Form <b>990</b>
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Department of the Treasury

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



Intern	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and the la				Inspection	
<u>A</u> F	or th	e 2020 calendar year, or tax year beginning $ { m JUL}1,2020$ and ending	g JUN	30,	2021		
Bc	heck if pplicab	C Name of organization	DE	Employe	er identific	ation number	
a							
	Addre Chang	e NORTH EAST EDUCATIONAL FOUNDATION, INC.					
	Name]	Doing business as		74-2	241094	14	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E T	Felephor	ne number		
	Final return	8961 TESORO DR, SUITE 609 609		210-	-407-0		
	termi ated		G	Gross receip	ots \$	719,311.	
	Amer	ded SAN ANTONIO, TX 78217	H(a	) Is this a	a group re	turn	
	Appli tion	F Name and address of principal officer: CARK HORNBOCKIE		for sub	ordinates	? Yes X No	
	pend	<sup>ng</sup> SAME AS C ABOVE	H(b	Are all su	bordinates ind	cluded? Yes No	
IT	ax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🦳	527	lf "No,"	' attach a	list. See instructions	
JV	Vebsi	te: ▶ WWW.NORTHEASTFOUNDATION.ORG	H(c	) Group	exemptior	n number 🕨	
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other ► 🛛 L	Year of for	mation: 1	1986 <mark>M</mark>	I State of legal domicile: TX	
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: RAISE FU	JNDS 7	O DE	EVELOF	)	
JCe		EDUCATIONAL OPPORTUNITIES FOR STUDENTS OF N.I					
Activities & Governance	2	Check this box      if the organization discontinued its operations or disposed of r	more than	25% of i	its net ass	ets.	
vel	3	Number of voting members of the governing body (Part VI, line 1a)			3	40	
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				40	
ې د	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		0			
/itie	6	Total number of volunteers (estimate if necessary)				50	
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.	
◄	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.	
			F	Prior Yea	ar	Current Year	
•	8	Contributions and grants (Part VIII, line 1h)		344,	,544.	364,318.	
nu	9	Program service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,	,217.	8,191.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,581.	305,347.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,342.	677,856.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		555,	,277.	532,593.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25)					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			,526.	66,859.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		576,	,803.	599,452.	
	19	Revenue less expenses. Subtract line 18 from line 12		185,	,539.	78,404.	
or			Beginnir	ng of Curr	rent Year	End of Year	
sets Nanc	20	Total assets (Part X, line 16)	1	,459,	,762.	1,721,081.	
ASS	21	Total liabilities (Part X, line 26)			,500.	76,138.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1	,262.	. 1,644,943.		
Pa	irt II	Signature Block					
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, a	nd to the	best of my	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	S S	ignature of c	officer						Date			
Here			ORNBUCKLE	, CHAI	RMAN							
	T	ype or print i	name and title									
	Print/Ty	ype preparer	's name		Preparer's sig	nature	1	Date	Check		PTIN	
Paid	JOSE	PH A.	HERNANDE:	Z, CPA	JOSEPH	Α.	HERNANDEZ,	11/01	/21 self-emp	loyed <b>P</b>	009508	41
Preparer	Firm's i	name 🕨	ADKF, P.C	•					Firm's EIN 🕨	.74-	260655	9
Use Only	Firm's a	address 🕨	8610 N. N	EW BRA	UNFELS,	SUI	TE 101					
		•	SAN ANTON	IO, TX	78217				Phone no. (	210)	829-1	300
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
032001 12-23	12-23-20       LHA For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2020)											

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Par	t III Statement of Program Service Accomplishments	٦
1	Check if Schedule O contains a response or note to any line in this Part III	_
	RAISE FUNDS TO DEVELOP EDUCATIONAL OPPORTUNITIES FOR STUDENTS OF THE	
	NORTH EAST INDEPENDENT SCHOOL DISTRICT. THE FOUNDATION UNDERWRITES	_
	PROJECTS THAT ENHANCE THE CURRICULUM AND BROADENS THE STUDENTS'	_
	EDUCATIONAL EXPERIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	D
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	D
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$532,593. including grants of \$532,593. ) (Revenue \$) (Revenue \$	)
	PROVIDE EDUCATIONAL GRANTS TO SCHOOLS WITHIN THE NORTH EAST INDEPENDENT	
	SCHOOL DISTRICT.	
		—
		_
		_
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	. )
		_
		_
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 532,593.	—
4e	Total program service expenses ► 532,593. Form <b>990</b> (202	
0000-		.U)
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules
 NORTH EAST EDUCATIONAL FOUNDATION, INC.

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		105	110
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
-	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	12a	- 13	
U		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
)32003	12-23-20	Form	990	(2020)

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NORTH EAST EDUCATIONAL FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		<u> </u>
	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		
	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		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X 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 of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
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			v
	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? <i>If</i>	00-		- v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	29		- 23
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations: <i>Thes, complete Schedule N, Part T</i>			
02		32		x
33	Schedule N, Part II 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, or IV, and			<u> </u>
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1	_	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 return		2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions	)	-		v
			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4-		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		<u></u>
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.	tion?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		00		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution as a contr	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion 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			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441			
10-	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a		•	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	۵. ۵	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	 1
	If "Yes," complete Form 4720, Schedule O.	

