)		
	(a) address, and EIN of ated organization	(b) Primary activity	domicile (state or foreign	(d) Direct controlling entity	Predo income unre exclud	(e) ominant S (related, elated, ed from under	(f) hare of total income	(g) Share of end- year assets		ortionate	(i) Code V-UBI amount in box : of Schedule K- (Form 1065)	1 par		(k) Percentage ownership
			country)			s 512-514)			Yes	No	(,	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
Part IV	Identification of line 34, because it									vered	d "Yes" on I	orm 99), Par	t IV,
Nam	(a) le, address, and EIN of related o		(b) Primary activity	(c)	omicile	(d) Direct controlling entity	(е Туре с	e)	(f) Share of total income		(g) Share of d-of-year assets	(h) Percentage ownership		(i) on 512(b)(13) controlled entity?
(1)													Ye	s No
(2)														
(3)														
(4)														
(5)														

d Loans or loan guarantees to or for related organization(s)

No

x

x

х

Yes

x

1d

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1a **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c

e Loans or loan guarantees by related organization(s)	1e	x
f Dividends from related organization(s)	1f	x
g Sale of assets to related organization(s)	1g	x
h Purchase of assets from related organization(s)	1h	x
i Exchange of assets with related organization(s)	1i	x
j Lease of facilities, equipment, or other assets to related organization(s)	1j _X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k x	
	1I x	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m X	
	1n x	
	10 x	
p Reimbursement paid to related organization(s) for expenses	1p x	
	1q x	
r Other transfer of cash or property to related organization(s)	1r	x
	1s	x

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 2

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)			
_(2)			
(3)			
(4)			
_(5)			
_(6)			
EEA			Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes No			Yes	No		Yes	No	
[1)													
2)													
3)													
4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
1)													
2)													

Page 4