

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EDUCATION FOR EMPLOYMENT</b>		<b>D</b> Employer identification number <b>82-0578781</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 464-5218</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1660 L STREET, NW</b>		<b>G</b> Gross receipts \$ <b>5,141,719.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		
<b>F</b> Name and address of principal officer: <b>ANDREW BAIRD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: **HTTP://WWW.EFE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2002** **M** State of legal domicile: **DC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>2</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>5,152,998.</b> <b>Prior Year</b> <b>3,856,162.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>494,509.</b> <b>494,509.</b> <b>317,778.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>1,322.</b> <b>1,322.</b> <b>795.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>0.</b> <b>4,189.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>5,648,829.</b> <b>5,648,829.</b> <b>4,178,924.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,840,821.</b> <b>2,840,821.</b> <b>2,690,921.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,985,426.</b> <b>1,985,426.</b> <b>1,786,462.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>239,856.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>982,747.</b> <b>982,747.</b> <b>1,196,239.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>5,808,994.</b> <b>5,808,994.</b> <b>5,673,622.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-160,165.</b> <b>-160,165.</b> <b>-1,494,698.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>3,776,686.</b> <b>Beginning of Current Year</b> <b>3,145,400.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>577,959.</b> <b>577,959.</b> <b>1,444,120.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,198,727.</b> <b>3,198,727.</b> <b>1,701,280.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>ANDREW BAIRD, PRESIDENT/CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>EUGENE BORGONZI</b>		<b>07/11/24</b>		<b>P01269879</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>EAG NEW ENGLAND LLC</b>	<b>99-2277914</b>		<b>617-227-6161</b>	
	Firm's address				
	<b>160 FEDERAL STREET, 9TH FLOOR</b>				
	<b>BOSTON, MA 02110</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CREATE EMPLOYMENT OPPORTUNITIES FOR YOUNG PEOPLE IN THE MIDDLE EAST AND NORTH AFRICA THROUGH CAREER TRAINING IN VOCATIONAL, TECHNICAL, MANAGERIAL AND PROFESSIONAL SKILLS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 884,612. including grants of \$ 604,573. ) (Revenue \$ 13,146. ) EFE GLOBAL ALSO HAD ITS PROGRAMMATIC INITIATIVES INTO ALGERIA, SPAIN, AND THE UNITED ARAB EMIRATES (UAE). THROUGH THESE PROGRAMS, EFE HAS TRAINED AND PROVIDED JOB PLACEMENTS FOR YOUTH IN THESE REGIONS.

4b (Code: ) (Expenses \$ 836,369. including grants of \$ 525,528. ) (Revenue \$ 0. ) EDUCATION FOR EMPLOYMENT PALESTINE ("EFE-PALESTINE") IS A PALESTINIAN CIVIL SOCIETY ORGANIZATION THAT PROVIDES DEMAND-DRIVEN TRAINING FOR YOUTH WITH LIMITED OPPORTUNITIES. FOUNDED IN 2006 AND OPERATING IN THE WEST BANK, EAST JERUSALEM AND GAZA, EFE-PALESTINE PARTNERS WITH LOCAL BUSINESSES AND UNIVERSITIES TO PLACE YOUTH IN JOBS AND SUPPORT YOUNG ENTREPRENEURS. IN 2023, EFE-PALESTINE CONCLUDED PROGRAMMING FOR THE "REBUILDING LIVELIHOODS" PROJECT, FUNDED BY ISLAMIC RELIEF USA, IN WHICH EFE-PALESTINE SUPPORTED LOCAL ENTREPRENEURS IN GAZA TO REBUILD THEIR BUSINESSES AND DEVELOP RESILIENCE AGAINST FUTURE ECONOMIC SHOCKS AND CHALLENGES. EFE-PALESTINE ALSO CONTINUED IMPLEMENTATION OF ANOTHER ISLAMIC RELIEF USA-FUNDED PROJECT "VITALIZATION & YOUTH EMPOWERMENT IN GAZA," WHICH AIMS TO CONNECT GAZAN YOUTH TO THE WORLD OF WORK OVER THE