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### NORTH EAST EDUCATIONAL FOUNDATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	40							
	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 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	40							
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									
	of officers, directors, trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?	-		7a	х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			1.0						
a	The governing body?	-	•	8a	х					
b				8b	x					
9	Each committee with authority to act on behalf of the governing body?			00	- 23					
9				9		x				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		21				
000	tion B. Ponoico (This Section B requests information about policies not required by the internal He	venue	Code.)		Yes	No				
100	Did the exception have local chapters, branches, or effiliates?			100	162	X				
	Did the organization have local chapters, branches, or affiliates?			10a						
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104						
44-			a filing the form?	10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ Delor	e ming the form?	11a						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	х					
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				х					
40	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and approva		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37				
	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		X				
	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 arrangen	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'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 NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)s	s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	financ	cial					
	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 boo	ks and	d records 🕨							
	THE ORGANIZATION - 210-407-0555									
	8961 TESORO DR, SUITE 609, NO. 609, SAN ANTONIO, TX	. 7	8217							
032006	12-23-20			Form	990	(2020)				
011		מות ז	י גיאט דש גטונטי	ΨO	22	01				

Form 990 (2	020) NORTH EAST	EDUCATIONAL	FOUNDATION,	INC.	74-2410944	Page 7				
Part VII	Compensation of Officers, Direc	tors, Trustees, Ko	ey Employees, Hig	hest Com	pensated					
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Empl	oyees, and Highest C	ompensated Employee	es						
te Complet	a this table for all paragona required to be lis	ted Depart company	tion for the colondar vo	or onding with	or within the organization's	townor				

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		1711 US		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			Isated		(W-2/1099-MISC)	(11271000111100)	organization
	organizations	truste	al tru:		yee	n per				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) DAVID BEYER	2.00									
DIRECTOR		Х						0.	0.	0.
(2) RANDY BRISTOW	2.00									
DIRECTOR		Х						0.	0.	0.
(3) AMANDA CROUCH	2.00									
DIRECTOR		Х						0.	0.	0.
(4) TRENT DAVIDSON	2.00									
DIRECTOR		Х						0.	0.	0.
(5) ROCKY LOPEZ	2.00									
DIRECTOR		Х						0.	0.	0.
(6) AVERY DUKE	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JON FISHER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) BYRON HILDEBRAND	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CARR HORNBUCKLE	2.00									_
CHAIRMAN		Х						0.	0.	0.
(10) SANDY HUGHEY	2.00									
DIRECTOR		Х						0.	0.	0.
(11) STEVEN JONES	2.00								•	•
DIRECTOR		Х						0.	0.	0.
(12) STEVE LIN	2.00								0	0
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.
(13) DEE LORKOVIC	2.00								0	0
SECRETARY	0.00	Х						0.	0.	0.
(14) TOM MARKS	2.00	37							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(15) FRED MORRISON	2.00	37							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(16) BECKY STALLINGS	2.00	77							•	0
DIRECTOR	2 00	Х			-	-		0.	0.	0.
(17) JOE STIGLMEIER	2.00	v							<u>^</u>	0
DIRECTOR		Х			L		I	0.	0.	0 • Form <b>990</b> (2020)
032007 12-23-20				_	-					Form ອອບ (2020)

