

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-00

2019

(Rev. January 2020)

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

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

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

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 20

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

C Name of organization: National Alliance of Black School Educators Founda
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1029 Vermont Ave 800
 City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20005

D Employer identification number
20-3922474

E Telephone number
(202) 247-7000

F Name and address of principal officer: King
Same as C above

G Gross receipts
 \$ 144,000

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: www.NABSEF.COM

K Form of organization: Corporation Trust Association Other

L Year of formation: 1986 **M** State of legal domicile: DC

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Foundation supports Activities Related to The NABSE Research & Development Institute3

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

3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>9</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>9</u>
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>0</u>
6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>10</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	<u>0</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>32,058</u>	<u>100,61</u>
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>50,700</u>	<u>43,42</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>82,758</u>	<u>144,04</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>13,000</u>	<u>11,00</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>51,711</u>	<u>55,16</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>64,711</u>	<u>66,16</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>18,047</u>	<u>77,87</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>952,394</u>	<u>1,027,81</u>
21 Total liabilities (Part X, line 26)		
22 Net assets or fund balances. Subtract line 21 from line 20	<u>952,394</u>	<u>1,027,81</u>

Part II Signature Block

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

Sign Here

Emma Epps
Signature of officer _____ Date _____

Emma Epps, Board of Director
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: Ben Davis Preparer's signature: _____ Date: 06-16-2020 Check if self-employed PTIN: P00191534

Firm's name: Davis & Davis Firm's EIN: _____
 Firm's address: 16254 Meyers Rd Phone no.: _____
Detroit MI 48235

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)