4c (Code: ) (Expenses \$ 569,233. including grants of \$ 395,260. ) (Revenue \$ 0. ) EDUCATION FOR EMPLOYMENT-YEMEN ("EFE-YEMEN") WAS FOUNDED IN 2008 WITH THE MISSION TO CONNECT YEMENI YOUTH TO JOBS AND INCOME THROUGH PRIVATE SECTOR PARTNERSHIPS, MARKET DEMAND-DRIVEN TRAINING, AND WORLD-CLASS CURRICULUMS DELIVERED BY DYNAMIC LOCAL TRAINERS. EFE-YEMEN HAS TRAINED MANY YOUTH IN ITS JOB PLACEMENT AND SELF-EMPLOYMENT COURSES, INCLUDING MANY YOUNG WOMEN IN SPITE OF A LOW YEMENI NATIONAL AVERAGE FOR FEMALE LABOR PARTICIPATION. FROM 2019, EFE-YEMEN IMPLEMENTED THE MEDICAL EMPLOYMENT AND DEVELOPMENT (MED) PROJECT, FOLLOWED BY AN EXPANDED MED II PROJECT IN 2020-2022 AND ANOTHER ITERATION WITH MED III IN 2023-2024. THE MED PROJECTS ARE SUPPORTED BY CATHOLIC RELIEF SERVICES AND ADDRESS THE CRITICAL HUMANITARIAN NEEDS FOR MEDICAL CARE IN YEMEN WHILE PROVIDING UNEMPLOYED YEMENI YOUTH WITH ACCESS TO ECONOMIC

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,757,223. including grants of \$ 1,165,560. ) (Revenue \$ 304,632. )

4e Total program service expenses 4,047,437.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
BRAD KUSHNER - (212)753-3123
P.O. BOX 117, NEW YORK, NY 10150-0117