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	ST EDUCA	TI	ON	AL	F	OU	ND	DATION, INC.	74-242	109	44	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employe	es (continued)			
(A)	(B)			(C	)			(D)	(E)		(	F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Estir	mated
	hours per week	box	, unles	ss per Id a di	son is	s both	an	compensation	compensation			unt of
	(list any						,	from the	from related organizations			her ensation
	hours for	direct				p		organization	(W-2/1099-MISC		•	n the
	related	ee or	Istee			insate		(W-2/1099-MISC)	(	´		ization
	organizations	trust	nal tru		oyee	ompe					and r	related
	below	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organi	izations
	line)	Indi	Inst	Offi	Key	Hig	For					
(18) GREGG THORNE	2.00											•
DIRECTOR		Х						0.	(	).		0.
(19) CINDIE HERNANDEZ	2.00											0
VICE CHAIRMAN	0.00	Х						0.	(	).		0.
(20) TERRI WILLIAMS	2.00							0				0
DIRECTOR		Х						0.	(	).		0.
(21) AMY LANE	25.00											0
EXECUTIVE DIRECTOR (FORMER)	0.00			х				0.	(	).		0.
(22) MIKE LYONS	2.00							0				0
TREASURER	0.00	Х						0.	(	).		0.
(23) LAURA MAYES	2.00							0				0
DIRECTOR	0.00	Х						0.	(	).		0.
(24) MARIA NELSON	2.00							0				0
DIRECTOR	0.00	Х						0.	(	).		0.
(25) ASHLEE PENA	2.00							0				0
DIRECTOR	2 00	Х						0.	l l	).		0.
(26) KIMBERLY PRATER	2.00							0				0
DIRECTOR		Х						0.		).		0.
1b Subtotal										<u>).</u>		0.
c Total from continuation sheets to Part VI								0.		<u>).</u>		0.
d Total (add lines 1b and 1c)								0.		).		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)	) who	o re	eceived more than \$100	,000 of reportable			0
compensation from the organization												0 ′es No
2 Did the event institut list out former officer							la : a			Г		
<b>3</b> Did the organization list any <b>former</b> officer,				•	•		Ŭ	• •			~	x
line 1a? If "Yes," complete Schedule J for si										· F	3	
4 For any individual listed on line 1a, is the su	-		-						-			x
and related organizations greater than \$150	,		•							··  -	4	
5 Did any person listed on line 1a receive or a	-				-			-			-	x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J f	or su	<u>ich p</u>	berso	<u>on</u> .					5	
1 Complete this table for your five highest con	managet ad inc	lono	ndor	at aa	ntro	otor	o th	at reasived more than	100 000 of compo	oooti	on from	
the organization. Report compensation for t									· , 1	Isali		I
(A)	ine calendar ye	sai e		iy wi		VVII		(B)			(C)	
אט Name and business	address	N	ONE	5				Description of s	services	Cc	mpens	ation
			,,,,,	-				•				
							$\neg$					
2 Total number of independent contractors (ir	ncludina but n	ot lir	niter	t ot	hose	e list	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	•				0			,				
SEE PART VII, SECTION		IN	UA	TIC			HE	ETS	I	F	orm 99	<b>90</b> (2020)
032008 12-23-20										-		

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Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all that apply)			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	DL				loyee		the	organizations	compensation from the
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	ee or	stee			nsate		(112/1000/1100)		and related
	organizations	l trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) JENNIFER SCROGGINS	2.00									•
DIRECTOR		X						0.	0.	0.
(28) SHERYL STAFFIER	2.00							0	0	0
DIRECTOR	2.00	Х						0.	0.	0.
(29) DAN BYROM	2.00	v						0	0	0
DIRECTOR (30) AUDRA FRIGON	2.00	Х						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(31) MONICA GARZA	2.00							U•		0.
DIRECTOR	2.00	x						0.	0.	0.
(32) SIMA JOLGHAZI	2.00									
DIRECTOR		x						0.	0.	0 .
(33) SEAN MAIKA	2.00									•
DIRECTOR		х						0.	0.	0.
(34) NICKI MARRONE	2.00									
DIRECTOR		Х						0.	0.	0.
(35) KARIN STANLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(36) JUDY WHEELER	2.00									
DIRECTOR		Х						0.	0.	0.
(37) JUSTIN CLEMENS	2.00									
DIRECTOR		Х						0.	0.	0.
(38) LILIA GIBSON	2.00							0	0	0
DIRECTOR	2 00	Х						0.	0.	0.
(39) MISELA GONZALES-VANDEWALLE	2.00	x						0.	0	0
DIRECTOR (40) CHRIS LYON	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(41) WAYNE STARNES	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
		1								
		1								

032201 04-01-20

Forn	n 990 (	2020) NORTH EAST ED	UCATIONAL	FOUNDATIO	ON, INC.	74-2410	944 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(B)	(C)	
				<b>(A)</b> Total revenue	(D) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Gra	b	Membership dues 1b Fundraising events 1c	14,924.				
Ę,	C d	• • • • • • • • • • • • • • • • • • • •	14,924.				
ia i	d	Related organizations1dGovernment grants (contributions)1e					
Sir	e f	All other contributions, gifts, grants, and					
uti Jer			349,394.				
otio	g	Noncash contributions included in lines 1a-1f					
Con	b b	Total. Add lines 1a-1f		364,318.			
<u> </u>			Business Code				
Ð	2 a						
vic	b						
Sei	с						
am	d						
Program Service Revenue	е						
Å	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		8,191.	8,191.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
			(ii) Personal				
	6 a						
	b	Less: rental expenses 6b					
	C A	Rental income or (loss) 6c					
	d Za	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 a	assets other than inventory <b>7a</b>					
	h	Less: cost or other basis					
ē		and sales expenses					
evenue	с	Gain or (loss)					
		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
đ		including \$ 14,924. of					
		contributions reported on line 1c). See					
			283,908.				
			41,455.				
		Net income or (loss) from fundraising events	····· ►	242,453.			242,453.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
	Ŀ	and allowances 10a Less: cost of goods sold 10b					
		•	<u>"</u>				
	C	Net income or (loss) from sales of inventory	Business Code				
sni	11 a	OTHER REVENUE	900099	55,063.	55,063.		
pen	b	LEADERSHIP & NTO	900099	7,831.	7,831.		
Miscellaneous Revenue	c			,	,		
lis B	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		62,894.			
	12	Total revenue. See instructions	<b>&gt;</b>	677,856.	71,085.	0.	
03200	9 12-23	-20					Form <b>990</b> (2020)

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	EDUCATIONAL 1	FOUNDATION,	INC. 74-2	2410944	Page <b>10</b>				
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundrais expens					
d Overste and other excitations to demostic eversitations									

7b,	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	532,593.	532,593.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ű	trustees, and key employees				
6	Compensation not included above to disgualified				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7					
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	33,069.		33,069.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	698.		698.	
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 0.)				
а	MISCELLANEOUS	33,092.		33,092.	
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	599,452.	532,593.	66,859.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
00001			<u> </u>		Form <b>990</b> (2020)
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Form **990** (2020)

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NORTH EAST EDUCATIONAL FOUNDATION, INC. Part X Balance Sheet

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		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	342,183.	1	261,040.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,433.	4	9,476.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,091.	9	4,241.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,086,055.	12	1,446,324.
	13	Investments - program-related. See Part IV, line 11		13	
	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)	1,459,762.	16	1,721,081.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	=
	19	Deferred revenue	28,500.	19	76,138.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
-	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	20 500	25	76 120
	26	Total liabilities. Add lines 17 through 25	28,500.	26	76,138.
s		Organizations that follow FASB ASC 958, check here 🕨 🗴			
JCe		and complete lines 27, 28, 32, and 33.	1,431,262.		1 611 012
alaı	27	Net assets without donor restrictions	1,431,202.	27	1,644,943.
а В	28	Net assets with donor restrictions		28	
Ğ		Organizations that do not follow FASB ASC 958, check here			
οr		and complete lines 29 through 33.		00	
,ts	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t⊿	31	Retained earnings, endowment, accumulated income, or other funds	1,431,262.	31	1,644,943.
ž	32	Total net assets or fund balances	1,459,762.	32 33	1,721,081.
	33	Total liabilities and net assets/fund balances		33	

Form 990 (2020)

Form	990 (2020) NORTH EAST EDUCATIONAL FOUNDATION, INC.	74-24	10944	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,85	
2	Total expenses (must equal Part IX, column (A), line 25)	2		),45	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,40	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,431		
5	Net unrealized gains (losses) on investments	5	135	5,27	<u> 17.</u>
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	1,644	1,94	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		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?		<b>2</b> b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		. <b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<b>3b</b>	000	

Form **990** (2020)

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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2020
Open to Public Inspection

	partment of the Treasury         Prnal Revenue Service         ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection							
Name	oft	the organizati							Employer	identification number
		•		H EAST EDU	CATIONAL FOUL	NDATIC	DN. IN	IC.		4-2410944
Par	tl	Reason	for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior		
The o	raani				For lines 1 through 12, c					
1					on of churches described			)(A)(i).		
2					Attach Schedule E (Forn			· · · · · · · ·		
3					anization described in se			i).		
4		•	•		njunction with a hospital				)(iii). Enter	the hospital's name,
-		city, and stat	-	·						. ,
5 [		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6 [		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
_		university:								
10		-		•	than 33 1/3% of its supp				-	
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment
					(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
г	_			mplete Part III.)						
11		-	-		ively to test for public sa	•				
12 🛛					ively for the benefit of, to					
					ed in section 509(a)(1) o					Check the box in
		7			f supporting organizatior					
а				-	upervised, or controlled	• • • •	-			
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
h		¬ ~		complete Part IV, Se		ion with its		d organizatio	n(a) by bay	inc
b				-	l or controlled in connect anization vested in the sa			-		-
			-	t complete Part IV,		ame perso	ns that co		ge the supp	Jonted
с		¬ ~			g organization operated	in connect	tion with	and functional	llv integrate	d with
U	L		-		). You must complete I				ny integrate	a with,
d		7			porting organization oper				ted organiz	ration(s)
			-		zation generally must sat				-	
				• •	mplete Part IV, Sections					
е		-			written determination fro				II. Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.	<b>31 31</b>	<i>,</i> <b>,</b>	
f	Ente		of supported c							
g	Prov	vide the follow	ing informatior	about the supporte						
	(i	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	281,997.	497,311.	363,595.	335,999.	349,394.	1828296.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	201 007	497,311.	262 505	225 000	240 204	100000
	Total. Add lines 1 through 3	281,997.	497,311.	363,595.	335,999.	349,394.	1828296.
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)						
~	•••••••••••••••••••••••••••••••••••••••						1828296.
	Public support. Subtract line 5 from line 4.						1020290.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	281,997.	497,311.	363,595.	335,999.	349,394.	1828296.
	Gross income from interest,	201/00/1	19775110			51575510	10202301
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,276.	2,647.	3,938.	2,259.	4,096.	14,216.
9	Net income from unrelated business		_,				
Ũ	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.)	34,345.	50,628.	33,629.	60,796.	202,266.	381,664.
11	<b>Total support.</b> Add lines 7 through 10						2224176.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	82.20 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	88.85 %
<b>16</b> a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