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW BAIRD PRESIDENT/CEO	40.00			X			280,500.	0.	18,238.	
(2) AMR ABDALLAH DIRECTOR-GULF PROGRAMS	40.00				X		120,484.	0.	43,303.	
(3) ASHLEY E. BARRY - DIRECTOR OF ORGANIZATIONAL LEARNING	40.00				X		125,883.	0.	15,695.	
(4) SARAH K. LITTLE DIRECTOR OF PROGRAMS	40.00				X		121,234.	0.	15,287.	
(5) DIMA NAJIM UAE MANAGING DIRECTOR	40.00				X		132,335.	0.	0.	
(6) NOUR KAMEL - PARTNERSHIPS & COMMUNICATIONS DIRECTOR	40.00				X		101,697.	0.	4,298.	
(7) RONALD BRUDER CHAIR/DIRECTOR	35.00	X		X			0.	0.	0.	
(8) ALTON FRYE DIRECTOR (RESIGN 12/31/23)	0.50	X					0.	0.	0.	
(9) SAMER KHOURY DIRECTOR	1.50	X					0.	0.	0.	
(10) KARTHIK VENKATARAMAN DIRECTOR	2.00	X					0.	0.	0.	
(11) MARY DEDINSKY DIRECTOR	1.50	X					0.	0.	0.	
(12) BRAD KUSHNER CFO, TREASURER	16.00			X			0.	0.	0.	
(13) ABED EL JAOUNI DIRECTOR	1.00	X					0.	0.	0.	
(14) ANDREA BRENTAN DIRECTOR	0.50	X					0.	0.	0.	
(15) YORICK VAN SLINGELANDT DIRECTOR	1.50	X					0.	0.	0.	
(16) TARIQ HASSAN DIRECTOR	1.00	X					0.	0.	0.	
(17) ANIS ACLIMANDOS DIRECTOR	0.50	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROL BELLAMY DIRECTOR	0.50	X						0.	0.	0.
(19) NAYLA RIZK DIRECTOR	2.00	X						0.	0.	0.
(20) CYNTHIA MULLER DIRECTOR	0.50	X						0.	0.	0.
(21) LUAY ABU-GHAZALEH DIRECTOR	0.50	X						0.	0.	0.
(22) ZINEB GUESSOUS DIRECTOR	1.00	X						0.	0.	0.
(23) NOOR SWEID DIRECTOR	0.50	X						0.	0.	0.
(24) ALI KOUBAA DIRECTOR (APPT. 9/20/23)	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								882,133.	0.	96,821.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								882,133.	0.	96,821.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	14,115.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	288,673.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,553,374.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 963,482.					
	<b>h Total.</b> Add lines 1a-1f .....							3,856,162.
Program Service Revenue	<b>2 a</b> <b>CONTRACTED SERVICES</b>	<b>Business Code</b>	541900	317,778.	317,778.			
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			317,778.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			13.			13.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	2,550.				
			(ii) Personal					
			<b>6b</b> Less: rental expenses ...	0.				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	2,550.					
	<b>d</b> Net rental income or (loss) .....			2,550.			2,550.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	958,819.				
			(ii) Other					
			<b>7b</b> Less: cost or other basis and sales expenses .....	958,037.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	782.					
	<b>d</b> Net gain or (loss) .....			782.			782.	
<b>8 a</b> Gross income from fundraising events (not including \$ <u>14,115.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		6,397.					
		<b>8b</b> Less: direct expenses .....	4,758.					
<b>c</b> Net income or (loss) from fundraising events .....			1,639.			1,639.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>9b</b> Less: direct expenses .....						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				4,178,924.	317,778.	0.	4,984.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,690,921.	2,690,921.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	298,738.	90,232.	170,633.	37,873.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,279,238.	684,074.	547,123.	48,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,074.	30,443.	17,851.	2,780.
9 Other employee benefits .....	66,693.	34,847.	27,122.	4,724.
10 Payroll taxes .....	90,719.	47,820.	36,308.	6,591.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	31,150.		31,150.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	395,926.	210,667.	85,554.	99,705.
12 Advertising and promotion .....	7,919.	552.	3,244.	4,123.
13 Office expenses .....	51,879.	9,508.	27,015.	15,356.
14 Information technology .....	233,307.	70,002.	160,892.	2,413.
15 Royalties .....				
16 Occupancy .....	136,038.	63,342.	63,984.	8,712.
17 Travel .....	287,105.	115,029.	167,983.	4,093.
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 .....	15,708.		15,708.	
23 Insurance .....	17,182.		17,182.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EVENTS</b>	8,463.		3,018.	5,445.
b <b>DUES &amp; SUBSCRIPTIONS</b>	5,647.		5,647.	
c <b>STAFF DEVELOPMENT/RECRU</b>	5,640.		5,640.	
d <b>STATE FILING FEE</b>	275.		275.	
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,673,622.	4,047,437.	1,386,329.	239,856.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,505,656.	<b>1</b>	1,806,739.
	<b>2</b> Savings and temporary cash investments .....	127,189.	<b>2</b>	71,389.
	<b>3</b> Pledges and grants receivable, net .....	306,781.	<b>3</b>	312,728.
	<b>4</b> Accounts receivable, net .....	660,110.	<b>4</b>	283,993.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	76,791.	<b>9</b>	71,596.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 72,551.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 64,422.	<b>10c</b> 8,737.	8,129.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	12,250.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	79,172.	<b>15</b>	590,826.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,776,686.	<b>16</b>	3,145,400.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	245,893.	<b>17</b>	282,120.
	<b>18</b> Grants payable .....	246,782.	<b>18</b>	546,705.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	85,284.	<b>25</b>	615,295.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	577,959.	<b>26</b>	1,444,120.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	682,874.	<b>27</b>	671,949.
	<b>28</b> Net assets with donor restrictions .....	2,515,853.	<b>28</b>	1,029,331.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,198,727.	<b>32</b>	1,701,280.
<b>33</b> Total liabilities and net assets/fund balances .....	3,776,686.	<b>33</b>	3,145,400.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,178,924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,673,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,494,698.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,198,727.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,749.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,701,280.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4877249.	4445846.	6387058.	5152998.	3856162.	24719313.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4877249.	4445846.	6387058.	5152998.	3856162.	24719313.
<b>5</b> 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) .....						6307808.
<b>6 Public support.</b> Subtract line 5 from line 4.						18411505.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	4877249.	4445846.	6387058.	5152998.	3856162.	24719313.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	42.	64.	8.	2,223.	2,563.	4,900.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						24724213.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,437,709.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.47 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	71.58 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization EDUCATION FOR EMPLOYMENT Employer identification number 82-0578781

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and several yes/no questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,551.	64,422.	8,129.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				8,129.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSETS	577,142.
(2) DEPOSITS	13,684.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	590,826.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	615,295.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	615,295.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	4,452,463.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	273,539.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	273,539.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	4,178,924.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	4,178,924.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	5,949,910.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	273,539.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	2,749.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	276,288.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,673,622.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	5,673,622.

**Part XIII Supplemental Information**

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.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

BAD DEBT EXPENSE 2,749.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Employer identification number

**EDUCATION FOR EMPLOYMENT**

82-0578781

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	2,086,348.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	604,573.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1	10	PROGRAM SERVICES	SUMMIT HOSTING, CONSULTING AND TRAINING, EVENT GIFTS AND PAYMENTS, HONORARIUM,	395,511.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	FUNDRAISING	N/A	0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	FUNDRAISING	N/A	0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	3	PROGRAM SERVICES	SUBJECT MATTER EXPERTS, CONSULTING, TRANSPORTATION, LEADERSHIP TRAINING,	56,119.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LICENSES	22,000.
<b>3 a</b> Subtotal .....	1	13			3,164,551.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	13			3,164,551.

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	323,060.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	395,260.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	82,553.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	525,528.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	294,204.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	PROGRAM SUPPORT	604,573.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	247,692.	WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	PROGRAM SUPPORT	218,051.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 8

3 Enter total number of other organizations or entities ..... 0



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

EACH OF THE ORGANIZATION'S COUNTRY PROGRAM MANAGERS MAKE REGULAR TRIPS TO THE RESPECTIVE COUNTRIES TO MONITOR PROGRAM PROGRESS, REVIEW EXPENDITURES (WHEN POSSIBLE), AND ENSURE REASONABLENESS OF ACTIVITIES FOR EXAMINATION OF SUPPORTING DOCUMENTATION. PERIODIC VISITS TO THE RESPECTIVE COUNTRIES ARE ALSO MADE BY SEVERAL OFFICERS, WHEN POSSIBLE.

**PART I, LINE 3:**

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES

**PART I, LINE 3, COLUMN (E):**

**(A) REGION:**

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUMMIT HOSTING, CONSULTING AND TRAINING, EVENT GIFTS AND PAYMENTS, HONORARIUM, INTERNS, INSURANCE, VIDEO EDITING, OFFICE EXPENES

**(A) REGION:**

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUBJECT MATTER EXPERTS, CONSULTING, TRANSPORTATION, LEADERSHIP TRAINING, GOVERNANCE AND ENTERPRISE LICENSES, DIGITAL MARKET TRAINING, MEMBERSHIP

**PART II, LINE 1 (ACCOUNTING METHOD):**

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR GRANTS.

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

FORM 990, SCHEDULE F, PART I, LINE 3

THE ORGANIZATION RECEIVED CONTRIBUTIONS FROM FOREIGN ENTITIES LOCATED IN THE REGIONS OF EUROPE AND MIDDLE EAST AND NORTH AFRICA. NO FUNDRAISING EXPENDITURES WERE MADE IN THESE REGIONS IN ORDER TO OBTAIN THESE CONTRIBUTIONS. THESE DONORS HAVE BEEN REPORTED ON SCHEDULE B AS APPLICABLE.