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### Schedule A (Form 990 or 990 EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			-	1		
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 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 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf	<u> </u>					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	<u> </u>					
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	L					
<b>14</b> First 5 years. If the Form 990 is for th	•					
check this box and stop here		-				
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					<u> </u>	
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	top here. The org	anization qualifies	as a publicly supp	orted organizatio	n ►
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
032023 01-25-21				Sch	nedule A (Form 9	990 or 990-EZ) 2020
		16	5			

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### Schedule A (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 4 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

### Schedule A (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 5 Part 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			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

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

Sec	cion D. An Type in 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		

#### supported organizations played in this regard. 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	vear (see instruction	s).
•	Check the box hext to the method that the organization used to satisfy the integral Fart rest during the	year (see mou denoi	•

- 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.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental 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.*

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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	dule A (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL			74-2410944 Page 6		
Pa						
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	Γ		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Sche	edule A (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION,	INC.	74-2410944 <sub>Pa</sub>	age <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	(continued)		
Sec	tion D - Distributions		Current Year	
_1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
_4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		

8	B Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	S	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	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:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020	NORTH EA	ST EDUCAT	IONAL FO	UNDATION,	INC.	74-2410944	Page 8
Part VI	Supplemental Infor	mation. Provide	the explanations	required by Parl	t II, line 10; Part II,	line 17a or	17b; Part III, line 12;	
	line 1; Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, IV, Section E, line	11a, 11b, and 1 es 1c, 2a, 2b, 3a	1c; Part IV, Sectio , and 3b; Part V, lir	n B, lines 1 ne 1; Part V	and 2; Part IV, Section , Section B, line 1e; Pa	ı C, ırt V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sec	tion E, lines 2, 5, a	and 6. Also com	plete this part for a	any addition	nal information.	·
032028 01-25-2	21					Schedule	e A (Form 990 or 990-	EZ) 2020
302020 01-20-2				21		_ 5.15 uuli		, _323

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

### Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

	NORTH EAST EDUCATIONAL FOUNDATION, INC.	74-2410944						
Drganization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

### General Rule

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

#### Special Rules

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

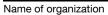
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

NORTH EAST EDUCATIONAL FOUNDATION, INC.



Employer identification number

74-2410944

(a)       Name, address, and ZIP + 4       Total contributions       Type of contributions         1	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)       (b)       (c)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (b)       (c)       (c)       (c)       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (b)       No.       Name, address, and ZIP + 4       Total contributions       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (b)       (c)       (c)       (c)       (c)       (c)         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (a)       Name, address, and ZIP + 4       Total contributions       Person       X         (b)       (c)       (c)       (d)       Noncash       Complete Part II for noncash contributions         (a)       Name, address,				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       2	1		\$64,600.	Payroll Noncash (Complete Part II for
2				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       3				Person X Payroll Noncash (Complete Part II for
a       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Person X         4       S       8, 650.       (c)       Person X         (a)       (b)       (c)       (c)       Person X         (a)       (b)       (c)       Person X       Person X         (a)       (b)       (c)       (c)       Person X         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (a)       (b)       (c)				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       4	3		\$ <u>10,000.</u>	Payroll Noncash (Complete Part II for
(a)       (b)       (c)       (d)         5       (c)       (d)         6       (b)       (c)       (d)         1       (b)       (c)       (d)         5       (c)       (d)       (c)       (d)         6       (b)       (c)       (d)       (c)         6       (b)       (c)       (d)       (c)       (d)         7       (b)       (c)       (c)       (c)       (c)       (c)         6       (b)       (c)       (d)       (c)       (d)       (c)       (d)         6       (b)       (c)       (c)       (d)       (c)       (d)       (c)       (d)         6       (b)       (c)       (c)       (d)       (c)       (d)       (c)       (d)         7       (b)       (c)       (c)       (d)       (c)       (c)       (d)       (c)       (c)       (d)       (c)       (c)<				
No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         5	4		\$ <u>      8,650.</u>	Payroll Noncash (Complete Part II for
(a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         6       9,500.       Person X       Payroll         (Complete Part II for noncash contributions       S       9,500.       Person X				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       6	5		\$ <u>8,896.</u>	Payroll Noncash (Complete Part II for
S       9,500.         Payroll       Noncash         (Complete Part II for noncash contributions.)				
23				Payroll Noncash (Complete Part II for noncash contributions.)

2020.05000 NORTH EAST EDUCATIONAL FO 3301.AU1

11491101 758098 3301.AUDIT

NORTH EAST EDUCATIONAL FOUNDATION, INC.