FORM 990, SCHEDULE F, PART IV, LINE 1

THE ORGANIZATION MADE GRANTS TO FOREIGN CORPORATIONS WHICH IT SUPPORTS ON AN ANNUAL BASIS. SINCE THE ORGANIZATION DID TRANSFER CASH TO A FOREIGN CORPORATION, IT CHECKED LINE 1 "YES", HOWEVER IT DID NOT RECEIVE AN OWNERSHIP INTEREST IN THESE FOREIGN CORPORATIONS. THEREFORE, A FORM 926 IS NOT REQUIRED.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	20,512.		20,512.
	2	Less: Contributions	14,115.		14,115.
	3	Gross income (line 1 minus line 2)	6,397.		6,397.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,758.		4,758.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			4,758.
	11	Net income summary. Subtract line 10 from line 3, column (d)			1,639.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**EDUCATION FOR EMPLOYMENT**

Employer identification number

**82-0578781**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW BAIRD PRESIDENT/CEO	(i)	280,500.	0.	0.	16,830.	1,408.	298,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMR ABDALLAH DIRECTOR-GULF PROGRAMS	(i)	120,484.	0.	0.	7,842.	35,461.	163,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **EDUCATION FOR EMPLOYMENT** Employer identification number **82-0578781**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	958,037.	STOCK MARKET EXCHANG
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( <u>JEWELRY</u> )	X	11	5,445.	RETAIL COST
26	Other ( _____ )				
27	Other ( _____ )				
28	Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THREE SEPARATE STOCK DONATIONS WERE DONATED BY ONE DONOR WHILE THE OTHER TWO STOCK DONATIONS WERE DONATED BY TWO SEPARATE DONORS. ONE DONOR DONATED 11 PIECES OF JEWELRY.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

EDUCATION FOR EMPLOYMENT

Employer identification number

82-0578781

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO CREATE EMPLOYMENT OPPORTUNITIES FOR YOUNG PEOPLE IN THE MIDDLE EAST  
AND NORTH AFRICA THROUGH CAREER TRAINING IN VOCATIONAL, TECHNICAL,  
MANAGERIAL AND PROFESSIONAL SKILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COURSE OF THREE YEARS THROUGH THREE DISTINCT, MARKET-DRIVEN TRAINING  
TRACKS (JOB TRAINING & PLACEMENT, PATHWAYS TO A JOB, AND  
ENTREPRENEURSHIP). UNDER THE "EMPLOYMENT BEYOND BOUNDARIES" PROJECT,  
FUNDED BY THE WESTERN UNION FOUNDATION, EFE-PALESTINE PREPARED  
VULNERABLE YOUTH IN PALESTINE TO EARN SUSTAINABLE INCOME THROUGH  
VIRTUAL EMPLOYMENT AND FREELANCE OPPORTUNITIES. LASTLY, EFE-PALESTINE  
CONCLUDED THE "SCALE UP & THRIVE" PROJECT, WHICH PROVIDED  
CAPACITY-BUILDING TRAINING TO PALESTINIAN WOMEN ENTREPRENEURS AND  
CULMINATED IN AN EXCHANGE PROGRAM TO THE UNITED STATES FOR SEVERAL  
FINALISTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OPPORTUNITIES IN THE HEALTHCARE SECTOR. UNDER THE CURRENT MED III  
PROJECT, MANY YOUNG STUDENTS HAVE GRADUATED FROM EFE-YEMEN'S MEDICAL  
SUPPORT TRAINING COURSES, OVER HALF OF WHOM ARE YOUNG WOMEN. THE MED  
III PROJECT ALSO INCORPORATES THE EFE MENTORSHIP PROGRAM, LINKING MED  
ALUMNI TO EXPERIENCED PROFESSIONALS IN THE MEDICAL FIELD TO OFFER  
CAREER GUIDANCE. THE PROJECT ALSO EXPANDS ON CAPACITY BUILDING WORK FOR  
LOCAL VOCATION TRAINING CENTERS, BY INCORPORATING EFE'S SOFT SKILLS  
CURRICULUM INTO THEIR OWN EDUCATION, THEREBY BETTER PREPARING GRADUATES