Employer identification number

74-2410944

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>10,227.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$8,098.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>10,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,588.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)
023452 11-25	J-20	Schedule D (Form	330, 330-EZ, UI 330-PF) (2020)

24 2020.05000 NORTH EAST EDUCATIONAL FO 3301.AU1

11491101 758098 3301.AUDIT

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

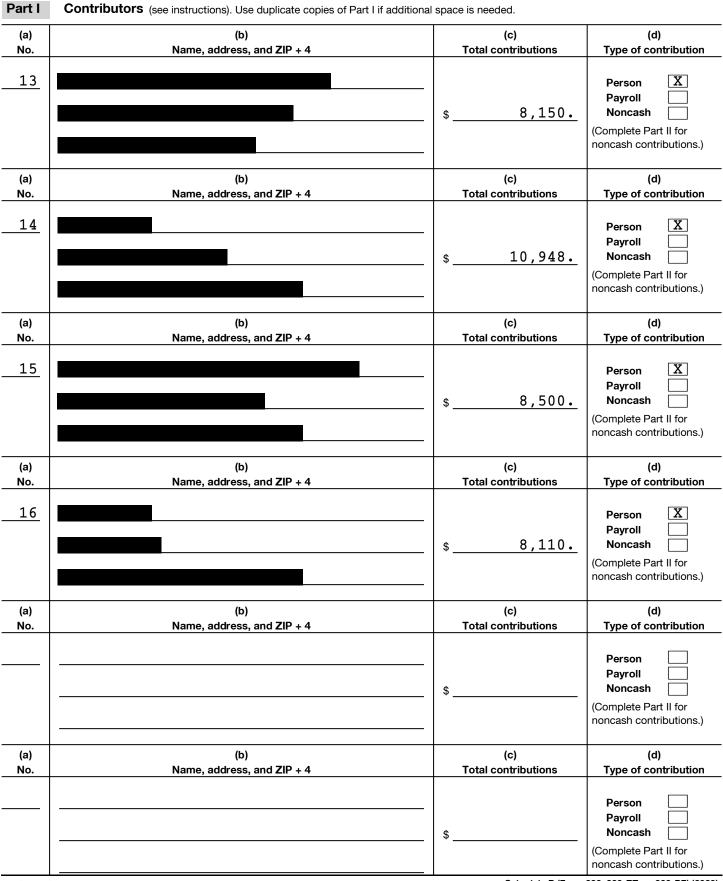
Name of organization

-

Employer identification number

74-2410944

### NORTH EAST EDUCATIONAL FOUNDATION, INC.



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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

11491101 758098 3301.AUDIT

Name of organization

Page 3

Employer identification number

### NORTH EAST EDUCATIONAL FOUNDATION, INC.

74-2410944

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
023453 11-25	-20		990, 990-EZ, or 990-PF) (2020)

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11491101 758098 3301.AUDIT

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4			
Name of or	rganization			Employer identification n	umber			
NORTH	EAST EDUCATIONAL FOUND	ATION, INC.		74-2410944				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in	section 501(c)(7	), (8), or (10) that total more than \$1,000 for	the year			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 (	<b>r less</b> for the year	. (Enter this info. once.) <b>*</b>				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee				
		······						
(-) N-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
			Deleti	unabin of two of every to two of ever				
-	Transferee's name, address, a		Relatio	onship of transferor to transferee				
		······						
(a) No. from	(b) Purpose of gift	(c) Use of gift	f gift (d) Description of how gift is held					
Part I								
-		e) Transfer of g						
-	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-								
		(e) Transfer of g	ift					
	Transferee's name, address, a	nd ZIP + 4	Relation	onship of transferor to transferee				
ľ	<i>`</i>							
		[						
023454 11-25	j-20			Schedule B (Form 990, 990-EZ, or 990-I	PF) (2020)			

### 11491101 758098 3301.AUDIT

Department of the Treasury

Internal Revenue Service

(Form 9	90)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





NORTH EAST EDUCATIONAL FOUNDATION, INC.

Employer identification number 74-2410944

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts. Com	plete if the	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(	<b>b)</b> Funds and oth	ier accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fund	ls		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferri	ing		
_					Yes	No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education)	f a histo	prically important	land area	
	Protection of natural habitat	Preservation o	f a certi	fied historic struc	ture;	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor			
	day of the tax year.				e End of the Tax Y	<u>rear</u>
				2a		
				2b		
	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired a					
•	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	zation during the	tax	
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					Na
6	violations, and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, inspecting,	narioling of violations, and emorcing con-	Servatio	in easements dui	ing the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion eas	sements durina th	ne vear	
•	S	ing of violations, and emotoring conserve		semente danng ti	le year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(	(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents tha	at describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther S	imilar Assets	j	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	, 1				
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtheran	nce of public		
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance	of public service	•,	
	provide the following amounts relating to these items:			<b>.</b> .		
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical treating the following of the following the base of the base of the following the base of the		al gain, p	provide		
-	the following amounts required to be reported under FASB A	-				
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X			P i	D (Form 990) 2	2020
	For Paperwork Reduction Act Notice, see the Instructions			Schedule	D (FUIII 990) 2	2020
U32U3 I	12-01-20	28				

		AST EDUCAT							10944		age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Asset	s <sub>(contir</sub>	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	k any of the	following tha	t make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	i 🛄	Loan or exc	change progr	am					
b	Scholarly research	e	<b>,</b>	Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations of	of art, hi	storical trea	sures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" on I	<sup>-</sup> orm 990,	Part IV,	line 9, or		
	Is the organization an agent, trustee, custodia on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	table:					-		
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance						_ 1f _		7		<b></b>
	Did the organization include an amount on Fo						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>				
Fai	TV Endowment Funds. Complete if								4.55		
	_ · · · / · · ·	(a) Current year	<u>  (b)</u> ⊢	Prior year	(c) Two yea	rs back (	<b>d)</b> Inree ye	ears dack	(e) Four	years	раск
	Beginning of year balance		<u> </u>								
b	Contributions		<u> </u>								
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1ç	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held a	nd administe	red for the	organizat	tion	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Fai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered								()) =		
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		cumulated reciation		(d) Bool	< value	e
	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment										
	Other										
Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X, colun</u>	nn (B), line 1	0c.)						0.
								Schedule	D (Form	n 990)	2020

Part VII Investments - Other Securities.	EDUCATIONAL FC	-		1-2410944 Page <b>3</b>
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other	1 026 026			177 T TTT
(A) MUTUAL FUNDS	1,036,936.		EAR MARKET	
(B) CASH AND MMFS	409,388.	END-OF-Y	EAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	1,446,324.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Complete if the organization answered "Yes" of the complete of investment				d of yoor morket yolyo
(a) Description of investment	(b) Book value		valuation. Cost of en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX         Other Assets.         Complete if the organization answered "Yes" of the organization answere of the organization answered "Yes" of the organization answere of the organization and the organization answere of the organization answere of the organization and the org		1d. 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 Part X Other Liabilities.	<u>. 15.)</u>			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Forr	n 990, Part X, line 25	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide	,			that reports the
organization's liability for uncertain tax positions under				

032053 12-01-20

Schedule D (Form 990) 2020

_	dule D (Form 990) 2020 NORTH EAST EDUCATIONAL FOU				410944 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	976,506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		135,277.		
b	Donated services and use of facilities	. 2b	163,373.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	298,650.
3	Subtract line 2e from line 1			3	677,856.
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				
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	677,856.
					· · · · · · · · · · · · · · · · · · ·
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With B	Expenses per F	Return	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With I	Expenses per F	Return	•
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per F	Return	762,825.
	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per F		•
1	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With I	Expenses per F		•
1 2	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per F		•
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a	Expenses per F		•
1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	Expenses per F		762,825.
1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per F		762,825. 163,373.
1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	762,825.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Expenses per F	1 2e	762,825. 163,373.
1 2 b c d 3	<b>rt XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	762,825. 163,373.
1 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per F	1 2e	762,825. 163,373.
1 2 a b c d e 3 4 a b	<b>TXII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d	Expenses per F	1 2e 3 4c	762,825. 163,373. 599,452. 0.
1 2 d e 3 4 b c 5	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1 2e 3	762,825. 163,373.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047			
(Form 990 or 990-EZ)	organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury Internal Revenue Service		Attach to Form 99						Open to Public Inspection	
Name of the organization		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.		ntification number	
	NORTH E	CAST EDUCATIONAL FO					74-2410	944	
	complete this par	<ul> <li>Complete if the organization answ rt.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written ( ed in Form 990, F ) highest paid indi	s <b>f</b> Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
			Yes	No					
<u>Total</u>									
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork Re	eduction Act Not	tice, see the Instructions for Form	990 or	990-E	Z. S	Sche	dule G (Form 9	90 or 990-EZ) 2020	

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6b List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro			• ·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF	NONE	(add col. (a) through
			ANNUAL GALA	TOURNAMENT		col. (c)
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	190,776.	108,056.		298,832.
н	2	Less: Contributions	14,924.			14,924.
	3	Gross income (line 1 minus line 2)	175,852.	108,056.		283,908.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		12,843.		41,455.
	10	Direct expense summary. Add lines 4 through		•	▶	41,455.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			242,453.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	1		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4					
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		I	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7			Þ	
						1
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
40-						
		ere any of the organization's gaming licenses re Yes," explain:			eai (	Yes No
	_					
03208	32 11	1-25-20			Schedule G (For	m 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944 Page 3
11	Does the organization conduct gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility
	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount
	of gaming revenue retained by the third party $\blacktriangleright$ \$
c	: If "Yes," enter name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided 🕨
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Da	organization's own exempt activities during the tax year <b>s</b> <b>Int IV</b> Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
Fa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
0320	83 11-25-20 Schedule G (Form 990 or 990-EZ) 2020
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Schedule G (Form 990 or 990 FZ)	Schedule G	i (Form 990 or 990-EZ)	NORTH	EAST	EDUCATIONAL	FOUNDATION,	INC.	74-2410944	Page 4
	Part IV	Supplemental Infor	mation <sub>(con</sub>	ntinued)					
Stadula & Form 990 or 990-570									
Schadda G (Form 960 or 990 or									
Schadula G (Form 980 or 990. F7)									
Scholds G (Form 99) or 990. F7)									
Schadula G /Form 990 or 990-F70									
Schadula G // Grom 990 or 990-F70									
Schadula G/Form 990 or 990-F70									
Schedule G (Form 900 or 900-F7)									
Schedule G (Farm 99) or 990-F7)									
Schedule G (Farm 99) or 990-F7)									
Schedule G (Farm 99) or 990-F7)									
Schedule Q (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F2)									
Schedule G (Form 900 or 900-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F2)									
Schedule & (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F2)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-FZ)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-FZ)									
Schedule G (Form 990 or 990-FZ)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
Schedule G (Form 990 or 990-F7)									
							Sc	hedule G (Form 990 or	990-EZ)