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization <b>EDUCATION FOR EMPLOYMENT</b>	Employer identification number <b>82-0578781</b>
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FOR THE WORLD OF WORK. SUPPORTED BY ALWALEED PHILANTHROPIES, THE MUSTAQBAL II PROJECT (2023-2024) FOLLOWS ON THE SUCCESS OF THE MUSTAQBAL I PROJECT (2021-2022). THE PROJECT TRAINS YOUTH IN ADEN IN VARIOUS VOCATIONAL SECTORS AND SUPPORTS ENTREPRENEURS TO LAUNCH THEIR BUSINESS. THE RESILIENCE, EMPOWERMENT, ADVANCEMENT & DEVELOPMENT FOR YEMENI WOMEN (READY WOMEN) PROJECT, IMPLEMENTED IN SUPPORT BY UN WOMEN, AIMS TO INCREASE YEMENI WOMEN'S ACCESS TO EMPLOYMENT AND PROSPEROUS LIVELIHOODS THROUGH JOB PLACEMENT TRAINING AND JOB SEARCH TRAINING. THE PROJECT ALSO BUILDS THE CAPACITIES OF LOCAL WOMEN'S SUPPORT CENTERS TO INCREASE YEMENI WOMEN'S AWARENESS OF AND ACCESS TO PROTECTION AND GBV-BASED SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SINCE ITS INCEPTION IN 2016, EFE-SAUDI ARABIA HAS CONNECTED SAUDI YOUTH WITH EMPLOYMENT SKILLS AND OPPORTUNITIES WHILE PROVIDING SKILLED YOUNG TALENT TO BUSINESSES IN SAUDI ARABIA. EFE-SAUDI ARABIA DEVELOPS PRACTICAL TRAINING PROGRAMS ALIGNED WITH THEIR WORKFORCE REQUIREMENTS, QUALIFYING JOB-READY AND RETAINABLE EMPLOYEES. IN 2023, EFE-SAUDI ARABIA COMPLETED THE "LEAGUE OF WOMEN IT" PROJECT WITH JPMORGAN CHASE FOUNDATION TO PROVIDE ENTRY-LEVEL JOB TRAINING & PLACEMENT (JTP) IN ICT SKILLS. EFE-SAUDI ARABIA ALSO CONTINUED TO WORK WITH CITI FOUNDATION TO PROVIDE JTP TO SAUDI YOUTH. ADDITIONALLY, EFE-SAUDI ARABIA IMPLEMENTED IT JOB FAIRS AND GENERATED NEW EMPLOYER LEADS AS PART OF A PROJECT WITH BECHTEL, AS WELL AS LAUNCHED THE TOUMOHI PROJECT, WHICH EXPOSES YOUNG SAUDI WOMEN TO LEADERSHIP SKILLS RELATED TO THE SPORTS INDUSTRY. FURTHERMORE, EFE-SAUDI ARABIA WORKED WITH CONSOLIDATED CONTRACTORS COMPANY AND CUMMINS ARABIA ON TWO SEPARATE PROJECTS, BOTH TO DELIVER

Name of the organization EDUCATION FOR EMPLOYMENT	Employer identification number 82-0578781
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JTP FOR YOUNG SAUDI WOMEN AND PLACE THE GRADUATES INTO JOBS.

EXPENSES \$ 455,126. INCLUDING GRANTS OF \$ 247,692. REVENUE \$ 45,000.

SINCE ITS INCEPTION IN 2012, EDUCATION FOR EMPLOYMENT TUNISIA ("EFE-TUNISIE") HAS CONNECTED YOUTH TO IMPROVED LABOR MARKET OUTCOMES THROUGH TARGETED TRAININGS. EFE-TUNISIE PARTNERS WITH PUBLIC UNIVERSITIES, GOVERNMENT INSTITUTIONS, AND PRIVATE SECTOR ACTORS IN ORDER TO DEVELOP TAILORED TECHNICAL, SOFT SKILLS, AND ENTREPRENEURSHIP TRAININGS ACROSS ALL OF THE REGIONS OF TUNISIA. BUILDING ON PAST SUCCESSES OF THE EFE-CITI PARTNERSHIP, THE MY CAREER PROJECT AIMS TO ENHANCE THE AGENCY, SOCIO-ECONOMIC RESILIENCE, AND LIVELIHOODS OF YOUTH IN TUNISIA. THE PROJECT WILL FOCUS ON LINKING TUNISIAN YOUTH TO EXPERIENCED MENTORS WHO WILL PROVIDE CAREER GUIDANCE, AS WELL AS JOB FAIRS TO MATCH YOUTH TO EMPLOYERS.