CHEDULE I Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.				Open to Public Inspection			
		ONAL FOUNDA	-				Employer identification number $74 - 2410944$
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records the criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?						
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than S	5,000. Part II can	be duplicated if addition	onal space is need	ed.			-
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTH EAST INDEPENDENT SCHOOL DISTRICT - 8961 TESORO DRIVE - SAN ANTONIO, TX 78217	74-6015301		532,593.	0.			SEE PART IV
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organizations</li> </ul>	s listed in the line 1	table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### Schedule I (Form 990) 2020

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

#### NORTH EAST EDUCATIONAL FOUNDATION, INC. Schedule I (Form 990) 2020

Part III can be duplicated if additional space is needed.

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

### THE FOUNDATION IS IN DIRECT CONTACT WITH EACH SCHOOL. EACH SCHOOL RECEIVES

AN ANNUAL AUDIT.

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74-2410944

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

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.



NORTH EAST EDUCATIONAL FOUNDATION, INC. 74-2410944

FORM 990, PART VI, SECTION A, LINE 7A:

THE BY-LAWS STATE THAT THE BOARD OF DIRECTORS SHALL ELECT THE OFFICERS OF THE FOUNDATION AND APPROVE ALL STANDING COMMITTEE MEMBERS AND CHAIRMAN EACH YEAR AT THE FIRST MEETING OF THE SCHOOL YEAR. THREE REPRESENTATIVES OF THE DISTRICT SHALL BE MEMBERS OF THE BOARD, ONE MEMBER BEING THE SUPERINTENDENT OF THE DISTRICT AND TWO OTHER STAFF MEMBERS APPOINTED BY THE SUPERINTENDENT. THE EXECUTIVE DIRECTOR SHALL BE APPOINTED BY THE BOARD AT ANY DULY NOTICED MEETING.

SIGNATURE AUTHORITY: NATALIE BOBADILLA WAS DETERMINED TO BE THE AUTHORIZED SIGNATORY FOR THE FOUNDATION BY THE FOUNDATION AUDIT COMMITTEE (WITH THE FOUNDATION BOARD CHAIRMAN CONCURRENCE) AS SHE WAS (1) AN ACTIVE PARTICIPANT IN THE FOUNDATION DURING THE FISCAL YEAR 2021-2021, (2) THE FORMER EXECUTIVE DIRECTOR RESIGNED AND NATALIE BOBADILLA WAS NAMED THE INTERIM EXECUTIVE DIRECTOR EFFECTIVE JULY 13, 2021 AND (3) THE PERMANENT EXECUTIVE DIRECTOR OF THE FOUNDATION WAS NOT NAMED UNTIL SEPTEMBER 22, 2021.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WAS PROVIDED TO AND REVIEWED BY THE TREASURER AND EXECUTIVE DIRECTOR, WHO APPROVED PRIOR TO THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF NEEF BOARD WILL ANNUALLY DISCLOSE BY SIGNING THE ANNUAL

COMMITMENT AGREEMENT, DOCUMENTING THEIR PERSONAL OR PROFESSIONAL

INVOLVEMENT IN ANY ORGANIZATION OR ENTITY THAT MAY MATERIALLY BENEFIT,

FINANCIALLY OR OTHERWISE, FROM THE DECISIONS AND ACTIVITIES OF NEEF. THIS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization NORTH EAST EDUCATIONAL FOUNDATION, INC.	Employer identification number 74-2410944
CONFLICT OF INTEREST DISCLOSURE REQUIREMENT IS COMMUNICATE	D TO EACH NEW
NEEF BOARD MEMBER AS PART OF THE BOARD DIRECTOR'S INITIAL	ONBOARDING
PROCESS, AND THEN RE-CERTIFIED ANNUALLY FOR ALL EXISTING B	OARD DIRECTORS
USING THE ANNUAL BOARD DIRECTOR COMMITMENT AGREEMENT.	
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
39	edule O (Form 990 or 990-EZ) 2020

11491101 758098 3301.AUDIT