EXPENSES \$ 425,499. INCLUDING GRANTS OF \$ 294,204. REVENUE \$ 233,342.

EFE-EGYPT WAS FOUNDED IN 2007 TO PROVIDE YOUTH WITH A BRIGHTER FUTURE AND HELP BUSINESSES FIND THE SKILLED ENTRY-LEVEL EMPLOYEES THEIR INDUSTRIES DEMAND. TO ACHIEVE THIS MISSION, EFE-EGYPT DELIVERS JOB PLACEMENT TRAINING PROGRAMS (JPTP) TO CONNECT YOUTH WITH EMPLOYMENT OPPORTUNITIES AND CAREER DIRECTIONS (CD) PROGRAMMING TO PROVIDE YOUTH WITH JOB SEARCH AND EMPLOYABILITY SKILLS. IN 2023, EFE-EGYPT CONTINUED TO WORK WITH BOEING TO SUPPORT YOUTH EMPLOYMENT THROUGH THE PROVISION OF JPTP AND CD TRAININGS. EFE-EGYPT ALSO WORKED WITH JPMORGAN CHASE FOUNDATION TO COMPLETE ITS PROJECT THAT TRAINED YOUNG WOMEN IN ICT SKILLS. ADDITIONALLY, EFE-EGYPT COLLABORATED WITH BECHTEL TO IMPLEMENT IT JOB FAIRS FOR BENEFICIARIES, AND WITH AGFUND TO TRAIN BENEFICIARIES IN JPTP AND CD.

Name of the organization EDUCATION FOR EMPLOYMENT	Employer identification number 82-0578781
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EXPENSES \$ 344,179. INCLUDING GRANTS OF \$ 218,051. REVENUE \$ 13,146.

EDUCATION FOR EMPLOYMENT-JORDAN ("EFE-JORDAN") WAS ESTABLISHED IN 2006 AND HAS TRAINED A SIGNIFICANT NUMBER OF YOUTH IN ITS JOB TRAINING & PLACEMENT AND ENTREPRENEURSHIP PROGRAMS. IN 2023, EFE-JORDAN CONCLUDED THE WOMEN'S EMPOWERMENT THROUGH ENTREPRENEURSHIP (WEE) PROJECT FUNDED BY THE U.S. DEPARTMENT OF STATE THROUGH THE U.S. EMBASSY IN AMMAN. OVER TWO YEARS, THE PROJECT TRAINED WOMEN IN JORDAN IN ADVANCED ENTREPRENEURSHIP, CULMINATING IN A WEEK-LONG EXCHANGE PROGRAM TO THE UNITED STATES FOR FINALISTS, ALL IN PARTNERSHIP WITH INTERNATIONAL STRATEGIC MANAGEMENT, INC. EFE-JORDAN ALSO CONCLUDED PROGRAMMING UNDER THE "EMPLOYMENT BEYOND BOUNDARIES" PROJECT, FUNDED BY THE WESTERN UNION FOUNDATION, IN WHICH EFE-JORDAN PREPARED VULNERABLE YOUTH IN JORDAN TO EARN SUSTAINABLE INCOME THROUGH VIRTUAL EMPLOYMENT AND FREELANCE OPPORTUNITIES. EFE-JORDAN ALSO IMPLEMENTED THE SECOND AND THIRD ITERATIONS OF THE "FUTURE HOTELIERS ACADEMY" PROJECT, FUNDED BY THE HYATT HOTELS FOUNDATION, WHICH TRAINED YOUTH IN AMMAN AND AQABA IN THE TOURISM AND HOSPITALITY SECTORS, PLACING SEVERAL GRADUATES IN FULL-TIME JOBS. LASTLY, EFE-JORDAN IMPLEMENTED THE "ELEVATE WITH EFE" AWARD, FUNDED BY KATHERINE AND GARY PARR, CONSISTING OF A WOMEN'S ENTREPRENEURSHIP COMPETITION FOR WOMEN BUSINESS OWNERS IN IRBID TO EARN \$1,000 EACH IN SEED FUNDING TO COVER THEIR BUSINESS STARTUP COSTS.

EXPENSES \$ 320,805. INCLUDING GRANTS OF \$ 323,060. REVENUE \$ 0.

LA FONDATION MAROCAINE DE L'EDUCATION POUR L'EMPLOI ("EFE-MAROC") WAS ESTABLISHED IN 2007 AND TO DATE HAS TRAINED THOUSANDS OF YOUTH ON EMPLOYABILITY AND JOB SKILLS. IN 2023, EFE-MAROC COMPLETED PROGRAMMING UNDER THE "EFE & YOU" PROJECT FUNDED BY THE VELAJ FOUNDATION, WHICH

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CONSISTED OF A PILOT MENTORSHIP PROGRAM, A WEBINAR SERIES, A CIVIC ENGAGEMENT PROGRAM, AND SOCIAL MEDIA OUTREACH. EFE-MAROC ALSO CONTINUED PROGRAMMING UNDER THE "JUMP IN: SKILLS AND READINESS" PROJECT FUNDED BY BOEING, WHICH TRAINED YOUTH IN MOROCCO IN EMPLOYABILITY AND SOFT SKILLS, AND PLACED JOB TRAINING & PLACEMENT (JTP) GRADUATES INTO JOBS IN THE HEALTH, RETAIL, AGROBUSINESS, AND AVIATION SECTORS. EXPENSES \$ 211,614. INCLUDING GRANTS OF \$ 82,553. REVENUE \$ 13,144.

FORM 990, PART VI, SECTION A, LINE 2:

RONALD BRUDER AND BRAD KUSHNER - BUSINESS RELATIONSHIP

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

THE ORGANIZATION'S CHAIRMAN, PRESIDENT/CEO AND CFO REVIEW THE DRAFT FORM 990 PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANT BEFORE IT IS ISSUED. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS ALSO REVIEW AND APPROVE THE DRAFT FORM 990 BEFORE IT IS CIRCULATED TO THE FULL BOARD FOR APPROVAL.

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

THE ORGANIZATION REQUIRES ALL OFFICERS AND DIRECTORS TO REVIEW THE POLICY AND CERTIFY THAT THEY DO NOT HAVE ANY CONFLICTS ON AN ANNUAL BASIS, AND TO SELF-REPORT ANY CONFLICTS IF THAT SHOULD CHANGE DURING THE YEAR. IF AN OFFICER/DIRECTOR HAS A CONFLICT OF INTEREST ATTENDS A MEETING, THEY SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT AT THAT MEETING. IF AN OFFICER/DIRECTOR DOES NOT PLAN TO ATTEND A MEETING AT WHICH THEY HAVE A CONFLICT, THAT PERSON SHALL DISCLOSE THE CONFLICT TO THE CHAIR, WHO WILL REPORT THE CONFLICT AT THE MEETING TO THE BOARD. IN BOTH CIRCUMSTANCES, THE CONFLICT OF INTEREST WILL BE DISCLOSED IN THE BOARD MINUTES. A PERSON

Name of the organization EDUCATION FOR EMPLOYMENT	Employer identification number 82-0578781
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WO HAS A CONFLICT SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S DISCUSSIO EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT PERSONAL INFLUENCE WITH RESPECT TO THE MATTER EITHER AT OR OUTSIDE THE MEETING. SUCH PERSON SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE AND MAY NOT VOTE ON THE AGREEMENT OR TRANSACTION NOR BE PRESENT IN THE ROOM WHEN THE VOTE IS TAKEN. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF THE BOARD STILL HAS REASON TO BELIEVE A CONFLICT EXISTS AFTER THE ALLEGED CONFLICT IS EXPLAINED AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO'S SALARY IS DETERMINED BY THE HUMAN RESOURCES COMMITTEE, WHICH IS HEADED BY THE CHAIRMAN OF THE BOARD, WHO IS ALSO THE FOUNDER, BASED ON PERFORMANCE AND PREVAILING MARKET VALUES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization <b>EDUCATION FOR EMPLOYMENT</b>	Employer identification number <b>82-0578781</b>
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**BAD DEBT EXPENSE** **-2,749.**

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.